

PUBLIC DISCLOSURE COPY

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

**2016**

**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](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

**A** For the 2016 calendar year, or tax year beginning 07/01, 2016, and ending 06/30, 20 17

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

**C** Name of organization UNITED WAY OF CENTRAL INDIANA, INC.  
 Doing business as \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
2955 NORTH MERIDIAN STREET SUITE 300  
 City or town, state or province, country, and ZIP or foreign postal code  
INDIANAPOLIS, IN 46208

**D** Employer identification number 35-1007590

**E** Telephone number (317) 923-1466

**F** Name and address of principal officer: ANN MURTLow  
SAME AS C ABOVE

**G** Gross receipts \$ 151,218,317

**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	<b>1</b>	Briefly describe the organization's mission or most significant activities: <u>UNITED WAY FIGHTS FOR THE EDUCATION, FINANCIAL STABILITY, HEALTH AND BASIC NEEDS OF EVERY PERSON IN EVERY COMMUNITY IN CENTRAL INDIANA.</u>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<u>72</u>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<u>70</u>
	<b>5</b>	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	<b>5</b>	<u>230</u>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<u>16,470</u>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<u>0</u>
<b>7b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<u>0</u>	
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b>	Program service revenue (Part VIII, line 2g)	<u>57,286,142</u>	<u>68,880,633</u>
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>601,543</u>	<u>859,813</u>
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>3,235,119</u>	<u>5,181,884</u>
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>108,130</u>	<u>57,237</u>
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>61,230,934</u>	<u>74,979,567</u>
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	<u>40,346,629</u>	<u>45,926,865</u>
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>0</u>	<u>0</u>
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	<u>9,133,271</u>	<u>10,059,457</u>
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>5,172,745</u>	<u>0</u>	<u>0</u>
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>7,711,975</u>	<u>9,320,188</u>
	<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>57,191,875</u>	<u>65,306,510</u>
Net Assets or Fund Balances	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	<u>4,039,059</u>	<u>9,673,057</u>
	<b>20</b>	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b>	Total liabilities (Part X, line 26)	<u>165,365,580</u>	<u>184,305,381</u>
<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	<u>9,248,455</u>	<u>11,659,776</u>	
		<u>156,117,125</u>	<u>172,645,605</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, COO & CFO  
 Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name RACHEL SPURLOCK Preparer's signature Rachel Spurlock Date 11/14/17 Check  if self-employed PTIN P00520729

Firm's name ▶ CROWE HORWATH LLP Firm's EIN ▶ 35-0921680

Firm's address ▶ 135 N. PENNSYLVANIA STREET, SUITE 200, INDIANAPOLIS, IN 46204 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 (CONTINUED ON SCHEDULE O)

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

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

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

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

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

**4a** (Code: ) (Expenses \$ 33,809,509 including grants of \$ 33,706,428 ) (Revenue \$ 524,388 )

UNITED WAY OF CENTRAL INDIANA (UWCI) ADDRESSES CENTRAL INDIANA'S MOST PRESSING NEEDS IN EDUCATION, FINANCIAL STABILITY, HEALTH, AND BASIC NEEDS. MUCH OF THIS WORK WAS ACCOMPLISHED IN FISCAL YEAR 2016-17 THROUGH OUR GENERAL SUPPORT OF 87 AFFILIATED AGENCIES. THESE AGENCIES ARE PART OF A RIGOROUS EVALUATION PROCESS THAT REQUIRES SOUND GOVERNANCE, MANAGEMENT, FINANCIAL STABILITY, STRATEGIC PLANNING, AND PROGRESS TOWARD DEMONSTRATING OUTCOMES ALIGNMENT WITH UWCI'S COMMUNITY GOALS IN EDUCATION, FINANCIAL STABILITY, HEALTH AND BASIC NEEDS. UWCI SUPPORTS THESE AGENCIES' GENERAL OPERATIONS THROUGH DONOR DESIGNATED AND OTHER DIRECTED GIFTS (\$4.1M); UNRESTRICTED OPERATING GRANTS (\$18.4M); CAPITAL PROJECTS (\$5.2M); FACILITIES MAINTENANCE (\$1M); AND EVALUATION, CAPACITY BUILDING, CONTINGENCY AND STAFF SUPPORT (\$1.0M). UWCI FUNDING TO AFFILIATED AGENCIES SUPPORTS HEALTH PROGRAMS FOR TENS OF THOUSANDS OF ADULTS INCLUDING MEALS, EDUCATION, TRANSPORTATION AND HEALTH SERVICES; EDUCATION PROGRAMS FOR HUNDREDS OF THOUSANDS OF CHILDREN INCLUDING QUALITY CHILD CARE, (CONTINUED ON SCHEDULE O)

**4b** (Code: ) (Expenses \$ 7,416,282 including grants of \$ 5,600,810 ) (Revenue \$ 0 )

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 67 CHILD CARE SITES REACH LEVEL 1 OR HIGHER IN THE INDIANA PATHS TO QUALITY RATING SYSTEM; ENGAGED 1186 VOLUNTEERS TO TUTOR 744 THIRD, FOURTH AND FIFTH GRADERS PARTICIPATING IN OUR READUP TUTORING PROGRAM, IMPROVING THEIR READING SKILLS COMPARED TO THEIR PEERS NOT PARTICIPATING IN READUP. AWARDED 1654 PRE-K SCHOLARSHIPS AND ADDED 162 HIGH QUALITY PRE-K SEATS THIS FISCAL YEAR.

**4c** (Code: ) (Expenses \$ 11,720,151 including grants of \$ 4,583,683 ) (Revenue \$ 391,299 )

UNITED WAY ADMINISTERS \$5.7M OF GRANTS AND OTHER FUNDS TO ADDRESS OUR COMMUNITY'S BASIC NEEDS IN THE AREAS OF HOMELESSNESS, VETERANS' SUPPORTS, AND MENTAL HEALTH. ONE SUCH GRANT INCLUDES THE ADMINISTRATION OF NEARLY \$10M IN DIRECT ENERGY ASSISTANCE FEDERAL FUNDS NOT REFLECTED IN OUR REVENUES OR EXPENSES.

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

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

(Expenses \$ 2,768,895 including grants of \$ 2,035,944 ) (Revenue \$ 0 )

**4e** Total program service expenses 55,714,837

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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"/>
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>3</b> 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"/>
<b>4</b> <b>Section 501(c)(3) organizations.</b> 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"/>
<b>5</b> 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"/>
<b>6</b> 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 type="checkbox"/>	<input checked="" type="checkbox"/>
<b>7</b> 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"/>
<b>8</b> 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"/>
<b>9</b> 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"/>
<b>10</b> 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"/>
<b>11</b> 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.		
<b>a</b> 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>b</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"/>
<b>c</b> 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"/>
<b>d</b> 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"/>
<b>e</b> 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"/>
<b>f</b> 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"/>
<b>12 a</b> 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>b</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"/>
<b>13</b> 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"/>
<b>14 a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>b</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"/>
<b>15</b> 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"/>
<b>16</b> 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"/>
<b>17</b> 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"/>
<b>18</b> 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"/>
<b>19</b> 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
<b>20 a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>		✓
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .		
<b>21</b> 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>	✓	
<b>22</b> 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>	✓	
<b>23</b> 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>	✓	
<b>24a</b> 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>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>b</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>		✓
<b>26</b> 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>		✓
<b>27</b> 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>		✓
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		✓
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		✓
<b>c</b> 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>	✓	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>	✓	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>		✓
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		✓
<b>32</b> 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>		✓
<b>33</b> 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>	✓	
<b>34</b> 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>	✓	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		✓
<b>b</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>		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		✓
<b>37</b> 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>		✓
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	✓	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes numerical inputs for lines 1a (134), 1b (0), and 2a (230). Checkmarks are present for lines 1c, 2b, 3a, 3b, 4a, 5a, 5b, 6a, 7a, 7b, 7c, 7e, 7f, 8, 9a, 9b, 12a, 13a, 14a, and 14b.

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . . <b>1a</b> 72 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent . . . . . <b>1b</b> 70		
<b>2</b>	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"/>	
<b>3</b>	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"/>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<input checked="" type="checkbox"/>	
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		<input checked="" type="checkbox"/>
<b>6</b>	Did the organization have members or stockholders? . . . . .		<input checked="" type="checkbox"/>
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .		<input checked="" type="checkbox"/>
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		<input checked="" type="checkbox"/>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>9</b>	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
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<input checked="" type="checkbox"/>	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
<b>c</b>	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"/>	
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	<input checked="" type="checkbox"/>	
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	<input checked="" type="checkbox"/>	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official . . . . .	<input checked="" type="checkbox"/>	
<b>b</b>	Other officers or key employees of the organization . . . . .	<input checked="" type="checkbox"/>	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<input checked="" type="checkbox"/>	
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	<input checked="" type="checkbox"/>	

**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, 2955 NORTH 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) CONNIE BOND STUART DIRECTOR AND BOARD CHAIR	1.0	✓		✓				0	0	0
(2) BRYAN MILLS DIRECTOR AND CHAIR-ELECT	1.0	✓		✓				0	0	0
(3) DEBORAH DANIELS DIRECTOR AND SECRETARY	1.0	✓		✓				0	0	0
(4) MARY BOELKE DIRECTOR AND TREASURER	1.0	✓		✓				0	0	0
(5) MICHAEL BECHER DIRECTOR	1.0	✓						0	0	0
(6) JEFFREY BECK DIRECTOR	1.0	✓						0	0	0
(7) BILL BENNER DIRECTOR	1.0	✓						0	0	0
(8) MELODY BIRMINGHAM-BYRD DIRECTOR	1.0	✓						0	0	0
(9) JAMES BOYCE DIRECTOR	1.0	✓						0	0	0
(10) SCOTT BRUNS DIRECTOR	1.0	✓						0	0	0
(11) MOLLY WILKINSON DIRECTOR	1.0	✓						0	0	0
(12) MATTHEW COHOAT DIRECTOR	1.0	✓						0	0	0
(13) RODNEY COTTON DIRECTOR	1.0	✓						0	0	0
(14) DENISE DANK DIRECTOR	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) LARRY DELIA DIRECTOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(16) MICHAEL DILTS DIRECTOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(17) CLAUDETTE EINHORN DIRECTOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(18) MURVIN ENDERS DIRECTOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(19) CRAIG FENNEMAN DIRECTOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(20) CLAIRE FIDDIAN-GREEN DIRECTOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(21) STEPHANIE FUHRMANN DIRECTOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(22) GEOFFREY GAILEY DIRECTOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(23) BRIAN GARRISON DIRECTOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(24) ALFONSO GATMAITAN DIRECTOR	1.0	<input checked="" type="checkbox"/>						0	0	0
(25) (SEE STATEMENT)										
<b>1b Sub-total</b>								0	0	0
<b>c Total from continuation sheets to Part VII, Section A</b>								1,457,415	0	283,159
<b>d Total (add lines 1b and 1c)</b>								1,457,415	0	283,159

**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
<b>3</b> Did the organization list any <b>former</b> 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"/>
<b>4</b> 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"/>	
<b>5</b> 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
IU RESEARCH ADMINISTRATION,	DATABASE AND RESEARCH SERVICES	1,318,677
HAGERMAN CONSTRUCTION CORP, PO BOX 10690, FORT WAYNE, IN 46853	CAPITAL PROJECTS-CHILDCARE MINISTRIES	815,854
CALDWELL VANRIPER INC, 111 MONUMENT CIRCLE, STE 4150, INDIANAPOLIS, IN 46204	ADVERTISING	429,604
STRATUS LIVE LLC, 6465 COLLEGE PARK SQ, STE 400, VIRGINIA BEACH, VA 23464	DATABASE SERVICES	429,337
COMMUNITY SOLUTIONS INC, 1433 N MERIDIAN ST, STE 206, INDIANAPOLIS, IN 46202	PROJECT MANAGEMENT-RE ENTRY	222,540

**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 **▶** 9



**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . . <b>1a</b>	0				
	<b>b</b> Membership dues . . . . . <b>1b</b>	0				
	<b>c</b> Fundraising events . . . . . <b>1c</b>	86,330				
	<b>d</b> Related organizations . . . . . <b>1d</b>	0				
	<b>e</b> Government grants (contributions) . . . . . <b>1e</b>	8,117,354				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above . . . . . <b>1f</b>	60,676,949				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ . . . . .	1,863,939				
	<b>h Total.</b> Add lines 1a-1f . . . . . ▶	68,880,633				
	<b>Program Service Revenue</b>	<b>Business Code</b>				
<b>2a</b> DONOR DESIGNATION FEES . . . . .		900099	524,388	524,388		
<b>b</b> AGENCY DATA COLLECTION . . . . .		900099	240,060	240,060		
<b>c</b> NONPROFIT TRAINING . . . . .		900099	95,365	95,365		
<b>d</b> . . . . .						
<b>e</b> . . . . .						
<b>f</b> All other program service revenue . . . . .			0	0	0	
<b>g Total.</b> Add lines 2a-2f . . . . . ▶		859,813				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		3,147,400		3,147,400	
	<b>4</b> Income from investment of tax-exempt bond proceeds ▶					
	<b>5</b> Royalties . . . . . ▶					
	<b>6a</b> Gross rents . . . . .	(i) Real				
		(ii) Personal				
		<b>c</b> Rental income or (loss) . . . . .	0	0		
	<b>d</b> Net rental income or (loss) . . . . . ▶					
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .	(i) Securities	78,212,770			
		(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses . . . . .	76,104,278	74,008		
		<b>c</b> Gain or (loss) . . . . .	2,108,492	(74,008)		
	<b>d</b> Net gain or (loss) . . . . . ▶		2,034,484		2,034,484	
	<b>8a</b> Gross income from fundraising events (not including \$ 86,330 of contributions reported on line 1c). See Part IV, line 18 . . . . . <b>a</b>		61,827			
		<b>b</b> Less: direct expenses . . . . . <b>b</b>	60,464			
		<b>c</b> Net income or (loss) from fundraising events . . . . . ▶		1,363		1,363
	<b>9a</b> Gross income from gaming activities. See Part IV, line 19 . . . . . <b>a</b>					
		<b>b</b> Less: direct expenses . . . . . <b>b</b>				
		<b>c</b> Net income or (loss) from gaming activities . . . . . ▶				
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . . <b>a</b>					
		<b>b</b> Less: cost of goods sold . . . . . <b>b</b>				
<b>c</b> Net income or (loss) from sales of inventory . . . . . ▶						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11a</b> ANNUAL MEETING & MISC. COMMUNITY OUTREACH . . . . .	900099	41,136	41,136			
<b>b</b> MISCELLANEOUS SALES ON OFFICE RELOCATION . . . . .	900099	13,604	13,604			
<b>c</b> MISCELLANEOUS REVENUE . . . . .	900099	1,134	1,134			
<b>d</b> All other revenue . . . . .		0	0	0	0	
<b>e Total.</b> Add lines 11a-11d . . . . . ▶		55,874				
<b>12 Total revenue.</b> See instructions. . . . . ▶		74,979,567	915,687	0	5,183,247	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	45,252,037	45,252,037		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	674,828	674,828		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	0	0		
<b>4</b> Benefits paid to or for members . . . . .	0	0		
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	777,528	138,072	444,689	194,767
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0	0	0	0
<b>7</b> Other salaries and wages . . . . .	7,294,480	3,299,101	1,504,982	2,490,397
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	464,668	193,771	128,587	142,310
<b>9</b> Other employee benefits . . . . .	959,916	375,564	254,506	329,846
<b>10</b> Payroll taxes . . . . .	562,865	242,340	130,198	190,327
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .	0	0	0	0
<b>b</b> Legal . . . . .	51,135	16,959	30,158	4,018
<b>c</b> Accounting . . . . .	104,571	0	104,571	0
<b>d</b> Lobbying . . . . .	0	0	0	0
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .	0			0
<b>f</b> Investment management fees . . . . .	403,866	0	403,866	0
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .	4,063,670	3,251,824	539,762	272,084
<b>12</b> Advertising and promotion . . . . .	656,975	250,834	37,494	368,647
<b>13</b> Office expenses . . . . .	440,790	202,332	86,849	151,609
<b>14</b> Information technology . . . . .	868,249	350,308	219,272	298,669
<b>15</b> Royalties . . . . .	0	0	0	0
<b>16</b> Occupancy . . . . .	617,612	272,124	131,079	214,409
<b>17</b> Travel . . . . .	206,405	94,954	53,140	58,311
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0	0	0	0
<b>19</b> Conferences, conventions, and meetings . . . . .	468,383	245,316	125,368	97,699
<b>20</b> Interest . . . . .	0	0	0	0
<b>21</b> Payments to affiliates . . . . .	468,815	164,085	103,139	201,591
<b>22</b> Depreciation, depletion, and amortization . . . . .	252,309	87,781	55,176	109,352
<b>23</b> Insurance . . . . .	65,810	17,340	27,228	21,242
<b>24</b> 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.)				
<b>a</b> CLASSROOM SUPPLIES, PLAYGROUND EQUIPMENT, BOOKS, & OTHER SUPPLIES . . . . .	472,362	460,846	5,146	6,370
<b>b</b> SUBSCRIPTIONS AND PUBLICATIONS . . . . .	46,384	37,587	3,917	4,880
<b>c</b> . . . . .				
<b>d</b> . . . . .				
<b>e</b> All other expenses . . . . .	132,852	86,834	29,801	16,217
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	65,306,510	55,714,837	4,418,928	5,172,745
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	0	0	0	0

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	1,000	<b>1</b>	337
	<b>2</b> Savings and temporary cash investments . . . . .	26,513,260	<b>2</b>	23,165,478
	<b>3</b> Pledges and grants receivable, net . . . . .	16,055,900	<b>3</b>	18,703,033
	<b>4</b> Accounts receivable, net . . . . .	6,838,537	<b>4</b>	5,996,863
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	0	<b>5</b>	0
	<b>6</b> 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 . . . . .		<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use . . . . .	0	<b>8</b>	0
	<b>9</b> Prepaid expenses and deferred charges . . . . .	285,177	<b>9</b>	397,367
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 3,782,068		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 822,107	160,501	<b>10c</b> 2,959,961
	<b>11</b> Investments—publicly traded securities . . . . .	115,511,205	<b>11</b>	132,640,973
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	400,000
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	0	<b>15</b>	41,369
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	165,365,580	<b>16</b>	184,305,381	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	3,440,704	<b>17</b>	3,603,451
	<b>18</b> Grants payable . . . . .	5,420,962	<b>18</b>	7,669,536
	<b>19</b> Deferred revenue . . . . .	37,940	<b>19</b>	37,940
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	348,849	<b>21</b>	348,849
	<b>22</b> 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 . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	
	<b>25</b> 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	<b>25</b>	0
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	9,248,455	<b>26</b>	11,659,776
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	26,952,534	<b>27</b>	32,876,621
	<b>28</b> Temporarily restricted net assets . . . . .	46,062,105	<b>28</b>	56,028,645
	<b>29</b> Permanently restricted net assets . . . . .	83,102,486	<b>29</b>	83,740,339
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .	0	<b>30</b>	0
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .	0	<b>31</b>	0
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .	0	<b>32</b>	0
	<b>33</b> Total net assets or fund balances . . . . .	156,117,125	<b>33</b>	172,645,605
<b>34</b> Total liabilities and net assets/fund balances . . . . .	165,365,580	<b>34</b>	184,305,381	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	74,979,567
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	65,306,510
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	9,673,057
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	156,117,125
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	5,745,394
<b>6</b>	Donated services and use of facilities	<b>6</b>	0
<b>7</b>	Investment expenses	<b>7</b>	0
<b>8</b>	Prior period adjustments	<b>8</b>	0
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	1,110,029
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	172,645,605

**Part XII Financial Statements and Reporting**

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

	Yes	No
<b>1</b> 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.		
<b>2a</b> 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>b</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"/>	
<b>c</b> 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"/>	
<b>3a</b> 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>b</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) GARY GIBSON ----- DIRECTOR	1.0 -----	✓						0	0	0
(26) JOSEPH GILBERT ----- DIRECTOR	1.0 -----	✓						0	0	0
(27) MARIANNE GLICK ----- DIRECTOR	1.0 -----	✓						0	0	0
(28) JUAN GONZALEZ ----- DIRECTOR	1.0 -----	✓						0	0	0
(29) JAMES HALLETT ----- DIRECTOR	1.0 -----	✓						0	0	0
(30) WILLIAM HANSEN ----- DIRECTOR	1.0 -----	✓						0	0	0
(31) LISA HARRIS ----- DIRECTOR	1.0 -----	✓						0	0	0
(32) JEFFREY HARRISON ----- DIRECTOR	1.0 -----	✓						0	0	0
(33) WILLIAM HENDRIX ----- DIRECTOR	1.0 -----	✓						0	0	0
(34) RICHARD HESTER ----- DIRECTOR	1.0 -----	✓						0	0	0
(35) BRUCE HETRICK ----- DIRECTOR	1.0 -----	✓						0	0	0
(36) ABIGAIL HOHMANN ----- DIRECTOR	1.0 -----	✓						0	0	0
(37) MARILOU IDLAND ----- DIRECTOR	1.0 -----	✓						0	0	0
(38) REBECCA JACKLIN ----- DIRECTOR	1.0 -----	✓						0	0	0
(39) KALEN JACKSON ----- DIRECTOR	1.0 -----	✓						0	0	0
(40) JONATHON KROEHLER ----- DIRECTOR	1.0 -----	✓						0	0	0
(41) MICHAEL LANGELLIER ----- DIRECTOR	1.0 -----	✓						0	0	0
(42) DAVID LEWIS ----- DIRECTOR	1.0 -----	✓						0	0	0
(43) STEPHANIE LONG ----- DIRECTOR	1.0 -----	✓						0	0	0
(44) SCOTT LUC ----- 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) JOHN MASON ----- DIRECTOR	1.0 -----	✓						0	0	0
(46) TODD MAURER ----- DIRECTOR	1.0 -----	✓						0	0	0
(47) ROBERT MCELWAIN ----- DIRECTOR	1.0 -----	✓						0	0	0
(48) JAMIE MERISOTIS ----- DIRECTOR	1.0 -----	✓						0	0	0
(49) MARK MILES ----- DIRECTOR	1.0 -----	✓						0	0	0
(50) JONATHAN NALLI ----- DIRECTOR	1.0 -----	✓						0	0	0
(51) ELIZABETH NICHOLAS ----- DIRECTOR	1.0 -----	✓						0	0	0
(52) MICHAEL O'CONNOR ----- DIRECTOR	1.0 -----	✓						0	0	0
(53) SAMUEL ODLE ----- DIRECTOR	1.0 -----	✓						0	0	0
(54) JUDITH OKENFUSS ----- DIRECTOR	1.0 -----	✓						0	0	0
(55) JILL PARRIS ----- DIRECTOR	1.0 -----	✓						0	0	0
(56) NASSER PAYDAR ----- DIRECTOR	1.0 -----	✓						0	0	0
(57) GREGORY PEMBERTON ----- DIRECTOR	1.0 -----	✓						0	0	0
(58) MAMON POWERS ----- DIRECTOR	1.0 -----	✓						0	0	0
(59) MARK RATEKIN ----- DIRECTOR	1.0 -----	✓						0	0	0
(60) DAVID RESNICK ----- DIRECTOR	1.0 -----	✓						0	0	0
(61) CLAY ROBBINS ----- DIRECTOR	1.0 -----	✓						0	0	0
(62) RAFAEL SANCHEZ ----- DIRECTOR	1.0 -----	✓						0	0	0
(63) DENNY SPONSEL ----- DIRECTOR	1.0 -----	✓						0	0	0
(64) CATHERINE STOLL ----- DIRECTOR	1.0 -----	✓						0	0	0
(65) MARY ANN SULLIVAN ----- 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) SHELLY TOWNS ----- DIRECTOR	1.0 -----	✓						0	0	0
(67) PATZETTA TRICE ----- DIRECTOR	1.0 -----	✓						0	0	0
(68) DONALDSON TWYMAN ----- DIRECTOR	1.0 -----	✓						0	0	0
(69) STEVEN WALKER ----- DIRECTOR	1.0 -----	✓						0	0	0
(70) HEATHER WILLEY ----- DIRECTOR	1.0 -----	✓						0	0	0
(71) JEAN WOJTOWICZ ----- DIRECTOR	1.0 -----	✓						0	0	0
(72) TERENCE YEN ----- DIRECTOR	1.0 -----	✓						0	0	0
(73) JESSICA THOMAS ----- DIRECTOR (PARTIAL YEAR)	1.0 -----	✓						0	0	0
(74) STEVE ALONSO ----- DIRECTOR (PARTIAL YEAR)	1.0 -----	✓						0	0	0
(75) KIRSTEN CASTEEL ----- DIRECTOR (PARTIAL YEAR)	1.0 -----	✓						0	0	0
(76) SHERMIKA DUERSON ----- DIRECTOR (PARTIAL YEAR)	1.0 -----	✓						0	0	0
(77) ANDIE FRIEDMAN ----- DIRECTOR (PARTIAL YEAR)	1.0 -----	✓						0	0	0
(78) MICHAEL HARRINGTON ----- DIRECTOR (PARTIAL YEAR)	1.0 -----	✓						0	0	0
(79) DAVID RICKS ----- DIRECTOR (PARTIAL YEAR)	1.0 -----	✓						0	0	0
(80) LOU RIVIECCIO ----- DIRECTOR (PARTIAL YEAR)	1.0 -----	✓						0	0	0
(81) COLLEEN SPRINGATE ----- DIRECTOR (PARTIAL YEAR)	1.0 -----	✓						0	0	0
(82) ANN MURTLow ----- DIRECTOR, PRESIDENT & CEO	40.0 -----			✓				321,800	0	63,261
(83) GINA MILLER ----- CFO & COO	40.0 -----			✓				186,872	0	33,400
(84) JAY GESHAy ----- SR VP COMMUNITY IMPACT AND FUNDRAISING	40.0 -----				✓			179,475	0	38,592
(85) RONALD GIFFORD ----- CEO, JUMP IN	40.0 -----					✓		193,189	0	52,302
(86) JULIANNE BURNS ----- SR VP OF PROGRAM OPERATIONS, JUMP IN	40.0 -----					✓		161,032	0	13,918

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(87) CHRISTOPHER HERNDON ----- CHIEF MARKETING & ENGAGEMENT OFFICER	40.0 -----					✓		146,311	0	22,146
(88) ANGELA DABNEY ----- VP OF TRANSFORMATIONAL GIFTS	40.0 -----					✓		136,990	0	39,888
(89) DEMETRIUS GLOVER ----- VP OF STRATEGIC INFORMATION	40.0 -----					✓		131,746	0	19,652



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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

Name of the organization <b>UNITED WAY OF CENTRAL INDIANA, INC.</b>	Employer identification number <b>35-1007590</b>
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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 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33<sup>1</sup>/<sub>3</sub>% 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<sup>1</sup>/<sub>3</sub>% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	50,198,558	52,749,561	60,973,135	57,776,123	68,880,633	290,578,010
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>4 Total.</b> Add lines 1 through 3 . . . . .	50,198,558	52,749,561	60,973,135	57,776,123	68,880,633	290,578,010
<b>5</b> 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) . . . . .						76,392,682
<b>6 Public support.</b> Subtract line 5 from line 4						214,185,328

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>7</b> Amounts from line 4 . . . . .	50,198,558	52,749,561	60,973,135	57,776,123	68,880,633	290,578,010
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	1,928,716	2,244,515	2,542,420	3,141,022	3,147,400	13,004,073
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	0	0	0	0	0	0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	47,358	60,275	163,624	240,368	117,701	629,326
<b>11 Total support.</b> Add lines 7 through 10						304,211,409
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	4,605,421
<b>13 First five years.</b> 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 <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	70.41 %
<b>15</b> Public support percentage from 2015 Schedule A, Part II, line 14 . . . . .	<b>15</b>	73.63 %
<b>16a 33 1/3% support test—2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test—2015.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2016.</b> 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 <b>stop here.</b> 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>b 10%-facts-and-circumstances test—2015.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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 . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . .						
<b>b</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 . . . .						
<b>c</b> Add lines 7a and 7b . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>9</b> Amounts from line 6 . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .						
<b>c</b> Add lines 10a and 10b . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . .						
<b>14 First five years.</b> 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 <b>stop here</b> . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15 . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2016</b> (line 10c, column (f) divided by line 13, column (f)) . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2015</b> Schedule A, Part III, line 17 . . . .	<b>18</b>	%
<b>19a 33 1/3% support tests—2016.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>b 33 1/3% support tests—2015.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . <input type="checkbox"/>		
<b>20 Private foundation.</b> 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 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <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>		
3b	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>		
3c	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 12a or 12b in Part I, answer (b) and (c) below.</i>		
4b	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>		
4c	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>		
5b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	<b>Substitutions only.</b> 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>		
9b	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>		
9c	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>		
10b	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
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	<b>11a</b>	
<b>b</b> A family member of a person described in (a) above?	<b>11b</b>	
<b>c</b> 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>	<b>11c</b>	

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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>	<b>1</b>	
<b>2</b> 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>	<b>2</b>	

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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>	<b>1</b>	

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> 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?	<b>1</b>	
<b>2</b> 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>	<b>2</b>	
<b>3</b> 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>	<b>3</b>	

**Section E. Type III Functionally Integrated Supporting Organizations**

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

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

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

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>		
<b>2</b> Recoveries of prior-year distributions	<b>2</b>		
<b>3</b> Other gross income (see instructions)	<b>3</b>		
<b>4</b> Add lines 1 through 3.	<b>4</b>		
<b>5</b> Depreciation and depletion	<b>5</b>		
<b>6</b> 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)	<b>6</b>		
<b>7</b> Other expenses (see instructions)	<b>7</b>		
<b>8 Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4).	<b>8</b>		
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
<b>a</b> Average monthly value of securities	<b>1a</b>		
<b>b</b> Average monthly cash balances	<b>1b</b>		
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>		
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>		
<b>e Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
<b>2</b> Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>		
<b>3</b> Subtract line 2 from line 1d.	<b>3</b>		
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>		
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>		
<b>6</b> Multiply line 5 by .035.	<b>6</b>		
<b>7</b> Recoveries of prior-year distributions	<b>7</b>		
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>		
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>		
<b>2</b> Enter 85% of line 1.	<b>2</b>		
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>		
<b>4</b> Enter greater of line 2 or line 3.	<b>4</b>		
<b>5</b> Income tax imposed in prior year	<b>5</b>		
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>		
<b>7</b> <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) 2016

**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	<b>Total annual distributions.</b> 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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013 . . . . .			
d From 2014 . . . . .			
e From 2015 . . . . .			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2017.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b Excess from 2013 . . .			
c Excess from 2014 . . .			
d Excess from 2015 . . .			
e Excess from 2016 . . .			

**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						
<b>SCHEDULE A, PART II, LINE 10 - OTHER INCOME</b>	Description	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	OTHER INCOME	47,358	21,025	119,972	192,884	55,873	437,112
	FUNDRAISING REVENUE		39,250	43,652	47,484	61,828	192,214
	Total	47,358	60,275	163,624	240,368	117,701	629,326



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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

OMB No. 1545-0047

**2016**

▶ 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](http://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 33<sup>1</sup>/<sub>3</sub> % 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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't 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) (2016)

<b>Name of organization</b> UNITED WAY OF CENTRAL INDIANA, INC.	<b>Employer identification number</b> 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	----- ----- -----	\$ 6,642,417	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	21,111,499	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ 5,000,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ 2,000,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	----- ----- -----	\$ 7,000,000	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	----- ----- -----	\$ 2,529,082	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> UNITED WAY OF CENTRAL INDIANA, INC.	<b>Employer identification number</b> 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
7	----- ----- -----	\$ ----- 4,200,000	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.)
-----	----- ----- -----	\$ -----	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.)

<b>Name of organization</b> UNITED WAY OF CENTRAL INDIANA, INC.	<b>Employer identification number</b> 35-1007590
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**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
-----	----- ----- -----	-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----
-----	----- ----- -----	\$-----	-----

<b>Name of organization</b> UNITED WAY OF CENTRAL INDIANA, INC.	<b>Employer identification number</b> 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			(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----

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

**2016**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://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 <b>UNITED WAY OF CENTRAL INDIANA, INC.</b>	Employer identification number <b>35-1007590</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

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

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

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

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

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

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying)	29,789													
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	232,548													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)	262,337													
<b>d</b>	Other exempt purpose expenditures	65,044,172													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)	65,306,509													
<b>f</b>	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.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f)	250,000													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0-	0													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0-	0													
<b>j</b>	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.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000
<b>c</b> Total lobbying expenditures	14,261	46,052	13,631	262,337	336,281
<b>d</b> Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
<b>f</b> Grassroots lobbying expenditures	5,558	4,288	5,598	29,789	45,233

**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
<b>1</b> 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:			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities?			
<b>j</b> Total. Add lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> 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
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	<b>3</b>	

**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."**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> 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?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**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.

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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

2016

Open to Public Inspection

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate value of contributions to (during year), Aggregate value of grants from (during year), Aggregate value at end of year. Rows 5-6: Did the organization inform all donors and donor advisors... Did the organization inform all grantees, donors, and donor advisors...

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

Table with 2 columns: Question, Held at the End of the Tax Year. Rows 1-9: Purpose(s) of conservation easements, Complete lines 2a through 2d if the organization held a qualified conservation contribution..., Number of conservation easements modified..., Number of states where property subject to conservation easement is located..., Does the organization have a written policy..., Staff and volunteer hours devoted to monitoring..., Amount of expenses incurred..., Does each conservation easement reported on line 2(d) above satisfy the requirements..., In Part XIII, describe how the organization reports 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.

Table with 2 columns: Question, Amount. Rows 1a-1b: If the organization elected, as permitted under SFAS 116 (ASC 958), not to report... If the organization elected, as permitted under SFAS 116 (ASC 958), to report... 2: If the organization received or held works of art, historical treasures, or other similar assets for financial gain...

**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
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> 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
<b>1a</b> Beginning of year balance	81,441,536	81,458,954	80,121,500	70,793,827	64,319,834
<b>b</b> Contributions	859,076	40,878	775,469	148,866	1,950,869
<b>c</b> Net investment earnings, gains, and losses	9,679,496	125,686	2,007,974	10,681,934	6,422,944
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs	355,142	183,982	1,445,989	1,503,127	1,899,820
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	91,624,966	81,441,536	81,458,954	80,121,500	70,793,827

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

- a** Board designated or quasi-endowment ▶ 1.83 %
- b** Permanent endowment ▶ 91.39 %
- c** Temporarily restricted endowment ▶ 6.78 %

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
<b>(i)</b> unrelated organizations		✓
<b>(ii)</b> related organizations		✓
<b>b</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
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements		1,156,514	94,494	1,062,020
<b>d</b> Equipment		2,625,554	727,613	1,897,941
<b>e</b> Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,959,961

**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) _____		
<b>Total.</b> (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)		
<b>Total.</b> (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)	
<b>Total.</b> (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)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	0	

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	<b>74,259,808</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	<b>5,745,394</b>
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	<b>802,145</b>
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	<b>6,547,539</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	<b>67,712,269</b>
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	<b>403,866</b>
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	<b>6,863,432</b>
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	<b>7,267,298</b>
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>	<b>74,979,567</b>

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

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

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	<b>58,099,676</b>
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	<b>60,464</b>
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	<b>60,464</b>
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	<b>58,039,212</b>
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	<b>403,866</b>
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	<b>6,863,432</b>
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	<b>7,267,298</b>
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>	<b>65,306,510</b>

**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.

SEE STATEMENT

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**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	<b>(a) Description</b>	<b>(b) Amount</b>
	DIRECT EXPENSES FROM FUNDRAISING	60,464
	LOSS ON DISPOSAL OF ASSETS	74,008
	UNCOLLECTIBLE PLEDGES	667,673
SCHEDULE D, PART XI, LINE 4(B) - OTHER REVENUE	<b>(a) Description</b>	<b>(b) Amount</b>
	PLEDGES DESIGNATED TO OTHER AGENCIES	6,863,432
SCHEDULE D, PART XII, LINE 2(D) - OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	<b>(a) Description</b>	<b>(b) Amount</b>
	FUNDRAISING DIRECT EXPENSES	60,464
SCHEDULE D, PART XII, LINE 4(B) - OTHER EXPENSES	<b>(a) Description</b>	<b>(b) Amount</b>
	PLEDGES DESIGNATED TO OTHER AGENCIES	6,863,432

**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 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, 2017 OR 2016.</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, line 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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**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 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual 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						
<b>Total</b>						

- 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.

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**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
		RED CARPET GALA (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	148,157			148,157
	<b>2</b> Less: Contributions . . . . .	86,330			86,330
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	61,827	0	0	61,827
Direct Expenses	<b>4</b> Cash prizes . . . . .	0			0
	<b>5</b> Noncash prizes . . . . .	0			0
	<b>6</b> Rent/facility costs . . . . .	0			0
	<b>7</b> Food and beverages . . . . .	44,820			44,820
	<b>8</b> Entertainment . . . . .	6,500			6,500
	<b>9</b> Other direct expenses . . . . .	9,144			9,144
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				60,464
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				1,363	

**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))
		<b>1</b> Gross revenue . . . . .			
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
<b>6</b> 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		
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶					
<b>8</b> Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶					

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

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

**b** If "No," explain: \_\_\_\_\_

\_\_\_\_\_

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

**b** If "Yes," explain: \_\_\_\_\_

\_\_\_\_\_



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

- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |

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

Name ► .....

Address ► .....

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

**b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ ..... and the amount of gaming revenue retained by the third party ► \$ .....

**c** If "Yes," enter name and address of the third party:

Name ► .....

Address ► .....

**16** Gaming manager information:

Name ► .....

Gaming manager compensation ► \$ .....

Description of services provided ► .....

- Director/officer
- Employee
- Independent contractor

**17** Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

**b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

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

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**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization

UNITED WAY OF CENTRAL INDIANA, INC.

Employer identification number

35-1007590

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
<b>(1)</b> AGAPE THERAPEUTIC RIDING CENTER PO BOX 207, CICERO, IN 46034-0207	31-1193132	501(C)3	7,183				DONOR DESIGNATIONS
<b>(2)</b> ALBERT AND SARA REUBEN ENGAGEMENT CENTER 746 E MARKET ST, INDIANAPOLIS, IN 46202	35-6001063	501(C)3	196,726				GENERAL SUPPORT
<b>(3)</b> ALL PRO DAD 5509 W GRAY ST STE 100, TAMPA, FL 33609	59-3043408	501(C)3	10,000				GENERAL SUPPORT
<b>(4)</b> ALTERNATIVES INCORPORATED PO BOX 1302, ANDERSON, IN 46015-1302	31-0986769	501(C)3	129,840				GENERAL SUPPORT
<b>(5)</b> ALTERNATIVES INCORPORATED PO BOX 1302, ANDERSON, IN 46015-1302	31-0986769	501(C)3	9,495				DONOR DESIGNATIONS
<b>(6)</b> ALZHEIMER'S ASSOCIATION - GREATER INDIANA CHAPTER 50 E 91ST ST STE 100, INDIANAPOLIS, IN 46240-1554	35-1747836	501(C)3	19,152				DONOR DESIGNATIONS
<b>(7)</b> AMERICAN CANCER SOCIETY, LAKESHORE DIVISION - CENTRAL 5635 W 96TH ST STE 100, INDIANAPOLIS, IN 46278	13-1788491	501(C)3	210,913				GENERAL SUPPORT
<b>(8)</b> AMERICAN CANCER SOCIETY, LAKESHORE DIVISION - CENTRAL 5635 W 96TH ST, INDIANAPOLIS, IN 46278-6011	13-1788491	501(C)3	35,508				DONOR DESIGNATIONS
<b>(9)</b> AMERICAN DIABETES ASSN. - IN AFFILIATE 8604 ALLISONVILLE RD, STE., 140, INDIANAPOLIS, IN 46250-5541	13-1623888	501(C)3	7,634				DONOR DESIGNATIONS
<b>(10)</b> AMERICAN HEART ASSOCIATION, GREATER MIDWEST AFFILIATE 6500 TECHNOLOGY DR, STE 100, INDIANAPOLIS, IN 46278	13-5613797	501(C)3	6,027				DONOR DESIGNATIONS
<b>(11)</b> AMERICAN RED CROSS CHAPTER 14164 PO BOX 73857, CHICAGO, IL 60673-7857	35-0869023	501(C)3	1,059,357				GENERAL SUPPORT
<b>(12)</b> (SEE STATEMENT)							

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 253

**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) (2016)

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 UNITED CHRISTMAS SERVICE	5,006	465,960			
2 WINTER ASSISTANCE FUND	743	208,868			
3					
4					
5					
6					
7					

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

(SEE STATEMENT)

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## Part II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(12) AMERICAN RED CROSS OF INDIANA 1510 N MERIDIAN ST, INDIANAPOLIS, IN 46202-2307	53-0196605	501(C)3	124,825				DONOR DESIGNATIONS
(13) ARC OF GREATER BOONE COUNTY, THE 900 W MAIN ST, LEBANON, IN 46052	35-1333698	501(C)3	29,006				GENERAL SUPPORT
(14) ARCHDIOCESE OF INDIANAPOLIS 1400 N MERIDIAN ST, INDIANAPOLIS, IN 46202	35-1018460	501(C)3	36,000				GENERAL SUPPORT
(15) ARCHDIOCESE OF INDIANAPOLIS 1400 N MERIDIAN ST, INDIANAPOLIS, IN 46202-2367	35-1018460	501(C)3	7,315				DONOR DESIGNATIONS
(16) AUNTIE MAME'S CHILD DEVELOPMENT CENTER, INC PO BOX 18969, INDIANAPOLIS, IN 46218- 0969	35-1183697	501(C)3	205,118				GENERAL SUPPORT
(17) AUNTIE MAME'S CHILD DEVELOPMENT CENTER, INC. 3120 N EMERSON AVE, INDIANAPOLIS, IN 46218-2412	35-1183697	501(C)3	6,711				DONOR DESIGNATIONS
(18) AYS INC. 4701 N KEYSTONE AVE STE 475, INDIANAPOLIS, IN 46205	31-0989270	501(C)3	62,061				GENERAL SUPPORT
(19) AYS, INC. 4701 N KEYSTONE AVE STE 475, INDIANAPOLIS, IN 46205-1554	31-0989270	501(C)3	5,442				DONOR DESIGNATIONS
(20) BARBARA B. JORDAN YMCA 2039 E MORGAN ST, MARTINSVILLE, IN 46151	35-2019312	501(C)3	57,531				GENERAL SUPPORT
(21) BARBARA B. JORDAN YMCA 2039 E MORGAN ST, MARTINSVILLE, IN 46151-1372	35-2019312	501(C)3	5,041				DONOR DESIGNATIONS
(22) BEGINNINGS PRESCHOOL CHILD CARE 8600 N COLLEGE AVE, INDIANAPOLIS, IN 46240	35-1065808	501(C)3	16,970				GENERAL SUPPORT
(23) BETHANY EARLY LEARNING MINISTRY 4702 S EAST ST, INDIANAPOLIS, IN 46227	35-1409373	501(C)3	92,105				GENERAL SUPPORT
(24) BIG BROTHERS BIG SISTERS OF CENTRAL INDIANA 2960 N. MERIDIAN ST., SUITE 150, INDIANAPOLIS, IN 47402	35-1323831	501(C)3	500,401				GENERAL SUPPORT
(25) BIG BROTHERS BIG SISTERS OF CENTRAL INDIANA 2960 N MERIDIAN ST # 150, INDIANAPOLIS, IN 46208-4715	35-1323831	501(C)3	53,477				DONOR DESIGNATIONS
(26) BOONE COUNTY CANCER SOCIETY 117 W ELM ST, LEBANON, IN 46052	35-6044450	501(C)3	7,866				GENERAL SUPPORT
(27) BOONE COUNTY CANCER SOCIETY 117 W ELM ST, LEBANON, IN 46052-2539	35-6044450	501(C)3	5,695				DONOR DESIGNATIONS

(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) BOONE COUNTY SENIOR SERVICES, INC. 515 CROWNPOINTE DR, LEBANON, IN 46052	35-1445498	501(C)3	71,472				GENERAL SUPPORT
(29) BOONE COUNTY SENIOR SERVICES, INC. 515 CROWN POINTE DR, LEBANON, IN 46052-8335	35-1445498	501(C)3	8,305				DONOR DESIGNATIONS
(30) BOOTH TARKINGTON CIVIC THEATRE 3 CENTER GREEN STE 300, CARMEL, IN 46032-3809	35-0230360	501(C)3	11,844				DONOR DESIGNATIONS
(31) BOSMA ENTERPRISES 6270 CORPORATE DR, INDIANAPOLIS, IN 46278-2921	35-1246086	501(C)3	14,071				DONOR DESIGNATIONS
(32) BOSMA ENTERPRISES 6270 CORPORATE DR, INDIANAPOLIS, IN 46278	35-1246086	501(C)3	803,946				GENERAL SUPPORT
(33) BOY SCOUTS OF AMERICA - CROSSROADS OF AMERICA COUNCIL 7125 FALL CREEK RD, INDIANAPOLIS, IN 46256-3167	35-0867962	501(C)3	119,793				DONOR DESIGNATIONS
(34) BOY SCOUTS OF AMERICA - HOOSIER TRAILS COUNCIL 5625 E STATE ROAD 46, BLOOMINGTON, IN 47401-9233	35-1290776	501(C)3	7,507				DONOR DESIGNATIONS
(35) BOY SCOUTS OF AMERICA CROSSROADS COUNCIL 7125 FALL CREEK RD, INDIANAPOLIS, IN 46256-3167	35-0867962	501(C)3	454,028				GENERAL SUPPORT
(36) BOY SCOUTS OF AMERICA HOOSIER TRAILS COUNCIL 5625 E SR 46, BLOOMINGTON, IN 47401-9233	35-1290776	501(C)3	18,832				GENERAL SUPPORT
(37) BOYS & GIRLS CLUB OF HANCOCK COUNTY PO BOX 115, GREENFIELD, IN 46140-0346	35-0979327	501(C)3	68,959				GENERAL SUPPORT
(38) BOYS & GIRLS CLUB OF NOBLESVILLE 1448 CONNER ST, NOBLESVILLE, IN 46060	35-1054426	501(C)3	1,116,662				GENERAL SUPPORT
(39) BOYS & GIRLS CLUB OF NOBLESVILLE 1448 CONNER ST, NOBLESVILLE, IN 46060-2913	35-1054426	501(C)3	44,839				DONOR DESIGNATIONS
(40) BOYS & GIRLS CLUB OF ZIONSVILLE 1575 MULBERRY ST, ZIONSVILLE, IN 46077	35-1750659	501(C)3	56,790				GENERAL SUPPORT
(41) BOYS & GIRLS CLUB OF ZIONSVILLE 1575 MULBERRY ST, ZIONSVILLE, IN 46077-1146	35-1750659	501(C)3	10,985				DONOR DESIGNATIONS
(42) BOYS & GIRLS CLUBS OF HANCOCK COUNTY 715 E LINCOLN ST, GREENFIELD, IN 46140-2179	35-0979327	501(C)3	11,848				DONOR DESIGNATIONS

(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
(43) BOYS & GIRLS CLUBS OF INDIANAPOLIS 3530 S KEYSTONE AVE STE 200, INDIANAPOLIS, IN 46227	35-0888754	501(C)3	776,979				GENERAL SUPPORT
(44) BOYS & GIRLS CLUBS OF INDIANAPOLIS 3530 S KEYSTONE AVE STE 200, INDIANAPOLIS, IN 46227-3573	35-0888754	501(C)3	71,255				DONOR DESIGNATIONS
(45) BUTLER UNIVERSITY - MBA FELLOWS PROGRAM THE COLLEGE OF BUSINESS REAL PARTNERS PROGRAM, 4600 SUNSET AVENUE, INDIANAPOLIS, IN 46208	35-0867977	501(C)3	12,625				DONOR DESIGNATIONS
(46) CANCER SUPPORT COMMUNITY-CENTRAL INDIANA 5150 W. 71ST ST., INDIANAPOLIS, IN 46268	35-1902427	501(C)3	5,608				DONOR DESIGNATIONS
(47) CARE BEAR CHILD CARE INC 6100 GIFFORD ST, INDIANAPOLIS, IN 46228	35-2024086	501(C)3	6,315				GENERAL SUPPORT
(48) CATHOLIC CHARITIES INDIANAPOLIS, INC. 1400 N MERIDIAN ST, INDIANAPOLIS, IN 46202-2305	47-3062508	501(C)3	193,253				DONOR DESIGNATIONS
(49) CATHOLIC CHARITIES OF INDIANAPOLIS 1400 N MERIDIAN ST, 1400 N MERIDIAN ST, INDIANAPOLIS, IN 46202-2367	47-3062508	501(C)3	470,630				GENERAL SUPPORT
(50) CATHOLIC RELIEF SERVICES (USCCB) PO BOX 17526, BALTIMORE, MD 21298-8180	13-5563422	501(C)3	180,000				GENERAL SUPPORT
(51) CATHOLIC RELIEF SERVICES (USCCB) 228 W LEXINGTON ST, BALTIMORE, MD 21201-3422	13-5563422	501(C)3	10,770				DONOR DESIGNATIONS
(52) CATHOLIC YOUTH ORGANIZATION 580 STEVENS ST, INDIANAPOLIS, IN 46203-1737	35-0867983	501(C)3	63,407				DONOR DESIGNATIONS
(53) CATHOLIC YOUTH ORGANIZATION RANCHO FRAMASA 580 E STEVENS ST, INDIANAPOLIS, IN 46203-1781	90-0657156	501(C)3	33,180				GENERAL SUPPORT
(54) CENTER FOR LEADERSHIP DEVELOPMENT 2425 DR. MARTIN LUTHER KING JR. ST., INDIANAPOLIS, IN 46208-5546	35-1389882	501(C)3	40,396				DONOR DESIGNATIONS
(55) CHAMPION KIDZ CLUBHOUSE LLC 1711 N POST RD, INDIANAPOLIS, IN 46219	45-3972731	501(C)3	88,400				GENERAL SUPPORT
(56) CHAPEL HILL CHRISTIAN SCHOOL 1055 N GIRLS SCHOOL RD, INDIANAPOLIS, IN 46214	35-1484040	501(C)3	68,680				GENERAL SUPPORT
(57) CHARITY CHILD CARE PO BOX 22657, INDIANAPOLIS, IN 46222	35-1927248	501(C)3	81,600				GENERAL SUPPORT
(58) CHILD ADVOCATES, INC. 8200 HAVERSTICK RD STE 240, INDIANAPOLIS, IN 46240	35-1788240	501(C)3	141,872				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
(59) CHILD ADVOCATES, INC. 8200 HAVERSTICK RD STE 240, INDIANAPOLIS, IN 46240-2492	35-1788240	501(C)3	62,444				DONOR DESIGNATIONS
(60) CHILDREN OF AMERICA INDIANAPOLIS LLC 10830 PENDLETON PIKE, INDIANAPOLIS, IN 46236	27-1626162	501(C)3	40,800				GENERAL SUPPORT
(61) CHILDREN'S BUREAU, INC. 1575 DR MARTIN LUTHER KING JR ST, INDIANAPOLIS, IN 46202	35-1061264	501(C)3	681,644				GENERAL SUPPORT
(62) CHILDREN'S BUREAU, INC. GENE GLICK FAMILY SUPPORT CENTER, 1575 DR. MARTIN LUTHER KING, JR. ST., INDIANAPOLIS, IN 46202	35-1061264	501(C)3	49,473				DONOR DESIGNATIONS
(63) CHILDREN'S COTTAGE, THE 5935 SHELBY, INDIANAPOLIS, IN 46227	26-3328789	501(C)3	68,000				GENERAL SUPPORT
(64) CHILDREN'S THERAPLAY FOUNDATION INC, THE 9919 TOWNE RD, CARMEL, IN 46032	35-2121568	501(C)3	34,755				GENERAL SUPPORT
(65) CHILD'S WORLD, A 4010 GUION LN, INDIANAPOLIS, IN 46268	20-3431602	501(C)3	34,000				GENERAL SUPPORT
(66) CHINA UNITED EDUCATION ASSISTANCE FOUNDATION (CUEAF) 133 W MARKET ST # 321, INDIANAPOLIS, IN 46204-2801	27-1644868	501(C)3	5,110				DONOR DESIGNATIONS
(67) CHINSUH CHILDCARE 6470 SHELBY ST, INDIANAPOLIS, IN 46227	46-4743693	501(C)3	10,336				GENERAL SUPPORT
(68) CHRIST TEMPLE CHRISTIAN ACADEMY 430 W FALL CREEK PKWY N DR, INDIANAPOLIS, IN 46208	35-0953428	501(C)3	20,672				GENERAL SUPPORT
(69) CHRISTAMORE HOUSE FAMILY AND COMMUNITY CENTER 502 N TREMONT ST, INDIANAPOLIS, IN 46222	35-0885588	501(C)3	192,948				GENERAL SUPPORT
(70) CHRISTAMORE HOUSE FAMILY AND COMMUNITY CENTER 502 N TREMONT ST, INDIANAPOLIS, IN 46222-3735	35-0885588	501(C)3	23,971				DONOR DESIGNATIONS
(71) CRISTEL HOUSE INTERNATIONAL, INC. 10 W MARKET ST STE 1990, INDIANAPOLIS, IN 46204-2973	35-2051932	501(C)3	11,523				DONOR DESIGNATIONS
(72) CICOA FOUNDATION INC 4755 KINGSWAY DR STE 200, INDIANAPOLIS, IN 46205-1560	35-1859069	501(C)3	150,000				GENERAL SUPPORT
(73) COALITION FOR HOMELESSNESS INTERVENTION & PREVENTION 1100 W 42ND ST STE 350, INDIANAPOLIS, IN 46208	31-1254018	501(C)3	538,932				GENERAL SUPPORT
(74) COBURN PLACE SAFE HAVEN II 604 E. 38TH ST., INDIANAPOLIS, IN 46205-2747	37-1421922	501(C)3	6,904				DONOR DESIGNATIONS

(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
(75) COMMUNITY ACTION OF GREATER INDIANAPOLIS 3266 N MERIDIAN ST STE 200, INDIANAPOLIS, IN 46208	35-6048441	501(C)3	7,639				GENERAL SUPPORT
(76) COMMUNITY ALLIANCE OF THE FAR EASTSIDE 8902 E 38TH ST, INDIANAPOLIS, IN 46226	35-2018453	501(C)3	335,228				GENERAL SUPPORT
(77) COMMUNITY HEALTH NETWORK FOUNDATION 1500 N RITTER AVE, INDIANAPOLIS, IN 46219-3027	51-0181688	501(C)3	17,700				DONOR DESIGNATIONS
(78) COMMUNITY SOLUTIONS INC 1433 N MERIDIAN ST STE 206, INDIANAPOLIS, IN 46202	35-2131142	501(C)3	46,861				GENERAL SUPPORT
(79) CONCORD NEIGHBORHOOD CENTER 1310 S MERIDIAN ST, INDIANAPOLIS, IN 46225	35-0817149	501(C)3	257,453				GENERAL SUPPORT
(80) CONCORD NEIGHBORHOOD CENTER 1310 S MERIDIAN ST, INDIANAPOLIS, IN 46225-1524	35-0817149	501(C)3	24,640				DONOR DESIGNATIONS
(81) CONNECT2HELP 3833 N MERIDIAN ST STE 302, INDIANAPOLIS, IN 46208	31-1216792	501(C)3	1,300,737				GENERAL SUPPORT
(82) CONNECT2HELP 3901 N MERIDIAN ST STE 300, INDIANAPOLIS, IN 46208-4026	31-1216792	501(C)3	12,180				DONOR DESIGNATIONS
(83) CROHN'S & COLITIS FOUNDATION IN CHAPTER 8445 KEYSTONE XING STE 102, INDIANAPOLIS, IN 46240-2454	13-6193105	501(C)3	7,471				DONOR DESIGNATIONS
(84) DAMIEN CENTER INC, THE 26 N ARSENAL AVE, INDIANAPOLIS, IN 46201	35-1711878	501(C)3	47,909				GENERAL SUPPORT
(85) DAYSTAR CHILDCARE 57 N RURAL ST, INDIANAPOLIS, IN 46201	35-0953434	501(C)3	67,114				GENERAL SUPPORT
(86) DENA'S DAY CARE CENTER INC 5707 CHELSEA RD, INDIANAPOLIS, IN 46241	35-1462686	501(C)3	58,200				GENERAL SUPPORT
(87) DESERT ROSE FOUNDATION INC PO BOX 1754, MARTINSVILLE, IN 46151	35-2129035	501(C)3	54,750				GENERAL SUPPORT
(88) DIABETES YOUTH FOUNDATION OF INDIANA 817 S TIBBS AVE, INDIANAPOLIS, IN 46241-2729	35-1783933	501(C)3	5,060				DONOR DESIGNATIONS
(89) DOWN SYNDROME INDIANA, INC. 708 E. MICHIGAN STREET, INDIANAPOLIS, IN 46202	80-0732286	501(C)3	6,850				DONOR DESIGNATIONS
(90) DYSLEXIA INSTITUTE OF INDIANA, INC. 8395 KEYSTONE XING STE 110, INDIANAPOLIS, IN 46240-2489	35-1780312	501(C)3	5,402				DONOR DESIGNATIONS
(91) EARLY LEARNING INDIANA, INC. (FORMERLY DAY NURSERY) 1776 N MERIDIAN ST STE A, INDIANAPOLIS, IN 46202	35-0888763	501(C)3	1,002,496				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
(92) EARLY LEARNING INDIANA, INC. (FORMERLY DAY NURSERY) 1776 N MERIDIAN ST STE A, INDIANAPOLIS, IN 46202-1473	35-0888763	501(C)3	55,430				DONOR DESIGNATIONS
(93) EAST TENTH UNITED METHODIST CHILDREN & YOUTH CENTER INC 2327 E 10TH ST, INDIANAPOLIS, IN 46201	35-1976975	501(C)3	34,070				GENERAL SUPPORT
(94) EASTER SEALS CROSSROADS REHABILITATION CENTER INC 4740 KINGSWAY DR, INDIANAPOLIS, IN 46205-1521	35-0869058	501(C)3	51,014				DONOR DESIGNATIONS
(95) EASTER SEALS CROSSROADS REHABILITATION CENTER INC 4740 KINGSWAY DR, INDIANAPOLIS, IN 46205	35-0869058	501(C)3	867,566				GENERAL SUPPORT
(96) EASTER SEALS REHABILITATION CENTER 1305 NATIONAL RD, WHEELING, WV 26003	62-1266942	501(C)3	101,942				GENERAL SUPPORT
(97) EDGE MENTORING 1075 BROAD RIPPLE AVE STE 207, INDIANAPOLIS, IN 46220-2034	47-5092582	501(C)3	126,211				DONOR DESIGNATIONS
(98) EDNA MARTIN CHRISTIAN CENTER, INC. PO BOX 18388, INDIANAPOLIS, IN 46218	35-1072577	501(C)3	401,234				GENERAL SUPPORT
(99) EDNA MARTIN CHRISTIAN CENTER, INC. 2605 E 25TH ST, INDIANAPOLIS, IN 46218-3608	35-1072577	501(C)3	6,512				DONOR DESIGNATIONS
(100) ESKENAZI HEALTH FOUNDATION INC 720 ESKENAZI AVE, INDIANAPOLIS, IN 46202	31-1132066	501(C)3	75,000				GENERAL SUPPORT
(101) FAIRBANKS INC. 8102 CLEARVISTA PKWY, INDIANAPOLIS, IN 46256-4698	35-0811197	501(C)3	28,269				DONOR DESIGNATIONS
(102) FAIRBANKS, INC. 8102 CLEARVISTA PKWY, INDIANAPOLIS, IN 46256-4698	35-0811197	501(C)3	295,906				GENERAL SUPPORT
(103) FAMILIES FIRST 615 N ALABAMA ST STE 320, INDIANAPOLIS, IN 46204-1481	35-0877572	501(C)3	1,077,495				GENERAL SUPPORT
(104) FAMILIES FIRST 615 N ALABAMA ST STE 320, INDIANAPOLIS, IN 46204-1481	35-0877572	501(C)3	20,713				DONOR DESIGNATIONS
(105) FATHERS AND FAMILIES CENTER 2835 N ILLINOIS ST, INDIANAPOLIS, IN 46208	35-2069047	501(C)3	127,911				GENERAL SUPPORT
(106) FATHERS AND FAMILIES CENTER 2835 N. ILLINOIS ST., INDIANAPOLIS, IN 46208-4705	35-2069047	501(C)3	17,345				DONOR DESIGNATIONS
(107) FAY BICCARD GLICK NEIGHBORHOOD CENTER 2990 W 71ST ST, INDIANAPOLIS, IN 46268-2239	35-1000001	501(C)3	165,628				GENERAL SUPPORT

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(108) FERVENT CARE CHILD CARE 10512 E 38TH ST, INDIANAPOLIS, IN 46235	35-1953339	501(C)3	27,200				GENERAL SUPPORT
(109) FINDING ME NOW 2601 E STOP 11 RD, INDIANAPOLIS, IN 46227	35-1268862	501(C)3	143,480				GENERAL SUPPORT
(110) FLANNER HOUSE OF INDIANAPOLIS, INC. 2424 DR MARTIN LUTHER KING JR ST, INDIANAPOLIS, IN 46208	35-0942628	501(C)3	410,129				GENERAL SUPPORT
(111) FLANNER HOUSE OF INDIANAPOLIS, INC. 2424 DR MARTIN LUTHER KING JR ST, INDIANAPOLIS, IN 46208-5571	35-0942628	501(C)3	7,488				DONOR DESIGNATIONS
(112) FLETCHER PLACE COMMUNITY CENTER, INC. PO BOX 825, INDIANAPOLIS, IN 46206-0825	35-1966882	501(C)3	16,339				DONOR DESIGNATIONS
(113) FOOD FOR THE POOR, INC. 6401 LYONS RD, COCONUT CREEK, FL 33073	59-1274510	501(C)3	10,000				GENERAL SUPPORT
(114) FOOD FOR THE POOR, INC. 6401 LYONS RD., COCONUT CREEK, FL 33073	59-1274510	501(C)3	7,102				DONOR DESIGNATIONS
(115) FOREST MANOR MULTI-SERVICE CENTER, INC. 5603 E 38TH ST, INDIANAPOLIS, IN 46218	35-1420208	501(C)3	323,140				GENERAL SUPPORT
(116) FOREST MANOR MULTI-SERVICE CENTER, INC. 5603 E 38TH ST, INDIANAPOLIS 46218-1821	35-1420208	501(C)3	12,983				DONOR DESIGNATIONS
(117) FRIENDS OF INDIANAPOLIS ANIMAL CONTROL & CARE FOUNDATION 7399 N. SHADELAND AVE., NO 117, INDIANAPOLIS, IN 46250	32-0099654	501(C)3	10,008				DONOR DESIGNATIONS
(118) GIFTED AND TALENTED ACADEMY INC 5023 N SHADELAND AVE, INDIANAPOLIS, IN 46226	46-0480925	501(C)3	29,920				GENERAL SUPPORT
(119) GIRL SCOUTS CENTRAL INDIANA, INC. 7201 GIRL SCOUT LN, INDIANAPOLIS, IN 46214	35-0876381	501(C)3	154,312				GENERAL SUPPORT
(120) GIRL SCOUTS OF CENTRAL INDIANA, INC. 7201 GIRL SCOUT LN, INDIANAPOLIS, IN 46214-5503	35-0876381	501(C)3	38,388				DONOR DESIGNATIONS
(121) GIRLS INCORPORATED OF GREATER INDIANAPOLIS 3935 N MERIDIAN ST, INDIANAPOLIS, IN 46208	35-1337205	501(C)3	222,754				GENERAL SUPPORT
(122) GIRLS INCORPORATED OF GREATER INDIANAPOLIS 3935 N MERIDIAN ST, INDIANAPOLIS, IN 46208-4011	35-1337205	501(C)3	32,720				DONOR DESIGNATIONS

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(123) GLEANERS FOOD BANK OF INDIANA, INC. 3737 WALDEMERE AVE., INDIANAPOLIS, IN 46241	35-1483868	501(C)3	42,804				DONOR DESIGNATIONS
(124) GODDARD SCHOOL, THE 10925 CORK PL, INDIANAPOLIS, IN 46236	20-0551385	501(C)3	16,887				GENERAL SUPPORT
(125) GOOD NEWS MINISTRIES 2716 E WASHINGTON ST, INDIANAPOLIS, IN 46201-4102	35-0999233	501(C)3	13,800				DONOR DESIGNATIONS
(126) GOODWILL OF CENTRAL & SOUTHERN INDIANA 1635 W MICHIGAN ST, INDIANAPOLIS, IN 46222-3852	35-0893506	501(C)3	48,222				DONOR DESIGNATIONS
(127) GOODWILL OF CENTRAL & SOUTHERN INDIANA 1635 W MICHIGAN ST, INDIANAPOLIS, IN 46222	35-0893506	501(C)3	413,062				GENERAL SUPPORT
(128) HABITAT FOR HUMANITY GREATER INDIANAPOLIS 3135 N MERIDIAN ST, INDIANAPOLIS, IN 46208-4717	35-1715910	501(C)3	10,000				GENERAL SUPPORT
(129) HALSTEAD ARCHITECTS 1139 SHELBY ST, INDIANAPOLIS, IN 46203	35-1994152	501(C)3	53,230				GENERAL SUPPORT
(130) HAMILTON COUNTY HUMANE SOCIETY 1721 PLEASANT ST, STE B, NOBLESVILLE, IN 46060	35-1610723	501(C)3	7,780				DONOR DESIGNATIONS
(131) HANCOCK COUNTY FOOD PANTRY, INC. PO BOX 244, GREENFIELD, IN 46140-0244	35-1923567	501(C)3	7,682				DONOR DESIGNATIONS
(132) HANCOCK COUNTY SENIOR SERVICES, INC. 1870 FIELDS BLVD, GREENFIELD, IN 46140-3029	31-0936007	501(C)3	73,715				GENERAL SUPPORT
(133) HANCOCK COUNTY SENIOR SERVICES, INC. 1870 FIELDS BLVD, GREENFIELD, IN 46140-3029	31-0936007	501(C)3	10,278				DONOR DESIGNATIONS
(134) HAPPY HOLLOW CHILDREN'S CAMP, INC. 3049 HAPPY HOLLOW RD, NASHVILLE, IN 47448	35-0942648	501(C)3	120,967				GENERAL SUPPORT
(135) HAPPY HOLLOW CHILDREN'S CAMP, INC. 615 N ALABAMA ST, INDIANAPOLIS, IN 46204-1430	35-0942648	501(C)3	17,199				DONOR DESIGNATIONS
(136) HAWTHORNE COMMUNITY CENTER 2440 W OHIO ST, INDIANAPOLIS, IN 46222	35-0874274	501(C)3	409,181				GENERAL SUPPORT
(137) HAWTHORNE COMMUNITY CENTER 2440 W OHIO ST, INDIANAPOLIS, IN 46222-4170	35-0874274	501(C)3	13,976				DONOR DESIGNATIONS

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(138) HEALTHNET INC HOMELESS INITIATIVES PROJECT, 3401 E RAYMOND ST, INDIANAPOLIS, IN 46203	35-1579827	501(C)3	773,816				GENERAL SUPPORT
(139) HEAVENLY ANGELS CHILDCARE 7034 N PERSHING AVE, INDIANAPOLIS, IN 46268	38-3710570	501(C)3	10,336				GENERAL SUPPORT
(140) HELPING HANDS CHILDCARE & PRESCHOOL 1610 E 19TH ST, INDIANAPOLIS, IN 46218	35-1708566	501(C)3	40,320				GENERAL SUPPORT
(141) HENDRICKS COUNTY SENIOR SERVICES PO BOX 448, DANVILLE, IN 46122	35-1445497	501(C)3	101,720				GENERAL SUPPORT
(142) HENDRICKS COUNTY SENIOR SERVICES 1201 SYCAMORE LN, DANVILLE, IN 46122-1440	35-1445497	501(C)3	15,212				DONOR DESIGNATIONS
(143) HERITAGE PLACE OF INDIANAPOLIS INC 4550 N ILLINOIS ST, INDIANAPOLIS, IN 46208	35-1436580	501(C)3	51,615				GENERAL SUPPORT
(144) HOLY SPIRIT CATHOLIC CHURCH 7243 E 10TH ST, INDIANAPOLIS, IN 46219	35-0988729	501(C)3	24,900				GENERAL SUPPORT
(145) HORIZON HOUSE, INC. 1033 E WASHINGTON ST, INDIANAPOLIS, IN 46202-3952	35-1759503	501(C)3	49,948				DONOR DESIGNATIONS
(146) HORIZON HOUSE, INC. 1033 E WASHINGTON ST, INDIANAPOLIS, IN 46202	35-1759503	501(C)3	268,836				GENERAL SUPPORT
(147) HUMANE SOCIETY OF INDIANAPOLIS 7929 N. MICHIGAN RD. N.W., INDIANAPOLIS, IN 46268	35-0876385	501(C)3	19,621				DONOR DESIGNATIONS
(148) HUTSON SCHOOL, INC. (DBA FORTUNE ACADEMY) 5626 LAWTON LOOP EAST DRIVE, INDIANAPOLIS, IN 46216-1013	35-2148108	501(C)3	11,549				DONOR DESIGNATIONS
(149) HVAF OF INDIANA, INC. 964 N PENNSYLVANIA ST, INDIANAPOLIS, IN 46204	35-1890547	501(C)3	1,692,685				GENERAL SUPPORT
(150) HVAF OF INDIANA, INC. 964 N PENNSYLVANIA ST, INDIANAPOLIS, IN 46204-1032	35-1890547	501(C)3	30,168				DONOR DESIGNATIONS
(151) INDIANA CANINE ASSISTANT NETWORK, INC. (ICAN) 5610 CRAWFORDSVILLE RD STE 2101, INDIANAPOLIS, IN 46224-3787	35-2144155	501(C)3	18,354				DONOR DESIGNATIONS
(152) INDIANA CONNECTED BY 25 2625 N MERIDIAN ST STE 48, INDIANAPOLIS, IN 46208	45-5056874	501(C)3	70,549				GENERAL SUPPORT
(153) INDIANA LEGAL SERVICES, INC. 151 N DELAWARE ST STE 1850, INDIANAPOLIS, IN 46204-2534	35-6059654	501(C)3	102,280				GENERAL SUPPORT

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(154) INDIANA LEGAL SERVICES, INC. MARKET SQUARE CENTER, 151 N. DELAWARE STREET, SUITE 1850, INDIANAPOLIS, IN 46204-2534	35-6059654	501(C)3	7,148				DONOR DESIGNATIONS
(155) INDIANA OIC STATE COUNCIL INC 1308 S RILEY PL, INDIANAPOLIS, IN 46203	35-1536521	501(C)3	23,256				GENERAL SUPPORT
(156) INDIANA TEEN CHALLENGE PO BOX 564, LEBANON, IN 46052-0167	35-1262844	501(C)3	10,000				GENERAL SUPPORT
(157) INDIANA UNIVERSITY FOUNDATION PO BOX 500, BLOOMINGTON, IN 47402-0500	35-6018940	501(C)3	9,938				DONOR DESIGNATIONS
(158) INDIANA YOUTH GROUP (IYG) PO BOX 20716, INDIANAPOLIS, IN 46220	35-1760451	501(C)3	37,033				GENERAL SUPPORT
(159) INDIANA YOUTH GROUP (IYG) PO BOX 20716, INDIANAPOLIS, IN 46220-0716	35-1760451	501(C)3	59,146				DONOR DESIGNATIONS
(160) INDIANAPOLIS CHINESE COMMUNITY CENTER, INC. P.O. BOX 50914, INDIANAPOLIS, IN 46250	35-1961180	501(C)3	5,501				DONOR DESIGNATIONS
(161) INDIANAPOLIS JUNIOR ACADEMY 2910 E 62ND ST, INDIANAPOLIS, IN 46220	35-0976759	501(C)3	55,585				GENERAL SUPPORT
(162) INDIANAPOLIS LEGAL AID SOCIETY, INC. 615 N ALABAMA ST STE 122, INDIANAPOLIS, IN 46204	35-1045153	501(C)3	205,747				GENERAL SUPPORT
(163) INDIANAPOLIS LEGAL AID SOCIETY, INC. 615 N ALABAMA ST STE 122, INDIANAPOLIS, IN 46204-1423	35-1045153	501(C)3	12,239				DONOR DESIGNATIONS
(164) INDIANAPOLIS NEIGHBORHOOD RESOURCE CENTER 708 E MICHIGAN ST, INDIANAPOLIS, IN 46202	35-1909230	501(C)3	86,341				GENERAL SUPPORT
(165) INDIANAPOLIS PUBLIC SCHOOLS 120 E WALNUT ST, INDIANAPOLIS, IN 46204	35-6002486	GOVERNMENT	101,906				GENERAL SUPPORT
(166) INDIANAPOLIS TEN POINT COALITION 900 W 30TH ST, INDIANAPOLIS, IN 46208-5038	35-2071975	501(C)3	5,452				DONOR DESIGNATIONS
(167) INDIANAPOLIS URBAN LEAGUE (IUL) 777 INDIANA AVE, INDIANAPOLIS, IN 46202	35-6060655	501(C)3	388,639				GENERAL SUPPORT
(168) INDIANAPOLIS URBAN LEAGUE (IUL) SAM H. JONES CTR., 777 INDIANA AVE., INDIANAPOLIS, IN 46202	35-6060655	501(C)3	25,310				DONOR DESIGNATIONS
(169) INDY READS 40 E SAINT CLAIR ST, INDIANAPOLIS, IN 46204-1131	31-1227489	501(C)3	7,000				DONOR DESIGNATIONS
(170) INFANTS & TODDLERS LEARNING EDGE CHILDCARE INK 4244 N EDMONDSON AVE, INDIANAPOLIS, IN 46226	46-4179008	501(C)3	5,107				GENERAL SUPPORT

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(171) INTELLIGENT MINDS CHILD DEVELOPMENT 2432 COPPER HILL DRIVE, INDIANAPOLIS, IN 46239	26-2393272	501(C)3	20,400				GENERAL SUPPORT
(172) IPS - SCHOOL 48 120 E WALNUT ST, INDIANAPOLIS, IN 46204	35-6002486	GOVERNMENT	80,000				DONOR DESIGNATIONS
(173) IVY TECH FOUNDATION INC 50 W FALL CREEK PARKWAY NORTH DR, INDIANAPOLIS, IN 46208-5752	23-7073977	501(C)3	13,104				DONOR DESIGNATIONS
(174) JAMESON CAMP 2001 BRIDGEPORT RD, INDIANAPOLIS, IN 46231-0156	35-1156756	501(C)3	1,292,626				GENERAL SUPPORT
(175) JAMESON CAMP 2001 BRIDGEPORT RD, INDIANAPOLIS, IN 46231-1227	35-1156756	501(C)3	23,093				DONOR DESIGNATIONS
(176) JEWISH COMMUNITY CENTER OF INDIANAPOLIS ARTHUR M. GLICK JEWISH COMMUNITY CTR., 6701 HOOVER RD., INDIANAPOLIS, IN 46260	23-7099138	501(C)3	16,053				DONOR DESIGNATIONS
(177) JEWISH COMMUNITY CENTER OF INDIANAPOLIS 6701 HOOVER RD, INDIANAPOLIS, IN 46260	23-7099138	501(C)3	189,346				GENERAL SUPPORT
(178) JEWISH FEDERATION OF GREATER INDIANAPOLIS 6705 HOOVER RD, INDIANAPOLIS, IN 46260-4120	35-0888017	501(C)3	16,187				DONOR DESIGNATIONS
(179) JOHN H BONER COMMUNITY CENTER 2236 E 10TH ST, INDIANAPOLIS, IN 46201	23-7204495	501(C)3	1,972,119				GENERAL SUPPORT
(180) JOHN H. BONER COMMUNITY CENTER 2236 E 10TH ST, INDIANAPOLIS, IN 46201-2006	23-7204495	501(C)3	12,982				DONOR DESIGNATIONS
(181) JULIAN CENTER, INC, THE 2011 N MERIDIAN ST, INDIANAPOLIS, IN 46202	35-1346514	501(C)3	381,521				GENERAL SUPPORT
(182) KENNETH BUTLER MEMORIAL SOUP KITCHEN 202 E. MAIN ST., GREENFIELD, IN 46140	80-0321185	501(C)3	6,336				DONOR DESIGNATIONS
(183) KIDS VOICE OF INDIANA, INC. 9150 HARRISON PARK CT STE C, INDIANAPOLIS, IN 46216	35-1656579	501(C)3	80,799				GENERAL SUPPORT
(184) KIDS VOICE OF INDIANA, INC. 9150 HARRISON PARK CT STE C, INDIANAPOLIS, IN 46216-2250	35-1656579	501(C)3	7,343				DONOR DESIGNATIONS
(185) KIDZ LUVE LLC 4118 N SHERIDAN AVE, INDIANAPOLIS, IN 46226	26-4195365	501(C)3	12,920				GENERAL SUPPORT
(186) KINDERCARE 650 NE HOLLADAY ST STE 1400, PORTLAND, OR 97232	06-1097006	501(C)3	320,960				GENERAL SUPPORT
(187) LA PLAZA INC 8902 E 38TH ST, INDIANAPOLIS, IN 46226-6073	35-1743525	501(C)3	13,188				DONOR DESIGNATIONS

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(188) LA PLAZA INC 8902 E 38TH ST, INDIANAPOLIS, IN 46226-6073	35-1743525	501(C)3	188,792				GENERAL SUPPORT
(189) LAKE AREA UNITED WAY THE COBY BUILDING, 221 W. RIDGE RD., GRIFFITH, IN 46319	23-7170019	501(C)3	10,500				DONOR DESIGNATIONS
(190) LEARNING HOUSE, THE 1715 KAYLA DR, INDIANAPOLIS, IN 46234	20-5799811	501(C)3	6,375				GENERAL SUPPORT
(191) LEBANON AREA BOYS & GIRLS CLUB 403 W MAIN ST, LEBANON, IN 46052	35-6041946	501(C)3	46,725				GENERAL SUPPORT
(192) LEBANON AREA BOYS & GIRLS CLUB 403 W MAIN ST, LEBANON, IN 46052-2445	35-6041946	501(C)3	12,302				DONOR DESIGNATIONS
(193) LIFE CENTERS, INC. 3901 W 86TH ST., STE 111, INDIANAPOLIS, IN 46268	31-1059740	501(C)3	11,421				DONOR DESIGNATIONS
(194) LIFEKIDS CHILDCARE & PRESCHOOL 9101 W 10TH ST, INDIANAPOLIS, IN 46234	57-1228962	501(C)3	24,480				GENERAL SUPPORT
(195) LITTLE DUCKLING DAYCARE 5350 E 38TH ST, INDIANAPOLIS, IN 46218	35-1754899	501(C)3	10,336				GENERAL SUPPORT
(196) LITTLE FRIENDS OF GOD 8350 DITCH RD, INDIANAPOLIS, IN 46260	74-3071260	501(C)3	333,198				GENERAL SUPPORT
(197) LITTLE FRIENDS OF GOD 8350 DITCH RD, INDIANAPOLIS, IN 46260	74-3071260	501(C)3	22,111				GENERAL SUPPORT
(198) LITTLE RED DOOR CANCER AGENCY 1801 N MERIDIAN ST, INDIANAPOLIS, IN 46202-1411	35-0914096	501(C)3	198,291				GENERAL SUPPORT
(199) LITTLE RED DOOR CANCER AGENCY 1801 N MERIDIAN ST, INDIANAPOLIS, IN 46202-1411	35-0914096	501(C)3	86,823				DONOR DESIGNATIONS
(200) LITTLE SCHOLARS CHILDCARE & PRESCHOOL ACADEMY 3507 BEELER AVE, INDIANAPOLIS, IN 46224	27-1122413	501(C)3	44,472				GENERAL SUPPORT
(201) LITTLE SISTERS OF THE POOR C/O ST. AUGUSTINE'S HOME FOR THE AGED, 2345 W. 86TH ST., INDIANAPOLIS, IN 46260	35-1007734	501(C)3	5,893				DONOR DESIGNATIONS
(202) LITTLE TOY SOLDIERS CHILDCARE 2020 E 42ND ST, INDIANAPOLIS, IN 46205	47-4954440	501(C)3	6,800				GENERAL SUPPORT
(203) LOCAL INITIATIVES SUPPORT CORPORATION 202 E MARKET ST, INDIANAPOLIS, IN 46204	13-3030229	501(C)3	270,000				GENERAL SUPPORT
(204) LOVE YOUR CHILD'S CARE 2220 SLOAN AVE, INDIANAPOLIS, IN 46203	27-1522513	501(C)3	7,752				GENERAL SUPPORT
(205) LUTHERAN CHILD & FAMILY SERVICES (IN) 1525 N RITTER AVE, INDIANAPOLIS, IN 46219	35-0868123	501(C)3	1,253,961				GENERAL SUPPORT
(206) LUTHERAN CHILD & FAMILY SERVICES (IN) 1525 N RITTER AVE, INDIANAPOLIS, IN 46219-3026	35-0868123	501(C)3	78,257				DONOR DESIGNATIONS

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(207) LUTHERAN WORLD RELIEF 700 LIGHT ST, BALTIMORE, MD 21230-3850	13-2574963	501(C)3	5,275				DONOR DESIGNATIONS
(208) LYNHURST BAPTIST CHURCH PRESCHOOL MINISTRY 1250 S LYNHURST DR, INDIANAPOLIS, IN 46241	35-2256878	501(C)3	30,740				GENERAL SUPPORT
(209) M2M CHILDCARE 3741 FOREST MANOR AVE, INDIANAPOLIS, IN 46218	35-2132723	501(C)3	11,968				GENERAL SUPPORT
(210) MARTIN CENTER SICKLE CELL INITIATIVE 3549 N COLLEGE AVE, INDIANAPOLIS, IN 46205	23-7058960	501(C)3	133,909				GENERAL SUPPORT
(211) MARTIN CENTER SICKLE CELL INITIATIVE 3549 N COLLEGE AVE, INDIANAPOLIS, IN 46205-3733	23-7058960	501(C)3	5,877				DONOR DESIGNATIONS
(212) MARTIN LUTHER KING COMMUNITY CENTER 40 W 40TH ST, INDIANAPOLIS, IN 46208	23-7415846	501(C)3	162,620				GENERAL SUPPORT
(213) MARTIN LUTHER KING COMMUNITY CENTER 40 W 40TH ST, INDIANAPOLIS, IN 46208-4002	23-7415846	501(C)3	9,184				DONOR DESIGNATIONS
(214) MARY RIGG NEIGHBORHOOD CENTER 1920 W MORRIS ST, INDIANAPOLIS, IN 46221	35-0868954	501(C)3	536,475				GENERAL SUPPORT
(215) MARY RIGG NEIGHBORHOOD CENTER 1920 W MORRIS ST, INDIANAPOLIS, IN 46221-1540	35-0868954	501(C)3	36,262				DONOR DESIGNATIONS
(216) MCCOY INC. - MARION COUNTY COMMISSION ON YOUTH, INC. 1375 W 16TH ST, INDIANAPOLIS, IN 46202-2111	35-1900516	501(C)3	35,576				GENERAL SUPPORT
(217) MCCOY INC. - MARION COUNTY COMMISSION ON YOUTH, INC. 1375 W 16TH ST, INDIANAPOLIS, IN 46202-2111	35-1900516	501(C)3	6,919				DONOR DESIGNATIONS
(218) MEALS ON WHEELS CENTRAL INDIANA PO BOX 40969, INDIANAPOLIS, IN 46240-0469	35-1182075	501(C)3	37,063				GENERAL SUPPORT
(219) MEALS ON WHEELS HANCOCK COUNTY 1133 W MAIN ST STE C, GREENFIELD, IN 46140	35-2117913	501(C)3	15,039				GENERAL SUPPORT
(220) MEALS ON WHEELS OF CENTRAL INDIANA 708 E. MICHIGAN, INDIANAPOLIS, IN 46204	35-1182075	501(C)3	40,702				DONOR DESIGNATIONS
(221) MEALS ON WHEELS OF HANCOCK COUNTY 1133 W MAIN ST STE C, GREENFIELD, IN 46140-1957	35-2117913	501(C)3	12,260				DONOR DESIGNATIONS



(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
(222) MENTAL HEALTH AMERICA OF HENDRICKS COUNTY 75 QUEENSWAY DR, AVON, IN 46123	23-7038692	501(C)3	43,448				GENERAL SUPPORT
(223) MENTAL HEALTH AMERICA OF INDIANA INC 1431 N DELAWARE ST, INDIANAPOLIS, IN 46202-2416	35-0896905	501(C)3	183,031				GENERAL SUPPORT
(224) MENTAL HEALTH PARTNERS OF HANCOCK COUNTY 98 E NORTH ST STE 204, GREENFIELD, IN 46140-2199	35-6071251	501(C)3	13,314				GENERAL SUPPORT
(225) METHODIST HEALTH FOUNDATION 1800 N. CAPITOL AVE., INDIANAPOLIS, IN 46207-7168	35-6043086	501(C)3	5,814				DONOR DESIGNATIONS
(226) MIDTOWN COMMUNITY MENTAL HEALTH CENTER 1700 N ILLINOIS ST, INDIANAPOLIS, IN 46202	35-6005697	501(C)3	24,213				GENERAL SUPPORT
(227) MIDWEST FOOD BANK 6450 S BELMONT AVE, INDIANAPOLIS, IN 46217-9767	41-2120170	501(C)3	6,289				DONOR DESIGNATIONS
(228) MOORE'S MONTESSORI ACADEMY 7206 E 38TH ST, INDIANAPOLIS, IN 46226	35-1132342	501(C)3	9,515				GENERAL SUPPORT
(229) MOTHER THEODORE CATHOLIC ACADEMY ARCHDIOCESE OF INDIANAPOLIS, 1400 N MERIDIAN ST, INDIANAPOLIS, IN 46202	27-1010344	501(C)3	54,400				GENERAL SUPPORT
(230) MOUNT CARMEL COMMUNITY ACADEMY 9610 E 42ND ST, INDIANAPOLIS, IN 46235	30-0555664	501(C)3	66,523				GENERAL SUPPORT
(231) MSD OF DECATUR TOWNSHIP 5275 KENTUCKY AVE, INDIANAPOLIS, IN 46221	46-3387727	GOVERNMENT	74,883				GENERAL SUPPORT
(232) MSD OF LAWRENCE TOWNSHIP 6501 SUNNYSIDE RD, INDIANAPOLIS, IN 46236	35-6006802	GOVERNMENT	219,824				GENERAL SUPPORT
(233) MSD OF LAWRENCE TOWNSHIP FOUNDATION 6501 SUNNYSIDE RD, INDIANAPOLIS, IN 46236-9707	35-1573468	501(C)3	5,236				DONOR DESIGNATIONS
(234) MSD OF PERRY TOWNSHIP 6548 ORINOCO AVE, INDIANAPOLIS, IN 46227	35-6006777	GOVERNMENT	11,240				GENERAL SUPPORT
(235) MSD OF PIKE TOWNSHIP 6901 ZIONSVILLE RD, INDIANAPOLIS, IN 46268	35-6006872	GOVERNMENT	6,423				GENERAL SUPPORT
(236) MSD OF WARREN TOWNSHIP 975 N POST RD, INDIANAPOLIS, IN 46219	35-6006000	GOVERNMENT	284,360				GENERAL SUPPORT
(237) MSD OF WAYNE TOWNSHIP 1220 S HIGH SCHOOL RD, INDIANAPOLIS, IN 46241	35-1072270	GOVERNMENT	94,631				GENERAL SUPPORT
(238) MT ZION'S LOVING DAYCARE 4900 E 38TH ST, INDIANAPOLIS, IN 46218	23-7438282	501(C)3	25,840				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
(239) MY SECOND HOME CHILD CARE AND PRESCHOOL 8050 NUCKOLS LN, INDIANAPOLIS, IN 46237	26-0584073	501(C)3	52,197				GENERAL SUPPORT
(240) NEIGHBORHOOD CHRISTIAN LEGAL CLINIC 3333 N MERIDIAN ST, INDIANAPOLIS, IN 46208	35-1916572	501(C)3	67,598				GENERAL SUPPORT
(241) NEIGHBORHOOD CHRISTIAN LEGAL CLINIC 3333 N MERIDIAN ST STE 201, INDIANAPOLIS, IN 46208-4679	35-1916572	501(C)3	23,710				DONOR DESIGNATIONS
(242) NOBLE 7701 E 21ST ST, INDIANAPOLIS, IN 46219	35-0924720	501(C)3	529,608				GENERAL SUPPORT
(243) NOBLE 7701 E 21ST ST, INDIANAPOLIS, IN 46219-2406	35-0924720	501(C)3	67,287				DONOR DESIGNATIONS
(244) OAKS ACADEMY, THE 2301 N PARK AVE, INDIANAPOLIS, IN 46205	35-2050595	501(C)3	17,861				GENERAL SUPPORT
(245) OPERATION SCHOOL BELL OF ASSISTANCE LEAGUE OF INDIANAPOLIS 1475 W 86TH ST STE E, INDIANAPOLIS, IN 46260-2185	35-1635410	501(C)3	15,545				DONOR DESIGNATIONS
(246) OUTREACH, INC. PO BOX 11416, INDIANAPOLIS, IN 46201	35-1989358	501(C)3	10,000				GENERAL SUPPORT
(247) OUTREACH, INC. 2822 E NEW YORK ST, INDIANAPOLIS, IN 46201-3322	35-1989358	501(C)3	5,179				DONOR DESIGNATIONS
(248) PACE INC 2855 N KEYSTONE AVE STE 170, INDIANAPOLIS, IN 46218	35-1062235	501(C)3	195,532				GENERAL SUPPORT
(249) PERFECTED CHILD CARE MINISTRY 8736 E 21ST ST, INDIANAPOLIS, IN 46219	35-1993037	501(C)3	333,510				GENERAL SUPPORT
(250) PERRY SENIOR CITIZENS SERVICES INC 6901 DERBYSHIRE RD, INDIANAPOLIS, IN 46227	35-1416248	501(C)3	6,520				GENERAL SUPPORT
(251) PLANNED PARENTHOOD OF INDIANA AND KENTUCKY, INC. 200 S MERIDIAN ST STE 400, INDIANAPOLIS, IN 46225-1076	35-0874276	501(C)3	33,848				DONOR DESIGNATIONS
(252) PRIME LIFE ENRICHMENT INC 1078 THIRD AVE SW, CARMEL, IN 46032	35-1411017	501(C)3	143,430				GENERAL SUPPORT
(253) PROSPERITY ENRICHMENT INC 3045 N PENNSYLVANIA ST, INDIANAPOLIS, IN 46205	46-5150303	501(C)3	20,400				GENERAL SUPPORT
(254) PURPOSE OF LIFE ACADEMY 3705 KESSLER BLVD N DR, INDIANAPOLIS, IN 46222	68-0558032	501(C)3	73,969				GENERAL SUPPORT
(255) REACH FOR YOUTH INC 3505 N WASHINGTON BLVD, INDIANAPOLIS, IN 46205-3718	23-7456842	501(C)3	147,480				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
(256) REEVES DAYCARE 6058 ROCKY RIVER DR, INDIANAPOLIS, IN 46221	45-5399443	501(C)3	6,800				GENERAL SUPPORT
(257) REGINA'S DAYCARE REGINA'S DAYCARE, 3622 CHOKECHERRY LN, INDIANAPOLIS, IN 46235	35-2100483	501(C)3	5,040				GENERAL SUPPORT
(258) RILEY CHILDREN'S FOUNDATION (RILEY HOSPITAL) 30 S. MERIDIAN ST., #200, INDIANAPOLIS, IN 46204-3540	35-0868147	501(C)3	6,211				DONOR DESIGNATIONS
(259) RILEY CHILDREN'S FOUNDATION (RILEY HOSPITAL) RILEY CHILDREN'S FOUNDATION, 30 S. MERIDIAN STREET, SUITE 200, INDIANAPOLIS, IN 46204	35-0868147	501(C)3	10,257				DONOR DESIGNATIONS
(260) RONALD MCDONALD HOUSE CHARITIES OF CENTRAL INDIANA 435 LIMESTONE ST, INDIANAPOLIS, IN 46202-2819	35-1497202	501(C)3	6,868				DONOR DESIGNATIONS
(261) SALVATION ARMY INDIANAPOLIS 540 N ALABAMA ST, INDIANAPOLIS, IN 46204	36-2167910	501(C)3	519,845				GENERAL SUPPORT
(262) SECOND HELPINGS (IN) 1121 SOUTHEASTERN AVE, INDIANAPOLIS, IN 46202	35-1484281	501(C)3	145,315				GENERAL SUPPORT
(263) SECOND HELPINGS (IN) THE EUGENE & MARILYN GLICK CENTER, 1121 SOUTHEASTERN AVE., INDIANAPOLIS, IN 46202	35-1484281	501(C)3	105,702				DONOR DESIGNATIONS
(264) SHELTERING WINGS CENTER FOR WOMEN 1251 SYCAMORE LN, DANVILLE, IN 46122-1440	35-2077713	501(C)3	64,744				DONOR DESIGNATIONS
(265) SHELTERING WINGS CENTER FOR WOMEN PO BOX 92, DANVILLE, IN 46122-0092	35-2077713	501(C)3	132,414				GENERAL SUPPORT
(266) SHEPHERD COMMUNITY CENTER 4107 E WASHINGTON ST, INDIANAPOLIS, IN 46201	35-1765846	501(C)3	26,953				GENERAL SUPPORT
(267) SHEPHERD COMMUNITY CENTER 4107 E. WASHINGTON ST., INDIANAPOLIS, IN 46201	35-1765846	501(C)3	21,616				DONOR DESIGNATIONS
(268) SHEPHERDS GATE FOOD PANTRY & BABY SUPPLIES C/O ST. MARIA GORETTI PARISH, 17102 SPRINGMILL RD., WESTFIELD, IN 46074	35-1950891	501(C)3	6,738				DONOR DESIGNATIONS
(269) SOCIAL HEALTH ASSOCIATION OF INDIANA, INC. 615 N ALABAMA ST STE 228, INDIANAPOLIS, IN 46204	35-0869056	501(C)3	88,901				GENERAL SUPPORT
(270) SOCIAL HEALTH ASSOCIATION OF INDIANA, INC. 615 N ALABAMA ST STE 228, INDIANAPOLIS, IN 46204-1432	35-0869056	501(C)3	5,169				DONOR DESIGNATIONS

(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
(271) SOCIETY OF ST. VINCENT DE PAUL 3001 E 30TH ST, INDIANAPOLIS, IN 46218	37-1507632	501(C)3	61,000				GENERAL SUPPORT
(272) SOCIETY OF ST. VINCENT DE PAUL 3001 E. 30TH STREET, INDIANAPOLIS, IN 46218	37-1507632	501(C)3	17,048				DONOR DESIGNATIONS
(273) SOUTHEAST COMMUNITY SERVICES INC 901 SHELBY ST, INDIANAPOLIS, IN 46203	35-1318068	501(C)3	492,813				GENERAL SUPPORT
(274) SOUTHMINSTER PRESBYTERIAN LHLF PO BOX 39008, INDIANAPOLIS, IN 46239	35-1157652	501(C)3	10,336				GENERAL SUPPORT
(275) SPECIAL OLYMPICS INDIANA INC 6200 TECHNOLOGY CENTER DR, INDIANAPOLIS, IN 46278-6003	35-1262574	501(C)3	8,393				DONOR DESIGNATIONS
(276) SPECIAL OLYMPICS INDIANA INC 6200 TECHNOLOGY CENTER DR STE 105, INDIANAPOLIS, IN 46278	35-1262574	501(C)3	10,000				GENERAL SUPPORT
(277) SPEEDWAY UNITED METHODIST CHURCH 5011 W 16TH ST, SPEEDWAY, IN 46224	35-2078266	501(C)3	39,971				GENERAL SUPPORT
(278) SS PETER & PAUL CATHEDRAL CATHEDRAL SOUP KITCHEN & FOOD PANTRY, 1347 N MERIDIAN ST, INDIANAPOLIS, IN 46202	35-0868029	501(C)3	18,500				GENERAL SUPPORT
(279) ST LAWRENCE CATHOLIC CHURCH 6944 E 46TH ST, INDIANAPOLIS, IN 46226	35-0919344	501(C)3	40,800				GENERAL SUPPORT
(280) ST MARY'S CHILD CENTER 901 DR MARTIN LUTHER KING JR ST, INDIANAPOLIS, IN 46202	35-1141484	501(C)3	429,933				GENERAL SUPPORT
(281) ST MONICA SCHOOL 6131 N MICHIGAN RD, INDIANAPOLIS, IN 46228	35-1009268	501(C)3	16,450				GENERAL SUPPORT
(282) ST. JUDE CHILDRENS RESEARCH HOSPITAL - TN 501 ST. JUDE PL., MEMPHIS, TN 38105	62-0646012	501(C)3	5,670				DONOR DESIGNATIONS
(283) ST. MARY'S CHILD CENTER THOMPSON BUILDING, 901 DR. MARTIN LUTHER KING, JR. ST., INDIANAPOLIS, IN 46202	35-1141484	501(C)3	60,484				DONOR DESIGNATIONS
(284) ST. VINCENT FOUNDATION, INC. 8402 HARCOURT RD. #210, INDIANAPOLIS, IN 46260	35-6088862	501(C)3	5,300				DONOR DESIGNATIONS
(285) STARFISH INITIATIVE 6958 HILLSDALE CT, INDIANAPOLIS, IN 46250-2040	56-2442758	501(C)3	106,836				GENERAL SUPPORT
(286) STARFISH INITIATIVE 6958 HILLSDALE CT, INDIANAPOLIS, IN 46250-2040	56-2442758	501(C)3	21,150				DONOR DESIGNATIONS
(287) SUNRISE CHRISTIAN ACADEMY 948 W 30TH ST, INDIANAPOLIS, IN 46208	35-2083350	501(C)3	19,760				GENERAL SUPPORT
(288) SYCAMORE SERVICES INC PO BOX 369, DANVILLE, IN 46122	35-1064235	501(C)3	132,757				GENERAL SUPPORT

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(289) T P KIDDIE ACADEMY 4501 N POST, INDIANAPOLIS, IN 46226	35-2149550	501(C)3	94,500				GENERAL SUPPORT
(290) TANGRAM INC 5155 PENNWOOD DR, INDIANAPOLIS, IN 46205-1585	35-1661813	501(C)3	8,725				DONOR DESIGNATIONS
(291) TANGRAM INC 5155 PENNWOOD DR, INDIANAPOLIS, IN 46205	35-1661813	501(C)3	226,588				GENERAL SUPPORT
(292) THE ALS ASSOCIATION - IN CHAPTER 7202 E. 87TH ST., STE. 102, INDIANAPOLIS, IN 46256	35-2029321	501(C)3	9,443				DONOR DESIGNATIONS
(293) THE ARC OF GREATER BOONE COUNTY 900 W MAIN ST, LEBANON, IN 46052-2318	35-1333698	501(C)3	12,230				DONOR DESIGNATIONS
(294) THE ARC OF INDIANA 107 N. PENNSYLVANIA ST., SUITE 800, INDIANAPOLIS, IN 46204-2423	35-1075886	501(C)3	5,770				DONOR DESIGNATIONS
(295) THE CHILDREN'S MUSEUM OF INDIANAPOLIS 3000 N MERIDIAN ST, INDIANAPOLIS, IN 46208-4716	35-0867985	501(C)3	6,563				DONOR DESIGNATIONS
(296) THE CHILDREN'S THERAPLAY FOUNDATION, INC. 9919 TOWNE RD, CARMEL, IN 46032-8260	35-2121568	501(C)3	11,656				DONOR DESIGNATIONS
(297) THE DAMIEN CENTER, INC. 26 N ARSENAL AVE, INDIANAPOLIS, IN 46201-3808	35-1711878	501(C)3	60,074				DONOR DESIGNATIONS
(298) THE FOREVER FUND UNITED WAY OF CENTRAL INDIANA, 3901 N. MERIDIAN ST., STE. 25, INDIANAPOLIS, IN 46208	35-1007590	501(C)3	20,000				DONOR DESIGNATIONS
(299) THE GOLDEN STAR USA FOUNDATION 10142 BROOKS SCHOOL RD STE 205, FISHERS, IN 46037-4037	32-0297142	501(C)3	10,000				DONOR DESIGNATIONS
(300) THE JULIAN CENTER, INC. ADMINISTRATIVE OFFICES & EMPOWERMENT & COUNSELING CENTER, 2011 N. MERIDIAN ST., INDIANAPOLIS, IN 46202-1305	35-1346514	501(C)3	110,987				DONOR DESIGNATIONS
(301) THE LEUKEMIA & LYMPHOMA SOCIETY - INDIANA CHAPTER 9075 N MERIDIAN STREET, SUITE 150, INDIANAPOLIS, IN 46260	13-5644916	501(C)3	8,195				DONOR DESIGNATIONS
(302) THE SALVATION ARMY 3100 N MERIDIAN ST, INDIANAPOLIS, IN 46208-4718	36-2167910	501(C)3	66,085				DONOR DESIGNATIONS
(303) THE VILLAGES 3833 N MERIDIAN ST STE 101, INDIANAPOLIS, IN 46208-4059	35-1708240	501(C)3	35,258				DONOR DESIGNATIONS
(304) TIMMY GLOBAL HEALTH INC 22 E 22ND ST, INDIANAPOLIS, IN 46202	35-2012757	501(C)3	10,000				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
(305) TMP ENTERPRISES DBA JOY'S HOUSE 2028 BROAD RIPPLE AVE, INDIANAPOLIS, IN 46220-2374	35-0283290	501(C)3	10,191				DONOR DESIGNATIONS
(306) UNITED CATHOLIC APPEAL OF THE RC ARCHDIOCESES OF INDIANAPOLIS 1400 N. MERIDIAN ST., INDIANAPOLIS, IN 46203	35-1018460	501(C)3	10,484				DONOR DESIGNATIONS
(307) UNITED WAY OF JOHNSON COUNTY P.O. BOX 153, FRANKLIN, IN 46131	35-1082600	501(C)3	26,794				DONOR DESIGNATIONS
(308) UNITED WAY OF MADISON COUNTY, INC. - IN 205 W 11TH ST, STE A, ANDERSON, IN 46016-1486	35-1052350	501(C)3	8,117				DONOR DESIGNATIONS
(309) UNITED WAY OF MONROE COUNTY, INC. 441 S. COLLEGE AVE., BLOOMINGTON, IN 47403-1514	35-0985959	501(C)3	12,625				DONOR DESIGNATIONS
(310) UNITED WAY OF PUTNAM COUNTY - IN 22 1/2 W WASHINGTON ST, STE 208, GREENCASTLE, IN 46135-1568	35-6074100	501(C)3	13,246				DONOR DESIGNATIONS
(311) UNITED WAY WORLDWIDE 701 N FAIRFAX ST, ALEXANDRIA, VA 22314	13-1635294	501(C)3	400,000				DONOR DESIGNATIONS
(312) VILLAGES OF INDIANA INC, THE 3833 N MERIDIAN ST STE 101, INDIANAPOLIS, IN 46208	35-1708240	501(C)3	602,470				GENERAL SUPPORT
(313) VNS ST FRANCIS 4527 E 82ND ST, INDIANAPOLIS, IN 46250	35-0868199	501(C)3	74,760				GENERAL SUPPORT
(314) VOLUNTEERS OF AMERICA INDIANA 927 N PENNSYLVANIA ST, INDIANAPOLIS, IN 46204-1020	35-1914815	501(C)3	282,966				GENERAL SUPPORT
(315) VOLUNTEERS OF AMERICA OF INDIANA 912 N DELAWARE ST, INDIANAPOLIS, IN 46202-3348	35-1914815	501(C)3	9,970				DONOR DESIGNATIONS
(316) WASHBURN UNIVERSITY FOUNDATION 1729 SW MACVICAR AVE, TOPEKA, KS 66604	48-6105561	501(C)3	25,456				DONOR DESIGNATIONS
(317) WATCH ME GROW CHILDCARE 4740 CENTURY PLAZA RD, INDIANAPOLIS, IN 46254	45-5629373	501(C)3	27,200				GENERAL SUPPORT
(318) WAYCROSS INC. 7363 BEAR CREEK, MORGANTOWN, IN 46160	35-1000665	501(C)3	6,302				DONOR DESIGNATIONS
(319) WELLSRING CENTER 301 W HARRISON ST, MARTINSVILLE, IN 46151	31-1255091	501(C)3	447,141				GENERAL SUPPORT
(320) WEST VIGO COUNTY COMMUNITY CENTER 127 W JOHNSON AVE, WEST TERRE HAUTE, IN 47885-1028	35-1485844	501(C)3	5,050				DONOR DESIGNATIONS

(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
(321) WHEELER MISSION MINISTRIES INC 205 E. NEW YORK ST., INDIANAPOLIS, IN 46204-2114	35-0888771	501(C)3	69,349				DONOR DESIGNATIONS
(322) WHEELER MISSION MINISTRIES INC 205 E NEW YORK ST, INDIANAPOLIS, IN 46204	35-0888771	501(C)3	38,000				GENERAL SUPPORT
(323) WOMEN'S FUND OF CENTRAL INDIANA 615 N. ALABAMA ST., #119, INDIANAPOLIS, IN 46204	35-1793680	501(C)3	12,062				DONOR DESIGNATIONS
(324) YMCA OF GREATER INDIANAPOLIS 615 N ALABAMA ST STE 200, INDIANAPOLIS, IN 46204-1359	35-0868211	501(C)3	991,713				GENERAL SUPPORT
(325) YMCA OF GREATER INDIANAPOLIS 615 N ALABAMA ST STE 200, INDIANAPOLIS, IN 46204-1359	35-0868211	501(C)3	122,640				DONOR DESIGNATIONS
(326) YOUNG LIFE OF INDIANAPOLIS 4631 LISBORN DRIVE, CARMEL, IN 46033	84-0385934	501(C)3	6,930				DONOR DESIGNATIONS
(327) YOUTH CONNECTIONS 1195 N MORTON ST STE A, FRANKLIN, IN 46131	31-0900601	501(C)3	22,472				GENERAL SUPPORT
(328) ZIONSVILLE EDUCATION FOUNDATION, INC. 900 MULBERRY ST., ZIONSVILLE, IN 46077	30-0024279	501(C)3	5,825				DONOR DESIGNATIONS

Return Reference - Identifier	Explanation
<p>SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.</p>	<p>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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

Employer identification number

35-1007590

**Part I Questions Regarding Compensation**

	Yes	No
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p> <input type="checkbox"/> First-class or charter travel                      <input type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Travel for companions                                      <input type="checkbox"/> Payments for business use of personal residence  <input type="checkbox"/> Tax indemnification and gross-up payments              <input type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Discretionary spending account                              <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) </p>		
<p><b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . .</p>	<b>1b</b>	
<p><b>2</b> 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 on line 1a? . . . . .</p>	<b>2</b>	
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <p> <input checked="" type="checkbox"/> Compensation committee                                      <input type="checkbox"/> Written employment contract  <input checked="" type="checkbox"/> Independent compensation consultant                      <input checked="" type="checkbox"/> Compensation survey or study  <input checked="" type="checkbox"/> Form 990 of other organizations                              <input checked="" type="checkbox"/> Approval by the board or compensation committee </p>		
<p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p>		
<p><b>a</b> Receive a severance payment or change-of-control payment? . . . . .</p>	<b>4a</b>	✓
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? . . . . .</p>	<b>4b</b>	✓
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? . . . . .</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4c</b>	✓
<p><b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</b></p>		
<p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>		
<p><b>a</b> The organization? . . . . .</p>	<b>5a</b>	✓
<p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>	<b>5b</b>	✓
<p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>		
<p><b>a</b> The organization? . . . . .</p>	<b>6a</b>	✓
<p><b>b</b> Any related organization? . . . . .</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>	<b>6b</b>	✓
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III . . . . .</p>	<b>7</b>	✓
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .</p>	<b>8</b>	✓
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .</p>	<b>9</b>	

**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 aren't 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	(i)	280,768	40,000	1,032	37,202	26,059	385,061	0
	DIRECTOR, PRESIDENT & CEO	(ii)	0	0	0	0	0	0	0
2	GINA MILLER	(i)	171,529	15,000	343	14,151	19,249	220,272	0
	CFO & COO	(ii)	0	0	0	0	0	0	0
3	JAY GESHAy	(i)	170,943	7,500	1,032	16,455	22,137	218,067	0
	SR VP COMMUNITY IMPACT AND FUNDRAISING	(ii)	0	0	0	0	0	0	0
4	RONALD GIFFORD	(i)	167,157	25,000	1,032	29,751	22,551	245,491	0
	CEO, JUMP IN	(ii)	0	0	0	0	0	0	0
5	JULIANNE BURNS	(i)	140,000	20,000	1,032	12,679	1,239	174,950	0
	SR VP OF PROGRAM OPERATIONS, JUMP IN	(ii)	0	0	0	0	0	0	0
6	CHRISTOPHER HERNDON	(i)	146,104	0	207	11,257	10,889	168,457	0
	CHIEF MARKETING & ENGAGEMENT OFFICER	(ii)	0	0	0	0	0	0	0
7	ANGELA DABNEY	(i)	135,406	0	1,584	15,075	24,813	176,878	0
	VP OF TRANSFORMATIONAL GIFTS	(ii)	0	0	0	0	0	0	0
8	DEMETRIUS GLOVER	(i)	131,746	0	0	10,241	9,411	151,398	0
	VP OF STRATEGIC INFORMATION	(ii)	0	0	0	0	0	0	0
9		(i)							
		(ii)							
10		(i)							
		(ii)							
11		(i)							
		(ii)							
12		(i)							
		(ii)							
13		(i)							
		(ii)							
14		(i)							
		(ii)							
15		(i)							
		(ii)							
16		(i)							
		(ii)							

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

**Transactions With Interested Persons**

OMB No. 1545-0047

**2016**

**Open To Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

UNITED WAY OF CENTRAL INDIANA, INC.

Employer identification number

35-1007590

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

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

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

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

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

**Part II Loans to and/or From Interested Persons.**

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

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

**Part III Grants or Assistance Benefiting Interested Persons.**

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

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

**Part IV Business Transactions Involving Interested Persons.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) (SEE STATEMENT)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) RJE BUSINESS INTERIORS	ENTITY MORE THAN 35% OWNED BY DENNY SPONSEL, DIRECTOR OF THE ORGANIZATION	\$1,465,370	PURCHASE OF OFFICE FURNITURE FROM RJE BUSINESS INTERIORS		✓
(2) HALAKAR PROPERTY MANAGEMENT	ENTITY MORE THAN 35% OWNED BY TODD MAURER, DIRECTOR OF THE ORGANIZATION	\$220,467	COMMERCIAL LEASE BROKER FEES INCLUDED IN LEASE AGREEMENT		✓

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2016**

**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](http://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 . . . . .	✓	147	1,863,939	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 isn't 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 nonstandard 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 didn't 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	<p>MORGAN COUNTIES. UNITED WAY OF CENTRAL INDIANA BRINGS TOGETHER COMPASSIONATE PEOPLE WHO ARE COMMITTED TO IMPROVING LIVES IN OUR COMMUNITY.</p> <p>WE INVEST IN EXPERT RESEARCH AND PERFORM REGULAR COMMUNITY ASSESSMENTS TO IDENTIFY THE AREAS OF GREATEST NEED AND TO ADVANCE THE BEST SOLUTIONS TO ADDRESS THESE NEEDS. THEN WE WORK WITH STRATEGIC PARTNERS SUCH AS BUSINESSES, HUMAN SERVICES AGENCIES, SCHOOLS AND PHILANTHROPIC AND GOVERNMENTAL INSTITUTIONS TO ENSURE YOUR DOLLARS DO AS MUCH GOOD AS POSSIBLE.</p>
FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION	<p>READING, AND YOUTH DEVELOPMENT PROGRAMS; BASIC NEEDS PROGRAMS FOR HUNDREDS OF THOUSANDS OF INDIVIDUALS AND FAMILIES INCLUDING FOOD, SHELTER, AND COMMUNITY CENTER SERVICES. IN ADDITION, UWCI PROVIDES DONOR DESIGNATED DOLLARS TO A WIDE RANGE OF UNAFFILIATED ORGANIZATIONS (\$4.1M ACROSS 1024 ORGANIZATIONS).</p>
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	<p>(EXPENSES \$2,768,895 INCLUDING GRANTS OF \$2,035,944)(REVENUE \$0)</p> <p>UWCI HELPS INDIVIDUALS AND FAMILIES BUILD STRONG, STABLE FOUNDATIONS THROUGH RESOURCES AND PROGRAMS THAT ENABLE THEM TO ACHIEVE STABLE EMPLOYMENT AND FINANCIAL LITERACY. WE INVEST IN PARTNERS THAT OFFER JOB TRAINING AND PLACEMENT, FINANCIAL EDUCATION , FREE TAX PREPARATION AND LEGAL ADVICE THAT HELP THEM SUCCEED IN WORK AND IN LIFE. OUR MARQUIS FINANCIAL STABILITY INITIATIVE IS THE DEPLOYMENT OF A CENTERS FOR WORKING FAMILIES MODEL ORIGINALLY DEVELOPED BY THE ANNIE E. CASEY FOUNDATION TO PROVIDE PEOPLE WITH THE TOOLS THEY NEED TO INCREASE THEIR INCOME (EARN IT), REDUCE EXPENSES THROUGH FINANCIAL LITERACY (KEEP IT) AND BUILD WEALTH FOR THEIR FAMILIES (GROW IT). OUR CWF NETWORK IS COMPRISED OF 12 NEIGHBORHOOD BASED CENTERS THAT TRANSITION FAMILIES FROM LIVING PAYCHECK TO PAYCHECK TO INVESTING IN THEIR FUTURE. THE MODEL PROVIDES SERVICES IN THREE KEY AREAS: EMPLOYMENT AND CAREER ADVANCEMENT, FINANCIAL LITERACY AND COACHING, AND ACCESS TO INCOME SUPPORTS. BY BUNDLING SUCH PROGRAMS, THE CENTERS CAN PROVIDE A COACHING APPROACH IN A ONE-STOP CONVENIENT LOCATION FOR FAMILIES IN SEARCH OF HELP. THE CENTERS CURRENTLY SERVE NEARLY 3500 PEOPLE ANNUALLY. THROUGH OUR VOLUNTEER INCOME TAX ASSISTANCE PROGRAM, WE LEVERAGE VOLUNTEERS TO PREPARE MORE THAN 7500 TAX RETURNS FOR CENTRAL INDIANA RESIDENTS AT NO COST, BRINGING MILLIONS OF DOLLARS IN EARNED INCOME TAX CREDITS BACK TO THOSE RESIDENTS AND THE CENTRAL INDIANA COMMUNITY.</p>
FORM 990, PART VI, LINE 1A - DELEGATE BROAD AUTHORITY TO A COMMITTEE	<p>THE EXECUTIVE COMMITTEE SHALL, FROM TIME TO TIME, CONSIST OF THE FOLLOWING MEMBERS OF THE BOARD OF DIRECTORS: THE BOARD CHAIR, CHAIR-ELECT, IMMEDIATE PAST BOARD CHAIR, SECRETARY, TREASURER, CHAIRS OF THE STANDING COMMITTEES, THE COMMUNITY ENGAGEMENT CHAIR, AND FIVE (5) AT-LARGE MEMBERS SELECTED IN ACCORDANCE WITH ARTICLE I, SECTION 3, OF THESE BYLAWS. THE PRESIDENT AND CHIEF EXECUTIVE OFFICER SHALL SERVE AS A MEMBER OF THE EXECUTIVE COMMITTEE WITH FULL VOTING RIGHTS. THE BOARD CHAIR SHALL ACT AS CHAIR OF THE EXECUTIVE COMMITTEE AND THE PRESIDENT AND CHIEF EXECUTIVE OFFICER SHALL ACT AS THE SECRETARY OF THE EXECUTIVE COMMITTEE. DURING THE INTERVALS BETWEEN MEETINGS OF THE BOARD OF DIRECTORS AND SUBJECT TO SUCH LIMITATIONS AS MAY BE IMPOSED BY LAW, THE ARTICLES OF INCORPORATION, OR THESE BYLAWS, THE EXECUTIVE COMMITTEE SHALL HAVE AND MAY EXERCISE ALL THE AUTHORITY OF THE BOARD OF DIRECTORS IN THE MANAGEMENT OF THE CORPORATION, EXCEPT THAT NO ACTION SHALL BE TAKEN WHICH SHALL CONFLICT WITH THE EXPRESS POLICIES OF THE BOARD OF DIRECTORS.</p>
FORM 990, PART VI, LINE 2 - FAMILY/BUSINESS RELATIONSHIPS AMONGST INTERESTED PERSONS	<p>ANN MURTLow AND JEAN WOJTOWICZ - BUSINESS RELATIONSHIP</p>
FORM 990, PART VI, LINE 4 - SIGNIFICANT CHANGES TO ORGANIZATIONAL DOCUMENTS	<p>AMENDMENTS TO THE ARTICLES OF INCORPORATION INCLUDE:</p> <p>ARTICLE II, PURPOSES AND POWERS - SECTION 1: ADDING THE WORDS "ITS PROGRAMS AND/OR" TO CLARIFY THAT UWCI CAN FUND ITS OWN PROGRAMS IN ADDITION TO FUNDING OTHER HUMAN SERVICE AGENCIES; CHANGE "MEMBER ORGANIZATIONS" TO "GRANTEES" TO BRING CURRENT THE SCOPE OF UWCI'S ASSISTANCE FROM MEMBER AGENCIES TO ALL OF UWCI'S GRANTEEES.</p> <p>ARTICLE II, PURPOSES AND POWERS - SECTION, NON-PROFIT PURPOSES: REMOVE A COMMA FOR CLARITY THAT UWCI WILL ENGAGE IN INFLUENCING LEGISLATION WITHIN THE BOUNDS OF THE LAW.</p> <p>ARTICLE V AND VI, NAME AND ADDRESS OF RESIDENT AGENT: WHILE THIS INFORMATION HAS ALREADY BEEN UPDATED TO IDENTIFY ANN MURTLow AS THE RESIDENT AGENT, THE RESTATEMENT OF THE ARTICLES OF INCORPORATION WILL REFLECT THAT CHANGE AND LIST THE RESIDENT AGENT'S ADDRESS AS 3901 N. MERIDIAN STREET. SUBSEQUENT TO THIS AMENDMENT, UWCI RELOCATED TO 2955 N. MERIDIAN STREET. THIS CHANGE WAS APPROPRIATELY FILED WITH THE SECRETARY OF STATE.</p>



Return Reference - Identifier	Explanation						
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	FORM 990 IS PREPARED BY UWCI'S DIRECTOR OF FINANCE AND ITS COO/CFO AND REVIEWED BY CROWE HORWATH TAX EXPERTS PRIOR TO SUBMISSION TO UWCI'S AUDIT AND FINANCE COMMITTEE. THE AUDIT AND FINANCE COMMITTEE ALL REVIEW FORM 990 IN THEIR OCTOBER MEETING EACH YEAR PRIOR TO THE OCTOBER BOARD MEETING. CHAIR OF THE AUDIT COMMITTEE PRESENTED FORM 990 INFORMATION TO THE BOARD OF DIRECTORS ON OCTOBER 25, 2017. 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 COO/CFO AND ANY CONFLICTS DISCLOSED IN THE QUESTIONNAIRES ARE REPORTED TO THE AUDIT COMMITTEE AND THE GOVERNANCE COMMITTEE FOR EVALUATION AND TO DETERMINE IF THERE ARE ACTUAL OR POTENTIAL CONFLICTS OF INTEREST. INDIVIDUALS WITH A CONFLICT ABSTAIN FROM VOTING ON RELATED ISSUES. UWCI ALSO HAS ESTABLISHED AN ETHICS OFFICER. THE ETHICS OFFICER IS A MEMBER OF THE BOARD OF DIRECTORS AND ADDRESSES ANY ETHIC CONCERNS THAT MAY ARISE.						
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	AN EXECUTIVE COMPENSATION/EVALUATION COMMITTEE MEETS ANNUALLY TO EVALUATE THE PERFORMANCE OF THE PRESIDENT AND TO ESTABLISH ANNUAL COMPENSATION ADJUSTMENTS. COMPARABILITY DATA, INCLUDING STUDIES PROVIDED BY THE UNITED WAY OF AMERICA AND OTHER RELEVANT BENCHMARKS, ARE USED TO DETERMINE COMPENSATION. THE PROCESS AND DECISIONS ARE DOCUMENTED IN THE COMMITTEE MINUTES. A FULL INDEPENDENT COMPENSATION STUDY IS CONDUCTED EVERY THREE YEARS.						
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER EMPLOYEES	THE EXECUTIVE COMPENSATION COMMITTEE ALSO REVIEWS THE SALARIES FOR ALL SENIOR EXECUTIVES, INCLUDING THE ASSISTANT TREASURER & COO/CFO. COMPARABILITY DATA, INCLUDING STUDIES PROVIDED BY THE UNITED WAY OF AMERICA AND OTHER RELEVANT BENCHMARKS, IS USED TO DETERMINE COMPENSATION. THE PROCESS AND DECISIONS ARE DOCUMENTED IN THE COMMITTEE MINUTES. THIS PROCESS IS DONE ON AN ANNUAL BASIS WITH A FULL INDEPENDENT COMPENSATION STUDY EVERY THREE YEARS.						
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.						
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 1052 1300 1079">(a) Description</th> <th data-bbox="1308 1052 1513 1079">(b) Amount</th> </tr> </thead> <tbody> <tr> <td data-bbox="467 1089 1300 1117">ADJUSTMENT TO PRIOR YEAR UNCOLLECTIBLE PLEDGES</td> <td data-bbox="1308 1089 1513 1117">667,673</td> </tr> <tr> <td data-bbox="467 1127 1300 1155">UNRECOGNIZED PENSION GAIN</td> <td data-bbox="1308 1127 1513 1155">442,356</td> </tr> </tbody> </table>	(a) Description	(b) Amount	ADJUSTMENT TO PRIOR YEAR UNCOLLECTIBLE PLEDGES	667,673	UNRECOGNIZED PENSION GAIN	442,356
	(a) Description	(b) Amount					
	ADJUSTMENT TO PRIOR YEAR UNCOLLECTIBLE PLEDGES	667,673					
UNRECOGNIZED PENSION GAIN	442,356						

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public  
Inspection**

Employer identification number

35-1007590

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

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

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

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

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

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

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

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

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

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

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		✓
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	✓	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .		✓
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		✓
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		✓
<b>f</b> Dividends from related organization(s) . . . . .		✓
<b>g</b> Sale of assets to related organization(s) . . . . .		✓
<b>h</b> Purchase of assets from related organization(s) . . . . .		✓
<b>i</b> Exchange of assets with related organization(s) . . . . .		✓
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		✓
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		✓
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		✓
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		✓
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		✓
<b>o</b> Sharing of paid employees with related organization(s) . . . . .		✓
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		✓
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .		✓
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		✓
<b>s</b> 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) PO BOX 88409, INDIANAPOLIS, IN 46208	INVESTMENTS	NY	N/A	TRUST			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			0.00	✓	