

PUBLIC DISCLOSURE COPY

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

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.

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

Department of the Treasury
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning 07/01, 2019, and ending 06/30, 20 20

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 N. MERIDIAN ST 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 \$ 141,924,489

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

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

J Website: ▶ WWW.UWCI.ORG

K Form of organization: Corporation Trust Association Other ▶ _____

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

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>UNITED WAY FIGHTS FOR THE EDUCATION, FINANCIAL STABILITY, HEALTH AND BASIC NEEDS OF EVERY PERSON IN EVERY COMMUNITY IN CENTRAL (CONTINUED ON SCHEDULE O)</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	56
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	55
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	185
	6	Total number of volunteers (estimate if necessary)	6	11,681
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, line 39	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 48,411,937	Current Year 73,513,522
	9	Program service revenue (Part VIII, line 2g)	600,646	706,311
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,597,128	5,127,661
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	50,563	19,366
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	54,660,274	79,366,860
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	39,700,706	61,400,175
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0	
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	10,454,452	12,698,537
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>6,082,451</u>		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	8,010,688	7,278,034
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	58,165,846	81,376,746	
19	Revenue less expenses. Subtract line 18 from line 12	(3,505,572)	(2,009,886)	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 180,178,676	End of Year 185,379,837
	21	Total liabilities (Part X, line 26)	9,288,299	18,081,527
	22	Net assets or fund balances. Subtract line 21 from line 20	170,890,377	167,298,310

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 KIM SCIFRES Preparer's signature Kim Scifres Date 11/16/2020 Check if self-employed PTIN P01316095
 Firm's name ▶ CROWE 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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2019)

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: BY UNITING PEOPLE AND RESOURCES FROM SIX COUNTIES, WE MAGNIFY OUR COLLECTIVE IMPACT AND CREATE REGIONAL CHANGE WITH A LOCAL FOCUS. OUR PROGRAMS REPLACE SELF-SUFFICIENCY OBSTACLES WITH OPPORTUNITIES FOR BETTER LIVES IN BOONE, HAMILTON, HANCOCK, HENDRICKS, MARION AND MORGAN COUNTIES. (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 [X] 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 [X] 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 \$ 28,989,973 including grants of \$ 27,990,799) (Revenue \$)

BASIC NEEDS INITIATIVES: FOOD. SHELTER. HEALTH. TRANSPORTATION. OUR BASIC NEEDS WORK PROVIDES SUPPORT TO OUR MOST VULNERABLE NEIGHBORS AND LIFE-SAVING ASSISTANCE TO THOSE IN CRISIS SITUATIONS - HELPING THOSE IN IMMEDIATE NEED SURVIVE TODAY SO THEY CAN THRIVE TOMORROW. UWCI ACCOMPLISHES THIS THROUGH A NUMBER OF PROGRAMS AND ACTIVITIES:

IN 2019/20 UWCI GRANTED \$5M TO 57 ORGANIZATIONS THROUGH OUR BASIC NEEDS IMPACT FUND. THESE GRANTS HELPED 18,672 STRUGGLING INDIVIDUALS ACCESS AND RETAIN AFFORDABLE HOUSING; 81,622 ACCESS HEALTHY FOOD AND NUTRITION PROGRAMS; 14,320 ACCESS PHYSICAL, MENTAL & BEHAVIORAL HEALTH SUPPORTS; AND 9,005 ACCESS TRANSPORTATION OPTIONS.

UWCI ALSO ADMINISTERS A NUMBER OF FEDERAL PROGRAMS IN CENTRAL INDIANA: EMERGENCY FOOD & SHELTER TO (CONTINUED ON SCHEDULE O)

4b (Code:) (Expenses \$ 16,262,050 including grants of \$ 15,740,152) (Revenue \$ 360,026)

ACCREDITED COMMUNITY BASED ORGANIZATION (CBO) SUPPORTS: UNITED WAY OF CENTRAL INDIANA (UWCI) ADDRESSES CENTRAL INDIANA'S MOST PRESSING NEEDS IN EDUCATION, FINANCIAL STABILITY, HEALTH, AND BASIC NEEDS. MUCH OF THIS WORK WAS ACCOMPLISHED IN FISCAL YEAR 2019/20 THROUGH GENERAL SUPPORT OF 80-90 ACCREDITED CBOS ACROSS THE HUMAN SERVICES SPECTRUM. THESE CBOS ARE PART OF A RIGOROUS EVALUATION PROCESS THAT ASSESSES ORGANIZATIONAL GOVERNANCE; LEADERSHIP; DIVERSITY, EQUITY & INCLUSION; FINANCIAL STABILITY; STRATEGIC PLANNING; COMMUNITY RESPONSIVENESS; SUSTAINABILITY & SCALABILITY; AND ABILITY TO MARKET AND ENGAGE FUNDERS TO SUPPORT THEIR WORK .

THIS YEAR REPRESENTED A "STEP-DOWN" YEAR FOR UWCI'S TRADITIONAL UNRESTRICTED SUPPORT OF THESE CBOS AS WE FINALIZE THE TRANSITION TO FULLY COMPETITIVE GRANTMAKING THROUGH OUR IMPACT INITIATIVES: BASIC NEEDS, FAMILY OPPORTUNITY AND SOCIAL INNOVATION - FURTHER OUTLINED IN OTHER PROGRAM SERVICE (CONTINUED ON SCHEDULE O)

4c (Code:) (Expenses \$ 18,242,594 including grants of \$ 16,551,445) (Revenue \$)

FAMILY OPPORTUNITY INITIATIVES: OUR FAMILY OPPORTUNITY WORK SUPPORTS INTEGRATED PROGRAMS THAT IMPROVE THE EDUCATION, FINANCIAL STABILITY AND OVERALL HEALTH OF THE WHOLE FAMILY. BY INTENTIONALLY WORKING WITH PARENTS, CAREGIVERS AND CHILDREN TOGETHER, WE CREATE PATHWAYS FOR SUCCESS AND GIVE FAMILIES THE TOOLS NEEDED TO SECURE LONG-TERM STABILITY AND A BRIGHTER FUTURE.

IN 2019/20 UWCI AWARDED \$3.6M IN GRANTS TO 17 CBOS THROUGH OUR FAMILY OPPORTUNITY IMPACT FUND. THESE GRANTS SERVED 1,523 FAMILIES INCLUDING 2,038 CHILDREN THROUGH INTENTIONAL 2GEN WORK. 2GEN PROGRAMS DON'T STOP WITH JUST INCOME, EMPLOYMENT AND BUDGETING SUPPORTS. THEY ARE MEANT TO WRAP AROUND AN ENTIRE FAMILY AND IMPROVE HEALTH AND WELL-BEING.

UWCI IS IN THE THIRD AND FINAL YEAR OF OUR GREAT FAMILIES 2020 PROGRAM. FUNDED BY THE CORPORATION (CONTINUED ON SCHEDULE O)

4d Other program services (Describe on Schedule O.) (Expenses \$ 6,471,701 including grants of \$ 1,117,779) (Revenue \$ 372,529)

4e Total program service expenses 69,966,318

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	133
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	✓

Part V **Statements Regarding Other IRS Filings and Tax Compliance** *(continued)*

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

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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
1b	Enter the number of voting members included on line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<input checked="" type="checkbox"/>	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<input checked="" type="checkbox"/>
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	<input checked="" type="checkbox"/>	
8b	Each committee with authority to act on behalf of the governing body?	<input checked="" type="checkbox"/>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		<input checked="" type="checkbox"/>

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

	Yes	No
10a		<input checked="" type="checkbox"/>
10b		
11a	<input checked="" type="checkbox"/>	
12a	<input checked="" type="checkbox"/>	
12b	<input checked="" type="checkbox"/>	
12c	<input checked="" type="checkbox"/>	
13	<input checked="" type="checkbox"/>	
14	<input checked="" type="checkbox"/>	
15a	<input checked="" type="checkbox"/>	
15b	<input checked="" type="checkbox"/>	
16a		<input checked="" type="checkbox"/>
16b		

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 (1024 or 1024-A, 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 on Schedule O)
- 19** Describe on 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.

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANN MURTLOW PRESIDENT AND CHIEF EXECUTIVE OFFICER	40.0	✓		✓				397,088	0	88,031
(2) GINA MILLER CHIEF OPERATING OFFICER AND CHIEF FINANCIAL OFFICER	40.0			✓				227,425	0	59,773
(3) ANGELA DABNEY VICE PRESIDENT, TRANSFORMATIONAL GIFTS	40.0					✓		158,956	0	126,425
(4) JULIANNE BURNS CEO, JUMPIN	40.0					✓		208,532	0	48,155
(5) SARA VANSLAMBROOK CHIEF IMPACT OFFICER	40.0					✓		171,753	0	35,920
(6) PENNY LEE CHIEF FUNDRAISING OFFICER	40.0					✓		163,805	0	31,468
(7) GREGORY FENNIG CHIEF MARKETING, COMMUNICATIONS AND COMMUNITY RELATIONS OFFICER	40.0					✓		145,033	0	22,651
(8) BRYAN MILLS DIRECTOR AND BOARD CHAIR	2.0	✓		✓				0	0	0
(9) RAFAEL SANCHEZ DIRECTOR AND VICE-CHAIR	2.0	✓		✓				0	0	0
(10) CLAIRE FIDDIAN-GREEN DIRECTOR AND SECRETARY	2.0	✓		✓				0	0	0
(11) SCOTT BRUNS DIRECTOR AND TREASURER	2.0	✓		✓				0	0	0
(12) ABBE HOHMANN DIRECTOR	2.0	✓						0	0	0
(13) ANDRE FRANKLIN DIRECTOR	2.0	✓						0	0	0
(14) ANN MERKEL DIRECTOR	2.0	✓						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) BRIAN GARRISON DIRECTOR	2.0	<input checked="" type="checkbox"/>						0	0	0
(16) CHRIS RIGSBEE DIRECTOR	2.0	<input checked="" type="checkbox"/>						0	0	0
(17) N. CLAY ROBBINS DIRECTOR	2.0	<input checked="" type="checkbox"/>						0	0	0
(18) CLAUDETTE EINHORN DIRECTOR	2.0	<input checked="" type="checkbox"/>						0	0	0
(19) CONNIE BOND-STUART DIRECTOR	2.0	<input checked="" type="checkbox"/>						0	0	0
(20) DARRIN ORR DIRECTOR	2.0	<input checked="" type="checkbox"/>						0	0	0
(21) DEBORAH DANIELS DIRECTOR	2.0	<input checked="" type="checkbox"/>						0	0	0
(22) DENNIS SPONSEL DIRECTOR	2.0	<input checked="" type="checkbox"/>						0	0	0
(23) DORAN MORELAND DIRECTOR	2.0	<input checked="" type="checkbox"/>						0	0	0
(24) ED MCGRUDER DIRECTOR (PARTIAL YEAR)	2.0	<input checked="" type="checkbox"/>						0	0	0
(25) (SEE STATEMENT)										
1b Subtotal								1,472,592	0	412,423
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								1,472,592	0	412,423

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 **▶** 10

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
INDIANA UNIVERSITY RESEARCH ADMINISTRATION, 509 E 3RD ST, BLOOMINGTON, IN 47401	COMMUNITY DATABASE AND RESEARCH SERVICES	1,105,141
HAGERMAN CONSTRUCTION, 510 W WASHINGTON BLVD, FORT WAYNE, IN 46802	ARCHITECT SERVICES	801,035
STRATUSLIVE LLC, 6465 COLLEGE PARK SQ, STE 400, VIRGINIA BEACH, VA 23464	CRM DATABASE HOSTING AND SERVICES	432,840
JOHN H BONER COMMUNITY CENTER, 2236 E 10TH ST, INDIANAPOLIS, IN 46201	ENERGY ASSISTANCE ADMINISTRATION SERVICES	430,841
EARLY LEARNING INDIANA, 1776 N MERIDIAN ST, SUITE A, INDIANAPOLIS, IN 46202	CHILDCARE COACHING AND MENTORING SERVICES	324,933

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514			
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 0						
	b Membership dues	1b 0						
	c Fundraising events	1c 137,568						
	d Related organizations	1d 0						
	e Government grants (contributions)	1e 8,650,206						
	f All other contributions, gifts, grants, and similar amounts not included above	1f 64,725,748						
	g Noncash contributions included in lines 1a-1f	1g \$ 1,277,103						
	h Total. Add lines 1a-1f		73,513,522					
	Program Service Revenue			Business Code				
2a DONOR DESIGNATION FEES		900099	360,026	360,026	0	0		
b AGENCY DATA COLLECTION		900099	285,525	285,525	0	0		
c COMMUNITY AWARENESS AND LEADERSHIP DEVELOPMENT		900099	60,760	60,760	0	0		
d _____			0	0	0	0		
e _____			0	0	0	0		
f All other program service revenue			0	0	0	0		
g Total. Add lines 2a-2f		706,311						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		3,049,697		0	3,049,697		
	4 Income from investment of tax-exempt bond proceeds		0	0	0	0		
	5 Royalties		0	0	0	0		
	6a Gross rents	6a	(i) Real					
			(ii) Personal					
			6b Less: rental expenses					
			6c Rental income or (loss)	0	0			
	d Net rental income or (loss)		0	0	0	0		
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	64,578,904	0			
			(ii) Other					
			7b Less: cost or other basis and sales expenses		62,500,940	0		
			7c Gain or (loss)		2,077,964	0		
	d Net gain or (loss)		2,077,964	0	0	2,077,964		
	8a Gross income from fundraising events (not including \$ 137,568 of contributions reported on line 1c). See Part IV, line 18	8a		49,811				
			8b Less: direct expenses		56,689			
c Net income or (loss) from fundraising events				(6,878)		0	(6,878)	
9a Gross income from gaming activities. See Part IV, line 19	9a							
		9b Less: direct expenses						
		c Net income or (loss) from gaming activities		0	0	0	0	
10a Gross sales of inventory, less returns and allowances	10a							
		b Less: cost of goods sold						
		c Net income or (loss) from sales of inventory		0	0	0	0	
Miscellaneous Revenue			Business Code					
	11a MISCELLANEOUS	900099	26,244	26,244	0	0		
	b _____		0	0	0	0		
	c _____		0	0	0	0		
	d All other revenue		0	0	0	0		
e Total. Add lines 11a-11d		26,244						
12 Total revenue. See instructions		79,366,860	732,555	0	5,120,783			

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	61,307,349	61,307,349		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	92,826	92,826		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	732,125	157,148	442,177	132,800
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	8,059,112	3,241,487	1,916,987	2,900,638
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,331,136	911,670	621,917	797,549
9	Other employee benefits	989,475	389,718	237,812	361,945
10	Payroll taxes	586,689	230,498	148,309	207,882
11	Fees for services (nonemployees):				
a	Management				
b	Legal	65,594	5,440	60,154	0
c	Accounting	129,962	2,887	127,075	0
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	307,195	0	307,195	0
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	2,219,564	1,832,202	273,067	114,295
12	Advertising and promotion	374,105	10,791	353,078	10,236
13	Office expenses	535,753	199,561	125,655	210,537
14	Information technology	1,055,378	360,765	239,254	455,359
15	Royalties				
16	Occupancy	787,231	282,790	151,400	353,041
17	Travel	96,861	47,193	19,509	30,159
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	105,486	91,970	12,831	685
20	Interest				
21	Payments to affiliates	583,898	196,326	117,561	270,011
22	Depreciation, depletion, and amortization	446,505	150,130	89,898	206,477
23	Insurance	82,352	19,538	35,942	26,872
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	<u>CLASSROOM BOOKS AND SUPPLIES</u>	411,978	411,978		
b	<u>LOSS ON DISPOSAL OF FIXED ASSETS</u>	802		802	
c	-----				
d	-----				
e	All other expenses	75,370	24,051	47,354	3,965
25	Total functional expenses. Add lines 1 through 24e	81,376,746	69,966,318	5,327,977	6,082,451
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	639	1	928
	2 Savings and temporary cash investments	13,529,514	2	29,885,148
	3 Pledges and grants receivable, net	16,974,224	3	12,355,428
	4 Accounts receivable, net	3,145,769	4	3,669,744
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net	400,000	7	400,000
	8 Inventories for sale or use	22,816	8	20,033
	9 Prepaid expenses and deferred charges	2,261,434	9	505,686
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	3,811,602		
	b Less: accumulated depreciation	2,113,178		
	11 Investments—publicly traded securities	142,045,060	11c	1,698,424
	12 Investments—other securities. See Part IV, line 11	0	12	137,268,736
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	(346,511)	15	(424,290)
16 Total assets. Add lines 1 through 15 (must equal line 33)	180,178,676	16	185,379,837	
Liabilities	17 Accounts payable and accrued expenses	2,533,099	17	11,294,284
	18 Grants payable	6,242,782	18	6,318,610
	19 Deferred revenue	163,570	19	119,785
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	348,848	21	348,848
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	9,288,299	26	18,081,527
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	37,745,824	27	32,275,484
	28 Net assets with donor restrictions	133,144,553	28	135,022,826
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds	0	29	0
	30 Paid-in or capital surplus, or land, building, or equipment fund	0	30	0
	31 Retained earnings, endowment, accumulated income, or other funds	0	31	0
32 Total net assets or fund balances	170,890,377	32	167,298,310	
33 Total liabilities and net assets/fund balances	180,178,676	33	185,379,837	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	79,366,860
2	Total expenses (must equal Part IX, column (A), line 25)	2	81,376,746
3	Revenue less expenses. Subtract line 2 from line 1	3	(2,009,886)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	170,890,377
5	Net unrealized gains (losses) on investments	5	(1,423,342)
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	(158,839)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	167,298,310

Part XII Financial Statements and Reporting

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

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

Part VII

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(25) GENE ZINK ----- DIRECTOR (PARTIAL YEAR)	2.0 -----	✓						0	0	0
(26) GEOFFREY GAILEY ----- DIRECTOR	2.0 -----	✓						0	0	0
(27) GEORGIANA REYNAL ----- DIRECTOR	2.0 -----	✓						0	0	0
(28) GREG PEMBERTON ----- DIRECTOR	2.0 -----	✓						0	0	0
(29) HEATHER WILLEY ----- DIRECTOR	2.0 -----	✓						0	0	0
(30) JEAN WOJTOWICZ ----- DIRECTOR	2.0 -----	✓						0	0	0
(31) JEB BANNER ----- DIRECTOR	2.0 -----	✓						0	0	0
(32) JEFF HARRISON ----- DIRECTOR	2.0 -----	✓						0	0	0
(33) JIM MACDONALD ----- DIRECTOR	2.0 -----	✓						0	0	0
(34) JOE GILBERT ----- DIRECTOR	2.0 -----	✓						0	0	0
(35) JOHN MASON ----- DIRECTOR	2.0 -----	✓						0	0	0
(36) JOHNA NORTON ----- DIRECTOR	2.0 -----	✓						0	0	0
(37) JULIE SINGER ----- DIRECTOR	2.0 -----	✓						0	0	0
(38) KALEN JACKSON ----- DIRECTOR	2.0 -----	✓						0	0	0
(39) KELLEY KARN ----- DIRECTOR	2.0 -----	✓						0	0	0
(40) LAUREN PETERSON ----- DIRECTOR	2.0 -----	✓						0	0	0
(41) LISA HARRIS ----- DIRECTOR	2.0 -----	✓						0	0	0
(42) MAMON POWERS, III ----- DIRECTOR	2.0 -----	✓						0	0	0
(43) MARK LEMIEUX ----- DIRECTOR	2.0 -----	✓						0	0	0
(44) MARK MILES ----- DIRECTOR (PARTIAL YEAR)	2.0 -----	✓						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) MARK RATEKIN ----- DIRECTOR	2.0 -----	✓						0	0	0
(46) MARY BOELKE ----- DIRECTOR	2.0 -----	✓						0	0	0
(47) MATT COHOAT ----- DIRECTOR	2.0 -----	✓						0	0	0
(48) MICHAEL BECHER ----- DIRECTOR	2.0 -----	✓						0	0	0
(49) MICHAEL O'CONNOR ----- DIRECTOR	2.0 -----	✓						0	0	0
(50) MIKE DILTS ----- DIRECTOR	2.0 -----	✓						0	0	0
(51) MIKE LANGELLIER ----- DIRECTOR (PARTIAL YEAR)	2.0 -----	✓						0	0	0
(52) MIKE NORTH ----- DIRECTOR	2.0 -----	✓						0	0	0
(53) NATALIE GUZMAN ----- DIRECTOR	2.0 -----	✓						0	0	0
(54) NICOLE LORCH ----- DIRECTOR	2.0 -----	✓						0	0	0
(55) PATZETTA TRICE ----- DIRECTOR	2.0 -----	✓						0	0	0
(56) PHIL KENNEY ----- DIRECTOR (PARTIAL YEAR)	2.0 -----	✓						0	0	0
(57) RAYMOND HILL ----- DIRECTOR (PARTIAL YEAR)	2.0 -----	✓						0	0	0
(58) RICHARD HESTER ----- DIRECTOR	2.0 -----	✓						0	0	0
(59) ROD COTTON ----- DIRECTOR	2.0 -----	✓						0	0	0
(60) SAM ODLE ----- DIRECTOR	2.0 -----	✓						0	0	0
(61) SCOTT BEIER ----- DIRECTOR	2.0 -----	✓						0	0	0
(62) SCOTT LUC ----- DIRECTOR	2.0 -----	✓						0	0	0
(63) SHELLY TOWNS ----- DIRECTOR	2.0 -----	✓						0	0	0
(64) STEPHANIE KIM ----- DIRECTOR	2.0 -----	✓						0	0	0
(65) SUSANNE WASSON ----- DIRECTOR	2.0 -----	✓						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			
(66) TERRY YEN ----- DIRECTOR	2.0 -----	✓					0	0	0
(67) TOBIN RICHER ----- DIRECTOR	2.0 -----	✓					0	0	0
(68) TOM DAWSON ----- DIRECTOR (PARTIAL YEAR)	2.0 -----	✓					0	0	0
(69) TORY CALLAGHAN -CASTOR ----- DIRECTOR	2.0 -----	✓					0	0	0

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.

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

OMB No. 1545-0047

2019

Open to Public Inspection

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

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)(vii)**. (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 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 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)						
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	57,776,123	68,880,633	55,967,663	48,411,936	73,513,522	304,549,877
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	57,776,123	68,880,633	55,967,663	48,411,936	73,513,522	304,549,877
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						94,534,548
6 Public support. Subtract line 5 from line 4						210,015,329

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	57,776,123	68,880,633	55,967,663	48,411,936	73,513,522	304,549,877
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,141,022	3,147,400	3,958,012	3,093,324	3,049,697	16,389,455
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	240,368	117,701	112,889	100,612	76,055	647,625
11 Total support. Add lines 7 through 10						321,586,957
12 Gross receipts from related activities, etc. (see instructions)					12	3,465,499
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	65.31 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	71.07 %
16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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

(Complete only if you checked the box on line 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box 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	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	
b A family member of a person described in (a) above?	11b	
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .	11c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? 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.	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? 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.	2	

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? 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).	1	

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2019

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

Section D—Distributions		Current Year		
1	Amounts paid to supported organizations to accomplish exempt purposes			
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supported organizations			
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Section E—Distribution Allocations (see instructions)		(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
c	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015			
b	Excess from 2016			
c	Excess from 2017			
d	Excess from 2018			
e	Excess from 2019			

Part VI

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

Return Reference - Identifier	Explanation
SCHEDULE A, PART II, LINE 10 - FUNDRAISING REVENUE	REVENUE GENERATED FROM FUNDRAISING ACTIVITIES
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	MISC INCOME GENERATED

Return Reference - Identifier	Explanation						
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	Description	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	OTHER INCOME	192,884	55,873	75,050	72,845	26,244	422,896
	FUNDRAISING REVENUE	47,484	61,828	37,839	27,767	49,811	224,729
	Total	240,368	117,701	112,889	100,612	76,055	647,625

Schedule of Contributors

2019

▶ **Attach to Form 990, Form 990-EZ, or Form 990-PF.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

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

Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ 501(c)(3) (enter number) organization
- 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- 527 political organization
- Form 990-PF 501(c)(3) exempt private foundation
- 4947(a)(1) nonexempt charitable trust treated as a private foundation
- 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. 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).

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 31,544,250	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 7,856,648	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ 3,439,756	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ 2,042,558	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.)

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

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

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

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

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

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
----- ----- -----	----- ----- -----

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2019

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

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

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

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

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

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

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

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

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (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.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)	11,887													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	96,454													
c	Total lobbying expenditures (add lines 1a and 1b)	108,341													
d	Other exempt purpose expenditures	81,268,405													
e	Total exempt purpose expenditures (add lines 1c and 1d)	81,376,746													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000
c Total lobbying expenditures	262,337	68,997	114,217	108,341	553,892
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	29,789	9,568	9,662	11,887	60,906

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

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

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

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

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

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

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

Part IV Supplemental Information

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2019

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 include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees... Yes No

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements, 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution... 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure, 2d Number of conservation easements included in (c) acquired after 7/25/06, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

Table with 2 columns: Revenue, Assets. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 \$, (ii) Assets included in Form 990, Part X \$, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 \$, b Assets included in Form 990, Part X \$

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make 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 program
 - 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 |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	102,326,977	98,651,103	91,624,966	81,441,536	81,458,954
b Contributions	200,349	52,793	368,830	859,076	40,878
c Net investment earnings, gains, and losses	2,488,719	7,012,739	7,597,082	9,679,496	125,686
d Grants or scholarships					
e Other expenditures for facilities and programs	2,843,246	3,389,658	939,775	355,142	183,982
f Administrative expenses					
g End of year balance	102,172,799	102,326,977	98,651,103	91,624,966	81,441,536

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

- a** Board designated or quasi-endowment **▶** 2.13 %
- b** Permanent endowment **▶** 87.74 %
- c** Term endowment **▶** 10.13 %

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

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

	Yes	No
(i) Unrelated organizations		<input checked="" type="checkbox"/>
(ii) Related organizations		<input checked="" type="checkbox"/>
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		<input checked="" type="checkbox"/>

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		0		0
b Buildings				
c Leasehold improvements		1,191,914	413,050	778,864
d Equipment		2,619,688	1,700,128	919,560
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,698,424

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB 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.

1	Total revenue, gains, and other support per audited financial statements	1	71,715,700
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	(1,423,342)
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	56,689
e	Add lines 2a through 2d	2e	(1,366,653)
3	Subtract line 2e from line 1	3	73,082,353
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	307,195
b	Other (Describe in Part XIII.)	4b	5,977,312
c	Add lines 4a and 4b	4c	6,284,507
5	Total revenue. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 12.</i>)	5	79,366,860

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.

1	Total expenses and losses per audited financial statements	1	75,147,002
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	56,689
e	Add lines 2a through 2d	2e	56,689
3	Subtract line 2e from line 1	3	75,090,313
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	307,195
b	Other (Describe in Part XIII.)	4b	5,979,238
c	Add lines 4a and 4b	4c	6,286,433
5	Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>)	5	81,376,746

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

Part XIII

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

Return Reference - Identifier	Explanation	
SCHEDULE D, PART XI, LINE 2(D) - OTHER REVENUES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description	(b) Amount
	DIRECT EXPENSES FROM FUNDRAISING	56,689
SCHEDULE D, PART XI, LINE 4(B) - OTHER REVENUE	(a) Description	(b) Amount
	PLEDGES DESIGNATED FOR OTHER ORGANIZATIONS	5,979,238
	ADJUSTMENT TO PRIOR YEAR UNCOLLECTIBLE PLEDGES	- 1,926
SCHEDULE D, PART XII, LINE 2(D) - OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description	(b) Amount
	DIRECT EXPENSES FROM FUNDRAISING	56,689
SCHEDULE D, PART XII, LINE 4(B) - OTHER EXPENSES	(a) Description	(b) Amount
	PLEDGES DESIGNATED FOR OTHER ORGANIZATIONS	5,979,238

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, 2020 OR 2019.</p>

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

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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.

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

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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						
Total						

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>ELEVATE GALA</u> (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	187,379			187,379
	2 Less: Contributions	137,568			137,568
	3 Gross income (line 1 minus line 2)	49,811	0	0	49,811
Direct Expenses	4 Cash prizes	0			0
	5 Noncash prizes	0			0
	6 Rent/facility costs	1,860			1,860
	7 Food and beverages	33,752			33,752
	8 Entertainment	4,233			4,233
	9 Other direct expenses	16,844			16,844
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				56,689
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				(6,878)	

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

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

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF CENTRAL INDIANA, INC.

Employer identification number

35-1007590

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) (SEE STATEMENT)	35-1739522		111,737				GENERAL SUPPORT
(2) ABC'S & 123'S 7050 COFFMAN RD , INDIANAPOLIS, IN 46268	35-1754843		35,998				GENERAL SUPPORT
(3) AGAPE THERAPEUTIC RIDING CENTER PO BOX 207 , CICERO, IN 46034	31-1193132	501(C)3	5,076				DONOR CHOICE
(4) (SEE STATEMENT)	35-2029321	501(C)3	6,192				DONOR CHOICE
(5) ALTERNATIVE HORIZONS CORPORATION PO BOX 503 , DURANGO, CO 81302	74-2149098	501(C)3	1,000				DONOR CHOICE
(6) ALTERNATIVE HORIZONS CORPORATION PO BOX 503 , DURANGO, CO 81302	74-2149098	501(C)3	14,605				GENERAL SUPPORT
(7) ALTERNATIVES INC PO BOX 1302 , ANDERSON, IN 46015-1302	31-0986769	501(C)3	4,352				DONOR CHOICE
(8) ALTERNATIVES INC PO BOX 1302 , ANDERSON, IN 46015-1302	31-0986769	501(C)3	218,261				GENERAL SUPPORT
(9) ALZHEIMER'S ASSOCIATION 50 E 91ST ST STE 100 , INDIANAPOLIS, IN 46240	35-1747836	501(C)3	9,508				DONOR CHOICE
(10) (SEE STATEMENT)	54-1263555	501(C)3	21,690				DONOR CHOICE
(11) AMERICAN CANCER SOCIETY, INC. 5635 W 96TH ST STE 100 , INDIANAPOLIS, IN 46278	13-1788491	501(C)3	42,832				DONOR CHOICE
(12) (SEE STATEMENT)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 392

3 Enter total number of other organizations listed in the line 1 table ▶ 30

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

Cat. No. 50055P

Schedule I (Form 990) (2019)

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 WINTER ASSISTANCE FUND	502	92,826		BOOK	
2 HUMAN SERVICE RENEWAL	27	249,544			
3 CHILDCARE CERTIFICATIONS	5	43,832			
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)

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 CANCER SOCIETY, INC. 5635 W 96TH ST STE 100 , INDIANAPOLIS, IN 46278	13-1788491	501(C)3	54,209				GENERAL SUPPORT
(13) AMERICAN RED CROSS 431 18TH ST NW , WASHINGTON, DC 20006	53-0196605	501(C)3	73,449				DONOR CHOICE
(14) AMERICAN RED CROSS 431 18TH ST NW , WASHINGTON, DC 20006	53-0196605	501(C)3	750,000				GENERAL SUPPORT
(15) ARC OF GREATER BOONE COUNTY, THE 900 W MAIN ST , LEBANON, IN 46052	35-1333698	501(C)3	8,821				DONOR CHOICE
(16) ARC OF GREATER BOONE COUNTY, THE 900 W MAIN ST , LEBANON, IN 46052	35-1333698	501(C)3	97,709				GENERAL SUPPORT
(17) ASPIRE INDIANA INC 9615 E 148TH ST , NOBLESVILLE, IN 46060	35-1341204	501(C)3	16,500				GENERAL SUPPORT
(18) AUTISM CARES FOUNDATION 816 SECOND STREET PIKE , SOUTHAMPTON, PA 18966	41-2252110	501(C)3	8,900				DONOR CHOICE
(19) AYS 4701 N KEYSTONE AVE STE 475 , INDIANAPOLIS, IN 46205	31-0989270	501(C)3	5,567				DONOR CHOICE
(20) AYS 4701 N KEYSTONE AVE STE 475 , INDIANAPOLIS, IN 46205	31-0989270	501(C)3	441,432				GENERAL SUPPORT
(21) B4UFALL 1234 W 26TH ST , INDIANAPOLIS, IN 46208	83-4327687	501(C)3	125,000				GENERAL SUPPORT
(22) BARBARA B JORDAN YMCA 2039 E MORGAN ST , MARTINSVILLE, IN 46151	35-2019312	501(C)3	4,598				DONOR CHOICE
(23) BARBARA B JORDAN YMCA 2039 E MORGAN ST , MARTINSVILLE, IN 46151	35-2019312	501(C)3	205,977				GENERAL SUPPORT
(24) BEACON OF HOPE CRISIS CENTER 6920 S EAST ST STE B , INDIANAPOLIS, IN 46227	33-1184283	501(C)3	1,520				DONOR CHOICE
(25) BEACON OF HOPE CRISIS CENTER 6920 S EAST ST STE B , INDIANAPOLIS, IN 46227	33-1184283	501(C)3	10,000				GENERAL SUPPORT
(26) BETHANY EARLY LEARNING MINISTRY 4702 S EAST ST , INDIANAPOLIS, IN 46227	35-1409373	501(C)3	109,615				GENERAL SUPPORT
(27) BETHEL EARLY CHILDHOOD ACADEMY 5252 W 52ND ST , INDIANAPOLIS, IN 46254	35-6006778	501(C)3	23,346				GENERAL SUPPORT
(28) BIG BROTHERS BIG SISTERS OF CENTRAL INDIANA 2960 N MERIDIAN ST STE 150 , INDIANAPOLIS, IN 46208-4715	35-1323831	501(C)3	30,344				DONOR CHOICE

(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
(29) BIG BROTHERS BIG SISTERS OF CENTRAL INDIANA 2960 N MERIDIAN ST STE 150 , INDIANAPOLIS, IN 46208-4715	35-1323831	501(C)3	317,875				GENERAL SUPPORT
(30) BOARD OF SCHOOL COMMISSIONERS OF THE CITY OF INDIANAPOLIS 120 E WALNUT ST , INDIANAPOLIS, IN 46204	35-6002486	SECTION 115	6,756				GENERAL SUPPORT
(31) BOONE COUNTY CANCER SOCIETY 117 W ELM ST , LEBANON, IN 46052	35-6044450	501(C)3	11,235				DONOR CHOICE
(32) BOONE COUNTY CANCER SOCIETY 117 W ELM ST , LEBANON, IN 46052	35-6044450	501(C)3	8,635				GENERAL SUPPORT
(33) BOONE COUNTY CHILD ADVOCACY CENTER 218 E WASHINGTON ST , LEBANON, IN 46052	37-1607071	501(C)3	18,000				GENERAL SUPPORT
(34) BOONE COUNTY SENIOR SERVICES INC 515 CROWNPOINTE DR , LEBANON, IN 46052	35-1445498	501(C)3	11,143				DONOR CHOICE
(35) BOONE COUNTY SENIOR SERVICES INC 515 CROWNPOINTE DR , LEBANON, IN 46052	35-1445498	501(C)3	87,574				GENERAL SUPPORT
(36) BOOTH TARKINGTON CIVIC THEATRE 3 CENTER GREEN STE 300 , CARMEL, IN 46032-3809	35-0230360	501(C)3	5,600				DONOR CHOICE
(37) BOSMA ENTERPRISES 6270 CORPORATE DR , INDIANAPOLIS, IN 46278	31-1246086	501(C)3	7,463				DONOR CHOICE
(38) BOSMA ENTERPRISES 6270 CORPORATE DR , INDIANAPOLIS, IN 46278	31-1246086	501(C)3	196,648				GENERAL SUPPORT
(39) BOY SCOUTS OF AMERICA 6102 BOY SCOUT ROAD , INDIANAPOLIS, IN 46226	35-6213983	501(C)3	14,392				DONOR CHOICE
(40) BOY SCOUTS OF AMERICA - CROSSROADS OF AMERICA COUNCIL 7125 FALL CREEK RD , INDIANAPOLIS, IN 46256	35-0867962	501(C)3	69,429				DONOR CHOICE
(41) BOY SCOUTS OF AMERICA - CROSSROADS OF AMERICA COUNCIL 7125 FALL CREEK RD , INDIANAPOLIS, IN 46256	35-0867962	501(C)3	159,129				GENERAL SUPPORT
(42) BOY SCOUTS OF AMERICA HOOSIER TRAILS COUNCIL 5625 E SR 46 , BLOOMINGTON, IN 47401	35-1290776	501(C)3	2,204				DONOR CHOICE
(43) BOY SCOUTS OF AMERICA HOOSIER TRAILS COUNCIL 5625 E SR 46 , BLOOMINGTON, IN 47401	35-1290776	501(C)3	24,057				GENERAL SUPPORT
(44) BOYS & GIRLS CLUB OF BOONE COUNTY 1575 MULBERRY ST , ZIONSVILLE, IN 46077	35-1750659	501(C)3	28,999				DONOR CHOICE

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(45) BOYS & GIRLS CLUB OF BOONE COUNTY 1575 MULBERRY ST , ZIONSVILLE, IN 46077	35-1750659	501(C)3	196,464				GENERAL SUPPORT
(46) BOYS & GIRLS CLUB OF HANCOCK COUNTY PO BOX 115 , GREENFIELD, IN 46140	35-0979327	501(C)3	13,047				DONOR CHOICE
(47) BOYS & GIRLS CLUB OF HANCOCK COUNTY PO BOX 115 , GREENFIELD, IN 46140	35-0979327	501(C)3	50,724				GENERAL SUPPORT
(48) BOYS & GIRLS CLUB OF MORGAN COUNTY 31 INDIANAPOLIS RD , MOORESVILLE, IN 46158	36-4541410	501(C)3	42,800				GENERAL SUPPORT
(49) BOYS & GIRLS CLUB OF NOBLESVILLE 1448 CONNER ST , NOBLESVILLE, IN 46060	35-1054426	501(C)3	32,596				DONOR CHOICE
(50) BOYS & GIRLS CLUB OF NOBLESVILLE 1448 CONNER ST , NOBLESVILLE, IN 46060	35-1054426	501(C)3	92,468				GENERAL SUPPORT
(51) BOYS & GIRLS CLUBS OF INDIANAPOLIS 3530 S KEYSTONE AVE STE 200 , INDIANAPOLIS, IN 46227	35-0888754	501(C)3	82,073				DONOR CHOICE
(52) BOYS & GIRLS CLUBS OF INDIANAPOLIS 3530 S KEYSTONE AVE STE 200 , INDIANAPOLIS, IN 46227	35-0888754	501(C)3	715,311				GENERAL SUPPORT
(53) BRANDYWINE CREEK FARMS 5332 N 400 E , GREENFIELD, IN 46140	81-3467319	501(C)3	10,000				GENERAL SUPPORT
(54) BROOKE'S PLACE FOR GRIEVING YOUNG PEOPLE 8935 N MERIDIAN ST STE 200 , INDIANAPOLIS, IN 46260	35-2045122	501(C)3	3,212				DONOR CHOICE
(55) BROOKE'S PLACE FOR GRIEVING YOUNG PEOPLE 8935 N MERIDIAN ST STE 200 , INDIANAPOLIS, IN 46260	35-2045122	501(C)3	10,000				GENERAL SUPPORT
(56) BROOKSIDE COMMUNITY DEVELOPMENT CORPORATION 1035 N OLNEY ST , INDIANAPOLIS, IN 46201	81-1534304	501(C)3	50,000				GENERAL SUPPORT
(57) BROTHERS UNITED 3737 N MERIDIAN ST STE 505 , INDIANAPOLIS, IN 46208	35-2072935	501(C)3	30,000				GENERAL SUPPORT
(58) BROWN COUNTY COMMUNITY FOUNDATION PO BOX 191 , NASHVILLE, IN 47448	35-1960379	501(C)3	6,667				DONOR CHOICE
(59) BUILD A MIRACLE 10755 SCRIPPS POWAY PKWY # 490 , SAN DIEGO, CA 92131	33-0971124	501(C)3	15,017				DONOR CHOICE
(60) BURMESE AMERICAN COMMUNITY INSTITUTE 4925 SHELBY ST STE 200 , INDIANAPOLIS, IN 46227	45-2377550	501(C)3	30,000				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
(61) BUTLER UNIVERSITY 4600 SUNSET AVE , INDIANAPOLIS, IN 46208	35-0867977	501(C)3	11,670				DONOR CHOICE
(62) BUTLER UNIVERSITY 4600 SUNSET AVE , INDIANAPOLIS, IN 46208	35-0867977	501(C)3	27,448				GENERAL SUPPORT
(63) CALVARY TEMPLE ASSEMBLY OF GOD (THE CARING PLACE/PROMISELAND) 2901 N POST RD , INDIANAPOLIS, IN 46219	35-1181579	501(C)3	51,708				GENERAL SUPPORT
(64) CAPE FEAR AREA UNITED WAY 5919 OLEANDER DRIVE, SUITE 115 , WILMINGTON, NC 28403	56-0529949	501(C)3	15,432				DONOR CHOICE
(65) CARING CENTER, THE 1230 RANSDELL CT , LEBANON, IN 46052	31-1188383	501(C)3	300				DONOR CHOICE
(66) CARING CENTER, THE 1230 RANSDELL CT , LEBANON, IN 46052	31-1188383	501(C)3	39,000				GENERAL SUPPORT
(67) CARMEL YOUTH ASSISTANCE PROGRAM 515 E MAIN ST STE 127 , CARMEL, IN 46032	81-0717306	501(C)3	25,000				GENERAL SUPPORT
(68) CATCH THE STARS FOUNDATION, INC. PO BOX 53557 , INDIANAPOLIS, IN 46253	05-0604202	501(C)3	5,588				DONOR CHOICE
(69) CATHOLIC CHARITIES INDIANAPOLIS, INC. 1400 N MERIDIAN ST , INDIANAPOLIS, IN 46202	47-3062508	501(C)3	153,563				DONOR CHOICE
(70) CATHOLIC CHARITIES INDIANAPOLIS, INC. 1400 N MERIDIAN ST , INDIANAPOLIS, IN 46202	47-3062508	501(C)3	1,146,371				GENERAL SUPPORT
(71) CATHOLIC RELIEF SERVICES 228 W LEXINGTON ST , BALTIMORE, MA 21201	13-5563422	501(C)3	129,085				DONOR CHOICE
(72) CATHOLIC YOUTH ORGANIZATION 580 E STEVENS ST , INDIANAPOLIS, IN 46203	35-0867983	501(C)3	19,935				DONOR CHOICE
(73) CATHOLIC YOUTH ORGANIZATION 580 E STEVENS ST , INDIANAPOLIS, IN 46203	35-0867983	501(C)3	12,853				GENERAL SUPPORT
(74) CATHOLIC YOUTH ORGANIZATION CAMP RANCHO FRAMASA 580 E STEVENS ST , INDIANAPOLIS, IN 46203-1781	90-0657156	501(C)3	32,890				DONOR CHOICE
(75) CATHOLIC YOUTH ORGANIZATION CAMP RANCHO FRAMASA 580 E STEVENS ST , INDIANAPOLIS, IN 46203-1781	90-0657156	501(C)3	17,346				GENERAL SUPPORT
(76) CENTER FOR LEADERSHIP DEVELOPMENT 2425 DR MARTIN LUTHER KING JR ST , INDIANAPOLIS, IN 46208-5546	35-1389882	501(C)3	24,132				DONOR CHOICE
(77) CENTERSTONE OF INDIANA INC 645 S ROGERS ST , BLOOMINGTON, IN 47403	35-1147323	501(C)3	42,156				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
(78) CENTRAL CATHOLIC SCHOOL 1400 N MERIDIAN ST , INDIANAPOLIS, IN 46202	07-4908594	501(C)3	20,926				GENERAL SUPPORT
(79) CENTRAL INDIANA COMMUNITY FOUNDATION INC. 615 N ALABAMA ST STE 119 , INDIANAPOLIS, IN 46204	35-1793680	501(C)3	7,625				DONOR CHOICE
(80) CHAMPION KIDZ EDUCATIONAL INSTITUTE & CHILDCARE 1711 N POST RD , INDIANAPOLIS, IN 46219	45-3972731		92,500				GENERAL SUPPORT
(81) CHAPEL GLEN EARLY LEARNING ACADEMY 9101 W 10TH ST , INDIANAPOLIS, IN 46234	45-4825001		60,150				GENERAL SUPPORT
(82) CHAPEL HILL CHRISTIAN SCHOOL 1055 N GIRLS SCHOOL RD , INDIANAPOLIS, IN 46214	35-1484040	501(C)3	119,149				GENERAL SUPPORT
(83) CHARITY CHILD CARE PO BOX 22657 , INDIANAPOLIS, IN 46222	35-1927248	501(C)3	136,850				GENERAL SUPPORT
(84) CHARLENE'S ANGELS 7636 TIMBER HILL N DR , INDIANAPOLIS, IN 46217	45-4204800	501(C)3	6,667				DONOR CHOICE
(85) CHERISH CENTER 15570 STONY CREEK WAY , NOBLESVILLE, IN 46060	27-1328579	501(C)3	10,000				GENERAL SUPPORT
(86) CHH FOUNDATION INC 11825 N PENNSYLVANIA ST , CARMEL, IN 46032	20-1281893	501(C)3	6,200				DONOR CHOICE
(87) CHILD ADVOCATES INC 8200 HAVERSTICK RD STE 240 , INDIANAPOLIS, IN 46240	35-1788240	501(C)3	39,549				DONOR CHOICE
(88) CHILD ADVOCATES INC 8200 HAVERSTICK RD STE 240 , INDIANAPOLIS, IN 46240	35-1788240	501(C)3	99,489				GENERAL SUPPORT
(89) CHILDREN'S BUREAU INC 1575 DR MARTIN LUTHER KING JR ST , INDIANAPOLIS, IN 46202	35-1061264	501(C)3	39,022				DONOR CHOICE
(90) CHILDREN'S BUREAU INC 1575 DR MARTIN LUTHER KING JR ST , INDIANAPOLIS, IN 46202	35-1061264	501(C)3	758,906				GENERAL SUPPORT
(91) CHILDREN'S EYES ON THE GLOBE 133 W MARKET ST, #350 , INDIANAPOLIS, IN 46204	83-4408668	501(C)3	9,745				DONOR CHOICE
(92) CHILDREN'S THERAPLAY FOUNDATION INC, THE 9919 TOWNE RD , CARMEL, IN 46032	35-2121568	501(C)3	12,358				DONOR CHOICE
(93) CHILDREN'S THERAPLAY FOUNDATION INC, THE 9919 TOWNE RD , CARMEL, IN 46032	35-2121568	501(C)3	11,830				GENERAL SUPPORT
(94) CHILD'S PLACE PRESCHOOL, A 2027 SCHWIER CT , INDIANAPOLIS, IN 46229	30-9822968		39,777				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
(95) CHILD'S WORLD, A 8650 WOODBLUFF CT , INDIANAPOLIS, IN 46234	20-3431602		60,574				GENERAL SUPPORT
(96) CHINSUH CHILDCARE 6470 SHELBY ST , INDIANAPOLIS, IN 46227	46-4743693		128,207				GENERAL SUPPORT
(97) CHRIST TEMPLE CHRISTIAN ACADEMY 430 W FALL CREEK PKWY N DR , INDIANAPOLIS, IN 46208	35-0953428	501(C)3	22,418				GENERAL SUPPORT
(98) CHRISTAMORE HOUSE FAMILY AND COMMUNITY CENTER 502 N TREMONT ST , INDIANAPOLIS, IN 46222	35-0885588	501(C)3	11,560				DONOR CHOICE
(99) CHRISTAMORE HOUSE FAMILY AND COMMUNITY CENTER 502 N TREMONT ST , INDIANAPOLIS, IN 46222	35-0885588	501(C)3	401,325				GENERAL SUPPORT
(100) CHRISTAMORE HOUSE FAMILY AND COMMUNITY CENTER 502 N TREMONT ST , INDIANAPOLIS, IN 46222	35-0885588	501(C)3	500				(BLANK)
(101) CRISTEL HOUSE INTERNATIONAL, INC. 10 W MARKET ST STE 1990 , INDIANAPOLIS, IN 46204-2973	35-2051932	501(C)3	6,508				DONOR CHOICE
(102) CHURCHES IN MISSION 27 S INDIANA ST , MOORESVILLE, IN 46158	31-1237725	501(C)3	390				DONOR CHOICE
(103) CHURCHES IN MISSION 27 S INDIANA ST , MOORESVILLE, IN 46158	31-1237725	501(C)3	125,000				GENERAL SUPPORT
(104) CICOA FOUNDATION 8440 WOODFIELD CROSSING BLVD, STE 175, INDIANAPOLIS, IN 46240	35-1859069	501(C)3	120				DONOR CHOICE
(105) CICOA FOUNDATION 8440 WOODFIELD CROSSING BLVD, STE 175, INDIANAPOLIS, IN 46240	35-1859069	501(C)3	235,000				GENERAL SUPPORT
(106) CINDY'S CENTER FOR YOUNG LEARNERS 3234 RUCKLE ST , INDIANAPOLIS, IN 46205	46-5211064		28,285				GENERAL SUPPORT
(107) COALITION FOR HOMELESSNESS INTERVENTION & PREVENTION 1100 W 42ND ST STE 350 , INDIANAPOLIS, IN 46208	31-1254018	501(C)3	1,367				DONOR CHOICE
(108) COALITION FOR HOMELESSNESS INTERVENTION & PREVENTION 1100 W 42ND ST STE 350 , INDIANAPOLIS, IN 46208	31-1254018	501(C)3	229,127				GENERAL SUPPORT
(109) COBURN PLACE SAFEHAEN II INC 604 E 38TH ST , INDIANAPOLIS, IN 46205	37-1421922	501(C)3	7,991				DONOR CHOICE
(110) COBURN PLACE SAFEHAEN II INC 604 E 38TH ST , INDIANAPOLIS, IN 46205	37-1421922	501(C)3	75,000				GENERAL SUPPORT
(111) COMMUNITY ALLIANCE OF THE FAR EASTSIDE 8902 E 38TH ST , INDIANAPOLIS, IN 46226	35-2018453	501(C)3	543				DONOR CHOICE

(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
(112) COMMUNITY ALLIANCE OF THE FAR EASTSIDE 8902 E 38TH ST , INDIANAPOLIS, IN 46226	35-2018453	501(C)3	911,162				GENERAL SUPPORT
(113) COMMUNITY HEALTH CHARITIES 941 E 86TH ST STE 100 , INDIANAPOLIS, IN 46240	51-0213521	501(C)3	140,050				DONOR CHOICE
(114) CONCORD NEIGHBORHOOD CENTER 1310 S MERIDIAN ST , INDIANAPOLIS, IN 46225	35-0817149	501(C)3	9,700				DONOR CHOICE
(115) CONCORD NEIGHBORHOOD CENTER 1310 S MERIDIAN ST , INDIANAPOLIS, IN 46225	35-0817149	501(C)3	429,666				GENERAL SUPPORT
(116) CONNECT2HELP 3833 N MERIDIAN ST STE 302 , INDIANAPOLIS, IN 46208	31-1216792	501(C)3	2,162				DONOR CHOICE
(117) CONNECT2HELP 3833 N MERIDIAN ST STE 302 , INDIANAPOLIS, IN 46208	31-1216792	501(C)3	332,029				GENERAL SUPPORT
(118) CROSSROADS EDUCATION 1702 W MICHIGAN ST ATE A-D , INDIANAPOLIS, IN 46222	84-2183998	501(C)3	20,000				GENERAL SUPPORT
(119) CUMNS KIDS 7101 N SHADELAND AVE , INDIANAPOLIS, IN 46250	35-1149228	501(C)3	16,470				GENERAL SUPPORT
(120) CWUW (CENTER OF WELLNESS FOR URBAN WOMEN) 2424 DR MARTIN LUTHER KING JR ST , INDIANAPOLIS, IN 46208	20-4788681	501(C)3	31,207				GENERAL SUPPORT
(121) DAMAR SERVICES 6067 DECATUR BLVD , INDIANAPOLIS, IN 46241	35-1168048	501(C)3	1,820				DONOR CHOICE
(122) DAMAR SERVICES 6067 DECATUR BLVD , INDIANAPOLIS, IN 46241	35-1168048	501(C)3	200,000				GENERAL SUPPORT
(123) DAMIEN CENTER, THE 26 N ARSENAL AVE , INDIANAPOLIS, IN 46201	35-1711878	501(C)3	41,189				DONOR CHOICE
(124) DAMIEN CENTER, THE 26 N ARSENAL AVE , INDIANAPOLIS, IN 46201	35-1711878	501(C)3	331,291				GENERAL SUPPORT
(125) DAYBREAK COMMUNITY CHURCH 6515 AMBROSIA LANE , CARLSBAD, CA 92011-2606	33-0435454	501(C)3	13,500				DONOR CHOICE
(126) DAYSPRING CENTER PO BOX 44105 , INDIANAPOLIS, IN 46244	35-1618998	501(C)3	385				DONOR CHOICE
(127) DAYSPRING CENTER PO BOX 44105 , INDIANAPOLIS, IN 46244	35-1618998	501(C)3	60,000				GENERAL SUPPORT
(128) DAYSTAR CHILDCARE 57 N RURAL ST , INDIANAPOLIS, IN 46201	35-0953434	501(C)3	1,100				DONOR CHOICE
(129) DAYSTAR CHILDCARE 57 N RURAL ST , INDIANAPOLIS, IN 46201	35-0953434	501(C)3	303,076				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
(130) DENA'S DAY CARE CENTER INC 5707 CHELSEA RD , INDIANAPOLIS, IN 46241	35-1462686		71,238				GENERAL SUPPORT
(131) DOVE RECOVERY HOUSE FOR WOMEN 3351 NN MERIDIAN ST STE 110 , INDIANAPOLIS, IN 46208	35-2120680	501(C)3	1,220				DONOR CHOICE
(132) DOVE RECOVERY HOUSE FOR WOMEN 3351 NN MERIDIAN ST STE 110 , INDIANAPOLIS, IN 46208	35-2120680	501(C)3	75,000				GENERAL SUPPORT
(133) DRESS FOR SUCCESS INDIANAPOLIS 820 N MERIDIAN ST , INDIANAPOLIS, IN 46204	35-2078412	501(C)3	3,623				DONOR CHOICE
(134) DRESS FOR SUCCESS INDIANAPOLIS 820 N MERIDIAN ST , INDIANAPOLIS, IN 46204	35-2078412	501(C)3	55,000				GENERAL SUPPORT
(135) EARLY LEARNING CENTERS INC 1315 S SHERMAN DRIVE , INDIANAPOLIS, IN 46203	35-1955574	501(C)3	39,053				GENERAL SUPPORT
(136) EARLY LEARNING INDIANA 1776 N MERIDIAN ST STE A , INDIANAPOLIS, IN 46202	35-0888763	501(C)3	47,809				DONOR CHOICE
(137) EARLY LEARNING INDIANA 1776 N MERIDIAN ST STE A , INDIANAPOLIS, IN 46202	35-0888763	501(C)3	1,279,337				GENERAL SUPPORT
(138) EAST TENTH UNITED METHODIST CHILDREN & YOUTH CENTER 2327 E 10TH ST , INDIANAPOLIS, IN 46201	35-1976975	501(C)3	361,157				GENERAL SUPPORT
(139) EASTER SEALS CROSSROADS 4740 KINGSWAY DR , INDIANAPOLIS, IN 46205	35-0869058	501(C)3	42,914				DONOR CHOICE
(140) EASTER SEALS CROSSROADS 4740 KINGSWAY DR , INDIANAPOLIS, IN 46205	35-0869058	501(C)3	754,743				GENERAL SUPPORT
(141) EASTER SEALS REHABILITATION CENTER 3701 BELLEMEADE AVE , EVANSVILLE, IN 47714	35-1087526	501(C)3	818				DONOR CHOICE
(142) EASTER SEALS REHABILITATION CENTER 3701 BELLEMEADE AVE , EVANSVILLE, IN 47714	35-1087526	501(C)3	40,000				GENERAL SUPPORT
(143) EASTERN STAR JEWEL HUMAN SERVICES CORP 5719 MASSACHUSETTS AVE , INDIANAPOLIS, IN 46218	35-2124772	501(C)3	350				DONOR CHOICE
(144) EASTERN STAR JEWEL HUMAN SERVICES CORP 5719 MASSACHUSETTS AVE , INDIANAPOLIS, IN 46218	35-2124772	501(C)3	145,000				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
(145) ECLECTIC SOUL VOICES CORPORATION 1415 SHELBY ST , INDIANAPOLIS, IN 46203	27-2615152	501(C)3	35,000				GENERAL SUPPORT
(146) EDNA MARTIN CHRISTIAN CENTER, INC PO BOX 18388 , INDIANAPOLIS, IN 46218	35-1072577	501(C)3	8,104				DONOR CHOICE
(147) EDNA MARTIN CHRISTIAN CENTER, INC PO BOX 18388 , INDIANAPOLIS, IN 46218	35-1072577	501(C)3	1,658,036				GENERAL SUPPORT
(148) EMILY THOMAS FOUNDATION 1480 CHATTAHOOCHEE RUN , SUWANEE, GA 30024	27-1695503	501(C)3	9,492				DONOR CHOICE
(149) EMINENCE CHRISTIAN CHURCH FOOD PANTRY PO BOX 203 , EMINENCE, IN 46125	35-1734106	501(C)3	10,000				GENERAL SUPPORT
(150) EMMANUEL FAITH COMMUNITY CHURCH 639 E 17TH AVE , ESCONDIDO, CA 92025	95-1816013	501(C)3	6,000				DONOR CHOICE
(151) EMMANUEL PREPARATORY ACADEMY 4901 E 31ST ST , INDIANAPOLIS, IN 46218	35-1710868	501(C)3	50,000				GENERAL SUPPORT
(152) EPISCOPAL REFUGEE NETWORK 4265 FAIRMONT AVE STE 130 , SAN DIEGO, CA 92105-6401	20-8999776	501(C)3	5,417				DONOR CHOICE
(153) ESKENAZI HEALTH FOUNDATION, INC 720 ESKNAZI AVE FL 5 , INDIANAPOLIS, IN 46202	31-1132066	501(C)3	12,220				DONOR CHOICE
(154) ESKENAZI HEALTH FOUNDATION, INC 720 ESKNAZI AVE FL 5 , INDIANAPOLIS, IN 46202	31-1132066	501(C)3	13,654				GENERAL SUPPORT
(155) EXODUS REFUGEE IMMIGRATION 1125 BROOKSIDE AVE STE C9 , INDIANAPOLIS, IN 46202	35-1900090	501(C)3	3,128				DONOR CHOICE
(156) EXODUS REFUGEE IMMIGRATION 1125 BROOKSIDE AVE STE C9 , INDIANAPOLIS, IN 46202	35-1900090	501(C)3	185,000				GENERAL SUPPORT
(157) F.I.S.H. OF SANIBEL-CAPTIVA 2430 PERIWINKLE WAY STE B , SANIBEL, FL 33957	20-8892375	501(C)3	10,000				DONOR CHOICE
(158) FAIRBANKS INC 8102 CLEARVISTA PKWY , INDIANAPOLIS, IN 46256	35-0811197	501(C)3	18,256				DONOR CHOICE
(159) FAIRBANKS INC 8102 CLEARVISTA PKWY , INDIANAPOLIS, IN 46256	35-0811197	501(C)3	40,459				GENERAL SUPPORT
(160) FAMILIES FIRST 2240 N MERIDIAN ST , INDIANAPOLIS, IN 46208	35-0877572	501(C)3	9,648				DONOR CHOICE
(161) FAMILIES FIRST 2240 N MERIDIAN ST , INDIANAPOLIS, IN 46208	35-0877572	501(C)3	1,461,458				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
(162) FAMILY PROMISE OF GREATER INDIANAPOLIS PO BOX 441367 , INDIANAPOLIS, IN 46244	35-1909912	501(C)3	754				DONOR CHOICE
(163) FAMILY PROMISE OF GREATER INDIANAPOLIS PO BOX 441367 , INDIANAPOLIS, IN 46244	35-1909912	501(C)3	25,000				GENERAL SUPPORT
(164) FAMILY PROMISE OF HAMILTON COUNTY PO BOX 2073 , NOBLESVILLE, IN 46061	82-1163084	501(C)3	25,000				GENERAL SUPPORT
(165) FAMILY PROMISE OF HENDRICKS COUNTY 238 N VINE ST , PLAINFIELD, IN 46168	46-1733831	501(C)3	1,320				DONOR CHOICE
(166) FAMILY PROMISE OF HENDRICKS COUNTY 238 N VINE ST , PLAINFIELD, IN 46168	46-1733831	501(C)3	125,000				GENERAL SUPPORT
(167) FATHERS AND FAMILIES CENTER 2835 N ILLINOIS ST , INDIANAPOLIS, IN 46208	35-2069047	501(C)3	13,124				DONOR CHOICE
(168) FATHERS AND FAMILIES CENTER 2835 N ILLINOIS ST , INDIANAPOLIS, IN 46208	35-2069047	501(C)3	442,223				GENERAL SUPPORT
(169) FAY BICCARD GLICK NEIGHBORHOOD CENTER 2990 W 71ST ST , INDIANAPOLIS, IN 46268-2239	35-1738809	501(C)3	4,830				DONOR CHOICE
(170) FAY BICCARD GLICK NEIGHBORHOOD CENTER 2990 W 71ST ST , INDIANAPOLIS, IN 46268-2239	35-1738809	501(C)3	331,327				GENERAL SUPPORT
(171) FELEGE HIYWOT CENTER, INC. 1648 SHELDON ST , INDIANAPOLIS, IN 46218	20-0916223	501(C)3	2,381				DONOR CHOICE
(172) FELEGE HIYWOT CENTER, INC. 1648 SHELDON ST , INDIANAPOLIS, IN 46218	20-0916223	501(C)3	50,000				GENERAL SUPPORT
(173) FERVENT CARE CHILD CARE 10512 E 38TH ST , INDIANAPOLIS, IN 46235	35-1953339	501(C)3	10,453				GENERAL SUPPORT
(174) FIGHT FOR LIFE FOUNDATION 1300 E 86TH ST STE 40426 , INDIANAPOLIS, IN 46240	46-1377821	501(C)3	20,000				GENERAL SUPPORT
(175) FINDING ME NOW 2601 E STOP 11 RD , INDIANAPOLIS, IN 46227	35-1268862		245,848				GENERAL SUPPORT
(176) FIRST CHURCH OF THE NAZARENE FOOD PANTRY 1609 JOHN R WOODEN DR , MARTINSVILLE, IN 46151	35-1393451	501(C)3	50,000				GENERAL SUPPORT
(177) FLANNER HOUSE OF INDIANAPOLIS INC 2424 DR MARTIN LUTHER KING JR ST , INDIANAPOLIS, IN 46208	35-0942628	501(C)3	11,368				DONOR CHOICE

(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
(178) FLANNER HOUSE OF INDIANAPOLIS INC 2424 DR MARTIN LUTHER KING JR ST , INDIANAPOLIS, IN 46208	35-0942628	501(C)3	1,232,536				GENERAL SUPPORT
(179) FLETCHER PLACE COMMUNITY CENTER PO BOX 825 , INDIANAPOLIS, IN 46206-0825	35-1966882	501(C)3	6,960				DONOR CHOICE
(180) FLETCHER PLACE COMMUNITY CENTER PO BOX 825 , INDIANAPOLIS, IN 46206-0825	35-1966882	501(C)3	39,200				GENERAL SUPPORT
(181) FOOD FOR THE POOR, INC. 6401 LYONS ROAD , COCONUT CREEK, FL 33073	59-2174510	501(C)3	5,250				DONOR CHOICE
(182) FOSTER SUCCESS 2625 N MERIDIAN ST STE 48 , INDIANAPOLIS, IN 46208	45-5056874	501(C)3	125				DONOR CHOICE
(183) FOSTER SUCCESS 2625 N MERIDIAN ST STE 48 , INDIANAPOLIS, IN 46208	45-5056874	501(C)3	75,425				GENERAL SUPPORT
(184) FREEDOM ACADEMY I (RESET CENTER) 4330 N POST RD , INDIANAPOLIS, IN 46226	46-0822237	501(C)3	20,000				GENERAL SUPPORT
(185) FREEWHEELIN COMMUNITY BIKES 3355 N CENTRAL AVE , INDIANAPOLIS, IN 46205	26-3748830	501(C)3	15,750				DONOR CHOICE
(186) FRIENDS OF INDIANAPOLIS ANIMAL CONTROL & CARE FOUNDATION 7399 N SHADELAND AVE STE 17 , INDIANAPOLIS, IN 46250	32-0099654	501(C)3	7,401				DONOR CHOICE
(187) FRIENDS OF RECOVERY - TALITHA KOUM PO BOX 566 , GREENFIELD, IN 46140	47-2479216	501(C)3	130				DONOR CHOICE
(188) FRIENDS OF RECOVERY - TALITHA KOUM PO BOX 566 , GREENFIELD, IN 46140	47-2479216	501(C)3	10,000				GENERAL SUPPORT
(189) FRUIT OF THE HOLY SPIRIT CHILDCARE 11749 STILL HAVEN CT , INDIANAPOLIS, IN 46229	81-1225345	501(C)3	18,110				GENERAL SUPPORT
(190) FUELED FOR SCHOOL PO BOX 373 , NOBLESVILLE, IN 46061	83-1765582	501(C)3	20,000				GENERAL SUPPORT
(191) FUSE INC 1133 W MAIN ST STE E , GREENFIELD, IN 46140	35-2106430	501(C)3	1,000				DONOR CHOICE
(192) FUSE INC 1133 W MAIN ST STE E , GREENFIELD, IN 46140	35-2106430	501(C)3	21,000				GENERAL SUPPORT
(193) GCC FOUNDATION 5504 E 146TH ST , NOBLESVILLE, IN 46062	81-5340751	501(C)3	960				DONOR CHOICE
(194) GCC FOUNDATION 5504 E 146TH ST , NOBLESVILLE, IN 46062	81-5340751	501(C)3	100,000				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
(195) GEORGE T GOODWIN COMMUNITY CENTER 3935 MOORESVILLE RD , INDIANAPOLIS, IN 46241	45-3966518	501(C)3	216				DONOR CHOICE
(196) GEORGE T GOODWIN COMMUNITY CENTER 3935 MOORESVILLE RD , INDIANAPOLIS, IN 46241	45-3966518	501(C)3	60,000				GENERAL SUPPORT
(197) GIFTED & TALENTED ACADEMY EAST 5023 N SHADELAND AVE , INDIANAPOLIS, IN 46226	46-0480925		8,817				GENERAL SUPPORT
(198) GIFTED & TALENTED ACADEMY NORTH 2626 RUTH DR , INDIANAPOLIS, IN 46240	46-2398420		20,908				GENERAL SUPPORT
(199) GIRL SCOUTS CENTRAL INDIANA 7201 GIRL SCOUT LN , INDIANAPOLIS, IN 46214	35-0876381	501(C)3	31,262				DONOR CHOICE
(200) GIRL SCOUTS CENTRAL INDIANA 7201 GIRL SCOUT LN , INDIANAPOLIS, IN 46214	35-0876381	501(C)3	138,095				GENERAL SUPPORT
(201) GIRLS INC OF GREATER INDIANAPOLIS 3935 N MERIDIAN ST , INDIANAPOLIS, IN 46208	35-1337205	501(C)3	37,088				DONOR CHOICE
(202) GIRLS INC OF GREATER INDIANAPOLIS 3935 N MERIDIAN ST , INDIANAPOLIS, IN 46208	35-1337205	501(C)3	236,124				GENERAL SUPPORT
(203) GLEANERS FOOD BANK OF INDIANA, INC. 3737 WALDEMERE AVE , INDIANAPOLIS, IN 46241	35-1483868	501(C)3	47,443				DONOR CHOICE
(204) GLEANERS FOOD BANK OF INDIANA, INC. 3737 WALDEMERE AVE , INDIANAPOLIS, IN 46241	35-1483868	501(C)3	2,700,000				GENERAL SUPPORT
(205) GODDARD SCHOOL, THE 10925 CORK PL , INDIANAPOLIS, IN 46236	20-0551385		54,120				GENERAL SUPPORT
(206) GOOD NEWS MINISTRIES 2716 E WASHINGTON ST , INDIANAPOLIS, IN 46201	35-0999233	501(C)3	7,312				DONOR CHOICE
(207) GOOD SAMARITAN NETWORK 12933 PARKSIDE DR , FISHERS, IN 46038	20-4371453	501(C)3	120				DONOR CHOICE
(208) GOOD SAMARITAN NETWORK 12933 PARKSIDE DR , FISHERS, IN 46038	20-4371453	501(C)3	180,000				GENERAL SUPPORT
(209) GOODWILL OF CENTRAL & SOUTHERN INDIANA 1635 W MICHIGAN ST , INDIANAPOLIS, IN 46222	35-0893506	501(C)3	30,889				DONOR CHOICE
(210) GOODWILL OF CENTRAL & SOUTHERN INDIANA 1635 W MICHIGAN ST , INDIANAPOLIS, IN 46222	35-0893506	501(C)3	961,669				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
(211) GREAT HORIZONS CHILDCARE & PRESCHOOL PO BOX 18016 , INDIANAPOLIS, IN 46218	46-2051624	501(C)3	43,529				GENERAL SUPPORT
(212) GREATER INDIANAPOLIS LITERACY LEAGUE INC 40 E ST CLAIR ST , INDIANAPOLIS, IN 46204	31-1227489	501(C)3	6,648				DONOR CHOICE
(213) GREATER INDIANAPOLIS LITERACY LEAGUE INC 40 E ST CLAIR ST , INDIANAPOLIS, IN 46204	31-1227489	501(C)3	25,000				GENERAL SUPPORT
(214) GREATER INDIANAPOLIS PROGRESS COMMITTEE 200 E WASHINGTON ST STE 1901 , INDIANAPOLIS, IN 46204	35-1109966	501(C)3	1,000				DONOR CHOICE
(215) GREATER INDIANAPOLIS PROGRESS COMMITTEE 200 E WASHINGTON ST STE 1901 , INDIANAPOLIS, IN 46204	35-1109966	501(C)3	450,000				GENERAL SUPPORT
(216) GREATER TWIN CITIES UNITED WAY PO BOX 2949 , MINNEAPOLIS, MN 55402	41-1973442	501(C)3	15,920				DONOR CHOICE
(217) GREENFIELD-CENTRAL COMMUNITY SCHOOL CORP 110 W NORTH ST , GREENFIELD, IN 46140	35-1100181	SECTION 115	12,900				GENERAL SUPPORT
(218) GROUNDWORK INDY 1107 BURDSAL PKWY , INDIANAPOLIS, IN 46208	47-3863928	501(C)3	65,000				GENERAL SUPPORT
(219) HABITAT FOR HUMANITY GREATER INDIANAPOLIS 3135 N MERIDIAN ST , INDIANAPOLIS, IN 46208-4717	35-1715910	501(C)3	12,957				DONOR CHOICE
(220) HAMILTON COUNTY AREA NEIGHBORHOOD DEVELOPMENT INC 347 S 8TH ST STE A , NOBLESVILLE, IN 46060	32-0080849	501(C)3	520				DONOR CHOICE
(221) HAMILTON COUNTY AREA NEIGHBORHOOD DEVELOPMENT INC 347 S 8TH ST STE A , NOBLESVILLE, IN 46060	32-0080849	501(C)3	150,000				GENERAL SUPPORT
(222) HAMILTON COUNTY HUMANE SOCIETY 1721 PLEASANT ST STE B , NOBLESVILLE, IN 46060	35-1610723	501(C)3	9,231				DONOR CHOICE
(223) HANCOCK COUNTY FOOD PANTRY INC PO BOX 244 , GREENFIELD, IN 46140	35-1923567	501(C)3	925				DONOR CHOICE
(224) HANCOCK COUNTY FOOD PANTRY INC PO BOX 244 , GREENFIELD, IN 46140	35-1923567	501(C)3	30,000				GENERAL SUPPORT
(225) HANCOCK COUNTY SENIOR SERVICES 1870 FIELDS BLVD , GREENFIELD, IN 46140	31-0936007	501(C)3	6,040				DONOR CHOICE
(226) HANCOCK COUNTY SENIOR SERVICES 1870 FIELDS BLVD , GREENFIELD, IN 46140	31-0936007	501(C)3	91,334				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
(227) HANCOCK HOPE HOUSE 35 E PIERSON ST , GREENFIELD, IN 46140	35-1839053	501(C)3	765				DONOR CHOICE
(228) HANCOCK HOPE HOUSE 35 E PIERSON ST , GREENFIELD, IN 46140	35-1839053	501(C)3	10,000				GENERAL SUPPORT
(229) HAPPY HOLLOW CHILDRENS CAMP 3049 HAPPY HOLLOW RD , NASHVILLE, IN 47448	35-0942648	501(C)3	11,814				DONOR CHOICE
(230) HAPPY HOLLOW CHILDRENS CAMP 3049 HAPPY HOLLOW RD , NASHVILLE, IN 47448	35-0942648	501(C)3	91,042				GENERAL SUPPORT
(231) HASTEN HEBREW ACADEMY OF INDIANAPOLIS 6602 HOOVER RD , INDIANAPOLIS, IN 46260	35-1185540	501(C)3	42,319				GENERAL SUPPORT
(232) HAWTHORNE COMMUNITY CENTER 2440 W OHIO ST , INDIANAPOLIS, IN 46222	35-0874274	501(C)3	16,247				DONOR CHOICE
(233) HAWTHORNE COMMUNITY CENTER 2440 W OHIO ST , INDIANAPOLIS, IN 46222	35-0874274	501(C)3	968,373				GENERAL SUPPORT
(234) HEALTHNET 3401 E RAYMOND ST , INDIANAPOLIS, IN 46203	35-1579827	501(C)3	540				DONOR CHOICE
(235) HEALTHNET 3401 E RAYMOND ST , INDIANAPOLIS, IN 46203	35-1579827	501(C)3	104,326				GENERAL SUPPORT
(236) HEALTHY365 (HANCOCK REGIONAL HOSPITAL) 801 N STATE ST , GREENFIELD, IN 46140	35-1092610	501(C)3	65,000				GENERAL SUPPORT
(237) HEAR INDIANA 4740 KINGSWAY DR STE 33 , INDIANAPOLIS, IN 46205	31-0921774	501(C)3	5,337				DONOR CHOICE
(238) HEART & SOUL CLINIC 17338 WESTFIELD PARK RD STE 1 , WESTFIELD, IN 46074	80-0390182	501(C)3	112				DONOR CHOICE
(239) HEART & SOUL CLINIC 17338 WESTFIELD PARK RD STE 1 , WESTFIELD, IN 46074	80-0390182	501(C)3	30,000				GENERAL SUPPORT
(240) HEART OF FLORIDA UNITED WAY DR. NELSON YING CENTER, 1940 CANNERY WAY, ORLANDO, FL 32804	59-0808854	501(C)3	7,047				DONOR CHOICE
(241) HEART OF WEST MICHIGAN UNITED WAY 1940 TRAYLOR BLVD , GRAND RAPIDS, MI 49503	38-1360923	501(C)3	5,014				DONOR CHOICE
(242) HENDRICKS COUNTY COMMUNITY FOUNDATION 6319 E US HWY 36 STE 211 , AVON, IN 46123	35-1878973	501(C)3	773				DONOR CHOICE
(243) HENDRICKS COUNTY COMMUNITY FOUNDATION 6319 E US HWY 36 STE 211 , AVON, IN 46123	35-1878973	501(C)3	30,000				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
(244) HENDRICKS COUNTY SENIOR SERVICES PO BOX 448 , DANVILLE, IN 46122	35-1445497	501(C)3	17,260				DONOR CHOICE
(245) HENDRICKS COUNTY SENIOR SERVICES PO BOX 448 , DANVILLE, IN 46122	35-1445497	501(C)3	248,397				GENERAL SUPPORT
(246) HERITAGE PLACE OF INDIANAPOLIS 4550 N ILLINOIS ST , INDIANAPOLIS, IN 46208	35-1436580	501(C)3	1,957				DONOR CHOICE
(247) HERITAGE PLACE OF INDIANAPOLIS 4550 N ILLINOIS ST , INDIANAPOLIS, IN 46208	35-1436580	501(C)3	52,135				GENERAL SUPPORT
(248) HOLY NAME SCHOOL 89 N 17TH AVE , BEECH GROVE, IN 46107	35-0874514	501(C)3	120				DONOR CHOICE
(249) HOLY NAME SCHOOL 89 N 17TH AVE , BEECH GROVE, IN 46107	35-0874514	501(C)3	8,404				GENERAL SUPPORT
(250) HOLY SPIRIT CATHOLIC CHURCH 7243 E 10TH ST , INDIANAPOLIS, IN 46219	35-0988729	501(C)3	54,856				GENERAL SUPPORT
(251) HORIZON HOUSE INC 1033 E WASHINGTON ST , INDIANAPOLIS, IN 46202	35-1759503	501(C)3	25,629				DONOR CHOICE
(252) HORIZON HOUSE INC 1033 E WASHINGTON ST , INDIANAPOLIS, IN 46202	35-1759503	501(C)3	576,508				GENERAL SUPPORT
(253) HOVEY STREET CHURCH OF CHRIST 2338 HOVEY ST , INDIANAPOLIS, IN 46218	35-1511451	501(C)3	75,000				GENERAL SUPPORT
(254) HUMANE SOCIETY OF INDIANAPOLIS 7929 MICHIGAN RD , INDIANAPOLIS, IN 46268	35-0876385	501(C)3	75,378				DONOR CHOICE
(255) HUTSON SCHOOL, INC. (DBA FORTUNE ACADEMY) 5626 LAWTON LOOP E DR , INDIANAPOLIS, IN 46216-1013	35-2148108	501(C)3	15,362				DONOR CHOICE
(256) HVAF OF INDIANA INC 4702 S EAST ST , INDIANAPOLIS, IN 46204	35-1890547	501(C)3	14,178				DONOR CHOICE
(257) HVAF OF INDIANA INC 4702 S EAST ST , INDIANAPOLIS, IN 46204	35-1890547	501(C)3	557,249				GENERAL SUPPORT
(258) ICE SKATING CLUB OF INDIANAPOLIS 1040 3RD AVE SW , CARMEL, IN 46032	35-1434256	501(C)3	5,435				DONOR CHOICE
(259) IMMIGRANT WELCOME CENTER 901 SHELBY ST STE 300B , INDIANAPOLIS, IN 46203	20-3222424	501(C)3	801				DONOR CHOICE
(260) IMMIGRANT WELCOME CENTER 901 SHELBY ST STE 300B , INDIANAPOLIS, IN 46203	20-3222424	501(C)3	50,000				GENERAL SUPPORT
(261) INDIANA 211 PARTNERSHIP PO BOX 68522 , INDIANAPOLIS, IN 46268	35-2141347	501(C)3	1,400				DONOR CHOICE
(262) INDIANA 211 PARTNERSHIP PO BOX 68522 , INDIANAPOLIS, IN 46268	35-2141347	501(C)3	200,000				GENERAL SUPPORT
(263) INDIANA BLACK EXPO PO BOX 88244 , INDIANAPOLIS, IN 46208	35-1406245	501(C)3	557				DONOR CHOICE

(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
(264) INDIANA BLACK EXPO PO BOX 88244 , INDIANAPOLIS, IN 46208	35-1406245	501(C)3	135,000				GENERAL SUPPORT
(265) INDIANA LEGAL SERVICES INC 151 N DELAWARE ST STE 1850 , INDIANAPOLIS, IN 46204-2534	35-6059654	501(C)3	4,165				DONOR CHOICE
(266) INDIANA LEGAL SERVICES INC 151 N DELAWARE ST STE 1850 , INDIANAPOLIS, IN 46204-2534	35-6059654	501(C)3	50,726				GENERAL SUPPORT
(267) INDIANA MINORITY HEALTH COALITION 3737 N MERIDIAN ST STE 300 , INDIANAPOLIS, IN 46208	35-1924268	501(C)3	100,000				GENERAL SUPPORT
(268) INDIANA SPECIAL OLYMPICS, INC 6100 WEST 96TH ST, SUITE 270 , INDIANAPOLIS, IN 46278	35-1262574	501(C)3	7,029				DONOR CHOICE
(269) INDIANA YOUTH GROUP PO BOX 20716 , INDIANAPOLIS, IN 46220	35-1760451	501(C)3	57,447				DONOR CHOICE
(270) INDIANA YOUTH GROUP PO BOX 20716 , INDIANAPOLIS, IN 46220	35-1760451	501(C)3	168,155				GENERAL SUPPORT
(271) INDIANAPOLIS JUNIOR ACADEMY 2910 E 62ND ST , INDIANAPOLIS, IN 46220	35-0976759	501(C)3	24,506				GENERAL SUPPORT
(272) INDIANAPOLIS LEGAL AID SOCIETY INC 615 N ALABAMA ST STE 228 , INDIANAPOLIS, IN 46204	35-1045153	501(C)3	15,581				DONOR CHOICE
(273) INDIANAPOLIS LEGAL AID SOCIETY INC 615 N ALABAMA ST STE 228 , INDIANAPOLIS, IN 46204	35-1045153	501(C)3	149,999				GENERAL SUPPORT
(274) INDIANAPOLIS NEIGHBORHOOD RESOURCE CENTER 708 E MICHIGAN ST , INDIANAPOLIS, IN 46202	35-1909230	501(C)3	1,240				DONOR CHOICE
(275) INDIANAPOLIS NEIGHBORHOOD RESOURCE CENTER 708 E MICHIGAN ST , INDIANAPOLIS, IN 46202	35-1909230	501(C)3	50,170				GENERAL SUPPORT
(276) AVIVE INC 903 A PRESTWICK LANE, INDIANAPOLIS, IN 46214	47-2400948	501(C)3	50,000				GENERAL SUPPORT
(277) INDIANAPOLIS URBAN LEAGUE 777 INDIANA AVE , INDIANAPOLIS, IN 46202	35-6060655	501(C)3	22,676				DONOR CHOICE
(278) INDIANAPOLIS URBAN LEAGUE 777 INDIANA AVE , INDIANAPOLIS, IN 46202	35-6060655	501(C)3	1,098,034				GENERAL SUPPORT
(279) INDY BLACK CHAMBER OF COMMERCE PO BOX 40843 , INDIANAPOLIS, IN 46240	47-3838695	501(C)3	50,000				GENERAL SUPPORT
(280) INDY HUNGER NETWORK 3737 WALDEMERE AVE STE 200 , INDIANAPOLIS, IN 46241	45-4833492	501(C)3	800				DONOR CHOICE

(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
(281) INDY HUNGER NETWORK 3737 WALDEMERE AVE STE 200 , INDIANAPOLIS, IN 46241	45-4833492	501(C)3	75,000				GENERAL SUPPORT
(282) INDY PRIDE 3733 N MERIDIAN ST , INDIANAPOLIS, IN 46208	35-1951286	501(C)3	240				DONOR CHOICE
(283) INDY PRIDE 3733 N MERIDIAN ST , INDIANAPOLIS, IN 46208	35-1951286	501(C)3	35,000				GENERAL SUPPORT
(284) IPS - EDUCATION FOUNDATION INC. 120 E WALNUT STE 114 , INDIANAPOLIS, IN 46204	31-1103966	501(C)3	6,054				DONOR CHOICE
(285) IVY TECH FOUNDATION INC 50 W FALL CREEK PKWY N DR , INDIANAPOLIS, IN 46208	23-7073977	501(C)3	6,825				DONOR CHOICE
(286) JAMESON CAMP 2001 BRIDGEPORT RD , INDIANAPOLIS, IN 46231	35-1156756	501(C)3	24,382				DONOR CHOICE
(287) JAMESON CAMP 2001 BRIDGEPORT RD , INDIANAPOLIS, IN 46231	35-1156756	501(C)3	33,733				GENERAL SUPPORT
(288) JANE PAULEY COMMUNITY HEALTH CENTER 1503 N MITTHOEFFER RD , INDIANAPOLIS, IN 46229	01-0945309	501(C)3	45,355				GENERAL SUPPORT
(289) JANGEE'S CHILDCARE 8115 LOVERIDGE DR , INDIANAPOLIS, IN 46268	35-2323157		13,500				GENERAL SUPPORT
(290) JANUS DEVELOPMENTAL SERVICES 1555 WESTFIELD RD , NOBLESVILLE, IN 46062	31-0963175	501(C)3	815				DONOR CHOICE
(291) JANUS DEVELOPMENTAL SERVICES 1555 WESTFIELD RD , NOBLESVILLE, IN 46062	31-0963175	501(C)3	20,000				GENERAL SUPPORT
(292) JEFFERSON COUNTY UNITED WAY INC 100 E 2ND ST STE B , MADISON, IN 47250	35-6006467	501(C)3	50,127				DONOR CHOICE
(293) JEWISH COMMUNITY CENTER OF INDIANAPOLIS 6701 HOOVER RD , INDIANAPOLIS, IN 46260	23-7099138	501(C)3	12,739				DONOR CHOICE
(294) JEWISH COMMUNITY CENTER OF INDIANAPOLIS 6701 HOOVER RD , INDIANAPOLIS, IN 46260	23-7099138	501(C)3	141,311				GENERAL SUPPORT
(295) JEWISH FEDERATION OF GREATER INDIANAPOLIS 6705 HOOVER RD , INDIANAPOLIS, IN 46260-4120	35-0888017	501(C)3	8,931				DONOR CHOICE
(296) JEWISH FEDERATION OF GREATER INDIANAPOLIS 6705 HOOVER RD , INDIANAPOLIS, IN 46260-4120	35-0888017	501(C)3	30,000				GENERAL SUPPORT
(297) JOHN H BONER COMMUNITY CENTER 2236 E 10TH ST , INDIANAPOLIS, IN 46201	23-7204495	501(C)3	6,442				DONOR CHOICE

(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
(298) JOHN H BONER COMMUNITY CENTER 2236 E 10TH ST , INDIANAPOLIS, IN 46201	23-7204495	501(C)3	1,987,370				GENERAL SUPPORT
(299) JUDAH MINISTRIES (PRIDE ACADEMY) 9052 FOREST WILLOW DR , INDIANAPOLIS, IN 46234	16-1616713	501(C)3	108,965				GENERAL SUPPORT
(300) JULIAN CENTER, THE 2011 N MERIDIAN ST , INDIANAPOLIS, IN 46202	35-1346514	501(C)3	84,147				DONOR CHOICE
(301) JULIAN CENTER, THE 2011 N MERIDIAN ST , INDIANAPOLIS, IN 46202	35-1346514	501(C)3	384,179				GENERAL SUPPORT
(302) KENNETH BUTLER MEMORIAL SOUP KITCHEN 202 E MAIN ST , GREENFIELD, IN 46140	80-0321185	501(C)3	970				DONOR CHOICE
(303) KENNETH BUTLER MEMORIAL SOUP KITCHEN 202 E MAIN ST , GREENFIELD, IN 46140	80-0321185	501(C)3	27,500				GENERAL SUPPORT
(304) KHEPRW INSTITUTE PO BOX 88856 , INDIANAPOLIS, IN 46208	20-0820589	501(C)3	120				DONOR CHOICE
(305) KHEPRW INSTITUTE PO BOX 88856 , INDIANAPOLIS, IN 46208	20-0820589	501(C)3	180,000				GENERAL SUPPORT
(306) KIDS' VOICE OF INDIANA 9150 HARRISON PARK CT STE C , INDIANAPOLIS, IN 46216	35-1656579	501(C)3	5,641				DONOR CHOICE
(307) KIDS' VOICE OF INDIANA 9150 HARRISON PARK CT STE C , INDIANAPOLIS, IN 46216	35-1656579	501(C)3	65,622				GENERAL SUPPORT
(308) KIDZ LUV EARLY LEARNING MINISTRY 4118 N SHERIDAN AVE , INDIANAPOLIS, IN 46226	81-4411451	501(C)3	43,698				GENERAL SUPPORT
(309) KINDERCARE 650 NE HOLLADAY ST STE 1400 , PORTLAND, OR 97232	47-4478313		754,956				GENERAL SUPPORT
(310) LA PETITE ACADEMY 8860 E 10TH ST , INDIANAPOLIS, IN 46219	43-1243221		140,905				GENERAL SUPPORT
(311) LA PLAZA INC 8902 E 38TH ST , INDIANAPOLIS, IN 46226-6073	30-0029575	501(C)3	12,017				DONOR CHOICE
(312) LA PLAZA INC 8902 E 38TH ST , INDIANAPOLIS, IN 46226-6073	30-0029575	501(C)3	381,734				GENERAL SUPPORT
(313) LAKE AREA UNITED WAY 221 W RIDGE ROAD , GRIFFITH, IN 46319	23-7170019	501(C)3	5,877				DONOR CHOICE
(314) LEGAL AID SOCIETY OF EVANSVILLE 1 NW MLK JR BLVD RM 105 , EVANSVILLE, IN 47708	35-1035547	501(C)3	160,246				GENERAL SUPPORT
(315) LIFE CENTERS, INC. 3901 W 86TH ST STE 111 , INDIANAPOLIS, IN 46268	31-1059740	501(C)3	6,613				DONOR CHOICE
(316) LITTLE DUCKLING DAYCARE 5350 E 38TH ST , INDIANAPOLIS, IN 46218	35-1754899	501(C)3	180,310				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
(317) LITTLE LIFE ACADEMY LLC 621 DELRAY DR , INDIANAPOLIS, IN 46241	83-1713081		7,579				GENERAL SUPPORT
(318) LITTLE RED DOOR CANCER AGENCY 1801 N MERIDIAN ST , INDIANAPOLIS, IN 46202	35-0914096	501(C)3	54,998				DONOR CHOICE
(319) LITTLE RED DOOR CANCER AGENCY 1801 N MERIDIAN ST , INDIANAPOLIS, IN 46202	35-0914096	501(C)3	289,247				GENERAL SUPPORT
(320) LITTLE SCHOLARS CHILDCARE & PRESCHOOL ACADEMY PO BOX 53791 , INDIANAPOLIS, IN 46253	27-1122413		125,964				GENERAL SUPPORT
(321) LITTLE SISTERS OF THE POOR 2345 W 86TH ST , INDIANAPOLIS, IN 46260	35-1007734	501(C)3	8,408				DONOR CHOICE
(322) LITTLE STEPS CHILDCARE 9425 E 30TH ST , INDIANAPOLIS, IN 46229	90-0764506		58,590				GENERAL SUPPORT
(323) LORD'S PANTRY AT ANNA'S HOUSE INC 303 N ELDER AVE , INDIANAPOLIS, IN 46222	35-2153771	501(C)3	2,510				DONOR CHOICE
(324) LORD'S PANTRY AT ANNA'S HOUSE INC 303 N ELDER AVE , INDIANAPOLIS, IN 46222	35-2153771	501(C)3	5,000				GENERAL SUPPORT
(325) LOVE INC OF BOONE CO INC 701 N LEBANON ST , LEBANON, IN 46052	20-5072512	501(C)3	40,000				GENERAL SUPPORT
(326) LOVE INC OF GREATER HANCOCK COUNTY 630 N STATE ST , GREENFIELD, IN 46140	20-0503268	501(C)3	15,500				GENERAL SUPPORT
(327) LOVE YOUR CHILD'S CARE 2220 SLOAN AVE , INDIANAPOLIS, IN 46203	27-1522513		10,010				GENERAL SUPPORT
(328) LOVE4SATOS ANIMAL RESCUE, INC 1353 LUIS VIGOREAUX AVE PMB 440 , GUAYNABO, 00966, RQ	66-0886544	501(C)3	6,000				DONOR CHOICE
(329) LUTHERAN CHILD & FAMILY SERVICES OF INDIANA 1525 N RITTER AVE , INDIANAPOLIS, IN 46219	35-0868123	501(C)3	56,822				DONOR CHOICE
(330) LUTHERAN CHILD & FAMILY SERVICES OF INDIANA 1525 N RITTER AVE , INDIANAPOLIS, IN 46219	35-0868123	501(C)3	672,910				GENERAL SUPPORT
(331) LYNHURST BAPTIST CHURCH PRESCHOOL MINISTRY 1250 S LYNHURST DR , INDIANAPOLIS, IN 46241	35-2256878	501(C)3	36,095				GENERAL SUPPORT
(332) MARION SUPERIOR COURT 200 E WASHINGTON ST T-1221 , INDIANAPOLIS, IN 46204	35-6000172	MARION COUNTY	6,625				GENERAL SUPPORT
(333) MARTIN CENTER INC 3549 N COLLEGE AVE , INDIANAPOLIS, IN 46205	23-7058960	501(C)3	5,830				DONOR CHOICE
(334) MARTIN CENTER INC 3549 N COLLEGE AVE , INDIANAPOLIS, IN 46205	23-7058960	501(C)3	158,746				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
(335) MARTIN LUTHER KING COMMUNITY CENTER 40 W 40TH ST , INDIANAPOLIS, IN 46208	23-7415846	501(C)3	11,099				DONOR CHOICE
(336) MARTIN LUTHER KING COMMUNITY CENTER 40 W 40TH ST , INDIANAPOLIS, IN 46208	23-7415846	501(C)3	557,542				GENERAL SUPPORT
(337) MARY RIGG NEIGHBORHOOD CENTER 1920 W MORRIS ST , INDIANAPOLIS, IN 46221	35-0868954	501(C)3	23,458				DONOR CHOICE
(338) MARY RIGG NEIGHBORHOOD CENTER 1920 W MORRIS ST , INDIANAPOLIS, IN 46221	35-0868954	501(C)3	583,792				GENERAL SUPPORT
(339) MARY RIGG NEIGHBORHOOD CENTER 1920 W MORRIS ST , INDIANAPOLIS, IN 46221	35-0868954	501(C)3	5,000				(BLANK)
(340) MCCORMICK CENTER FOR EARLY CHILDHOOD LEADERSHIP 1000 CAPITOL DRIVE , WHEELING, IL 60090	36-2167804	501(C)3	16,932				GENERAL SUPPORT
(341) MCCOY 1375 W 16TH ST , INDIANAPOLIS, IN 46202-2111	35-1900516	501(C)3	5,714				DONOR CHOICE
(342) MCCOY 1375 W 16TH ST , INDIANAPOLIS, IN 46202-2111	35-1900516	501(C)3	152,138				GENERAL SUPPORT
(343) MEALS ON WHEELS HAMILTON COUNTY 395 WESTFIELD RD , NOBLESVILLE, IN 46060	35-1344488	501(C)3	300				DONOR CHOICE
(344) MEALS ON WHEELS HAMILTON COUNTY 395 WESTFIELD RD , NOBLESVILLE, IN 46060	35-1344488	501(C)3	21,000				GENERAL SUPPORT
(345) MEALS ON WHEELS OF HANCOCK COUNTY 1133 W MAIN ST STE C , GREENFIELD, IN 46140	35-2117913	501(C)3	5,020				DONOR CHOICE
(346) MEALS ON WHEELS OF HENDRICKS COUNTY 1000 E MAIN ST , DANVILLE, IN 46122	35-1789107	501(C)3	10,000				GENERAL SUPPORT
(347) MEALS ON WHEELS, INC PO BOX 40969 , INDIANAPOLIS, IN 46240-0469	35-1182075	501(C)3	23,891				DONOR CHOICE
(348) MEALS ON WHEELS, INC PO BOX 40969 , INDIANAPOLIS, IN 46240-0469	35-1182075	501(C)3	101,954				GENERAL SUPPORT
(349) MENTAL HEALTH AMERICA OF BOONE COUNTY 1122 N LEBANON ST STE A , LEBANON, IN 46052	35-1078402	501(C)3	160				DONOR CHOICE
(350) MENTAL HEALTH AMERICA OF BOONE COUNTY 1122 N LEBANON ST STE A , LEBANON, IN 46052	35-1078402	501(C)3	7,500				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
(351) MENTAL HEALTH AMERICA OF HENDRICKS COUNTY 75 QUEENSWAY DR , AVON, IN 46123	23-7038692	501(C)3	23,687				GENERAL SUPPORT
(352) MEPHIBOSHETH MINISTRIES, INC. 1715 STRINGTOWN PIKE , CICERO, IN 46034	35-2135547	501(C)3	6,000				DONOR CHOICE
(353) METRO UNITED WAY, INC 334 E BROADWAY , LOUISVILLE, KY 40202	61-0444680	501(C)3	5,232				DONOR CHOICE
(354) MIDWEST FOOD BANK 6450 S BELMONT AVE , INDIANAPOLIS, IN 46217	41-2120170	501(C)3	6,600				DONOR CHOICE
(355) MIDWEST FOOD BANK 6450 S BELMONT AVE , INDIANAPOLIS, IN 46217	41-2120170	501(C)3	1,350,000				GENERAL SUPPORT
(356) MILE HIGH UNITED WAY, INC. 711 PARK AVENUE WEST , DENVER, CO 80205	84-0404235	501(C)3	6,233				DONOR CHOICE
(357) MINORITY ENGINEERING PROGRAM OF INDIANAPOLIS 8909 PURDUE RD STE 130 , INDIANAPOLIS, IN 46268	35-1929560	501(C)3	16,649				DONOR CHOICE
(358) MORGAN COUNTY SENIOR ADVOCATES 56 N MAIN ST , MARTINSVILLE, IN 46151	35-1956929	501(C)3	15,000				GENERAL SUPPORT
(359) MOTHER THEODORE CATHOLIC ACADEMY 1400 N MERIDIAN ST , INDIANAPOLIS, IN 46202	27-1010344	501(C)3	34,074				GENERAL SUPPORT
(360) MOUNT CARMEL COMMUNITY ACADEMY 9610 E 42ND ST , INDIANAPOLIS, IN 46235	30-0555664	501(C)3	77,419				GENERAL SUPPORT
(361) MOZEL SANDERS FOUNDATION 709 N BELMONT AVE , INDIANAPOLIS, IN 46222	35-2025644	501(C)3	2,400				DONOR CHOICE
(362) MOZEL SANDERS FOUNDATION 709 N BELMONT AVE , INDIANAPOLIS, IN 46222	35-2025644	501(C)3	60,000				GENERAL SUPPORT
(363) MSD OF DECATUR TOWNSHIP 5275 KENTUCKY AVE , INDIANAPOLIS, IN 46221	35-1097820	SECTION 115	9,522				GENERAL SUPPORT
(364) MSD OF LAWRENCE TOWNSHIP 6501 SUNNYSIDE RD , INDIANAPOLIS, IN 46236	35-6006802	SECTION 115	158,528				GENERAL SUPPORT
(365) MSD OF WARREN TOWNSHIP 975 N POST RD , INDIANAPOLIS, IN 46219	35-6006000	SECTION 115	339,647				GENERAL SUPPORT
(366) MSD OF WAYNE TOWNSHIP 1220 S HIGH SCHOOL RD , INDIANAPOLIS, IN 46241	35-1072270	SECTION 115	303,694				GENERAL SUPPORT
(367) MT CARMEL BAPTIST CHURCH 9610 E 42ND ST , INDIANAPOLIS, IN 46235	35-1631484	501(C)3	50,000				GENERAL SUPPORT
(368) MT OLIVE UMC FOOD PANTRY 2720 WILBUR RD , MARTINSVILLE, IN 46151	35-0567460	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
(369) MT ZION DAY CARE CENTER INC 3549 BOULEVARD PL , INDIANAPOLIS, IN 46208	35-1765002	501(C)3	5,535				GENERAL SUPPORT
(370) MT ZION'S LOVING DAYCARE 4900 E 38TH ST , INDIANAPOLIS, IN 46218	23-7438282	501(C)3	55,543				GENERAL SUPPORT
(371) MTI SCHOOL OF KNOWLEDGE 2850 COLD SPRING RD , INDIANAPOLIS, IN 46224	35-1773100	501(C)3	66,152				GENERAL SUPPORT
(372) MY SECOND HOME CHILD CARE AND PRESCHOOL 8050 NUCKOLS LN , INDIANAPOLIS, IN 46237	26-0584073		51,136				GENERAL SUPPORT
(373) NAMI INDIANAPOLIS 911 E 86TH ST STE 70 , INDIANAPOLIS, IN 46240	35-2052230	501(C)3	1,200				DONOR CHOICE
(374) NAMI INDIANAPOLIS 911 E 86TH ST STE 70 , INDIANAPOLIS, IN 46240	35-2052230	501(C)3	25,000				GENERAL SUPPORT
(375) NANA'S CHILDCARE & PRESCHOOL 2308 EAST 36TH STREET, INDIANAPOLIS, IN 46218	90-0754857		7,579				GENERAL SUPPORT
(376) NEIGHBORHOOD CHRISTIAN LEGAL CLINIC 3333 N MERIDIAN ST , INDIANAPOLIS, IN 46208	35-1916572	501(C)3	16,160				DONOR CHOICE
(377) NEIGHBORHOOD CHRISTIAN LEGAL CLINIC 3333 N MERIDIAN ST , INDIANAPOLIS, IN 46208	35-1916572	501(C)3	193,692				GENERAL SUPPORT
(378) NEW BEGINNINGS 2132 W MICHIGAN ST , INDIANAPOLIS, IN 46222	90-0936324	501(C)3	2,140				DONOR CHOICE
(379) NEW BEGINNINGS 2132 W MICHIGAN ST , INDIANAPOLIS, IN 46222	90-0936324	501(C)3	50,000				GENERAL SUPPORT
(380) NEW HOPE OF INDIANA 8450 N PAYNE RD STE 300 , INDIANAPOLIS, IN 46268	35-1733591	501(C)3	650				DONOR CHOICE
(381) NEW HOPE OF INDIANA 8450 N PAYNE RD STE 300 , INDIANAPOLIS, IN 46268	35-1733591	501(C)3	200,000				GENERAL SUPPORT
(382) NOBLE 7701 E 21ST ST , INDIANAPOLIS, IN 46219	35-0924720	501(C)3	59,579				DONOR CHOICE
(383) NOBLE 7701 E 21ST ST , INDIANAPOLIS, IN 46219	35-0924720	501(C)3	459,014				GENERAL SUPPORT
(384) OAKS ACADEMY, THE 1301 E 16TH ST , INDIANAPOLIS, IN 46202	35-2050595	501(C)3	2,301				DONOR CHOICE
(385) OAKS ACADEMY, THE 1301 E 16TH ST , INDIANAPOLIS, IN 46202	35-2050595	501(C)3	21,648				GENERAL SUPPORT
(386) OPEN DOORS OF WASHINGTON TOWNSHIP PO BOX 196 , WESTFIELD, IN 46074	35-1802571	501(C)3	600				DONOR CHOICE

(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
(387) OPEN DOORS OF WASHINGTON TOWNSHIP PO BOX 196 , WESTFIELD, IN 46074	35-1802571	501(C)3	10,000				GENERAL SUPPORT
(388) OPERATION SCHOOL BELL OF ASSISTANCE LEAGUE OF INDIANAPOLIS 1475 W 86TH ST , INDIANAPOLIS, IN 46260-2185	35-1635410	501(C)3	8,178				DONOR CHOICE
(389) OUR LADY OF MOUNT CARMEL 14598 OAK RIDGE RD , CARMEL, IN 46032	35-0996116	501(C)3	2,307				DONOR CHOICE
(390) OUR LADY OF MOUNT CARMEL 14598 OAK RIDGE RD , CARMEL, IN 46032	35-0996116	501(C)3	42,000				GENERAL SUPPORT
(391) OUTREACH, INC. 2416 E NEW YORK ST , INDIANAPOLIS, IN 46201	35-1989358	501(C)3	6,549				DONOR CHOICE
(392) OUTREACH, INC. 2416 E NEW YORK ST , INDIANAPOLIS, IN 46201	35-1989358	501(C)3	50,000				GENERAL SUPPORT
(393) PACE INC 2855 N KEYSTONE AVE STE 170 , INDIANAPOLIS, IN 46218	35-1062235	501(C)3	10,039				DONOR CHOICE
(394) PACE INC 2855 N KEYSTONE AVE STE 170 , INDIANAPOLIS, IN 46218	35-1062235	501(C)3	429,754				GENERAL SUPPORT
(395) PATACHOU FOUNDATION 4565 MARCY LN , INDIANAPOLIS, IN 46205	46-2741705	501(C)3	1,000				DONOR CHOICE
(396) PATACHOU FOUNDATION 4565 MARCY LN , INDIANAPOLIS, IN 46205	46-2741705	501(C)3	30,000				GENERAL SUPPORT
(397) PATHWAY RESOURCE CENTER 10119 JOHN MARSHALL DR , INDIANAPOLIS, IN 46235	38-3681150	501(C)3	100,000				GENERAL SUPPORT
(398) PEACE LEARNING CENTER 6040 DELONG RD , INDIANAPOLIS, IN 46254	35-2067284	501(C)3	900				DONOR CHOICE
(399) PEACE LEARNING CENTER 6040 DELONG RD , INDIANAPOLIS, IN 46254	35-2067284	501(C)3	25,000				GENERAL SUPPORT
(400) PERFECTED CHILD CARE MINISTRY 8736 E 21ST ST , INDIANAPOLIS, IN 46219	35-1993037	501(C)3	11,334				GENERAL SUPPORT
(401) PERRY TOWNSHIP SCHOOLS 6548 ORINOCO AVE , INDIANAPOLIS, IN 46227	35-6006777	SECTION 115	179,165				GENERAL SUPPORT
(402) PHILIPPINE JESUIT FOUNDATION PO BOX 312 , NEW YORK, NY 10028	42-1588688	501(C)3	6,000				DONOR CHOICE
(403) PLANNED PARENTHOOD OF ILLINOIS 18 S MICHIGAN AVE 6TH FL , CHICAGO, IL 60603	36-2170901	501(C)3	5,120				DONOR CHOICE
(404) PLANNED PARENTHOOD OF INDIANA AND KENTUCKY, INC. PO BOX 397 , INDIANAPOLIS, IN 46206-0397	35-0874276	501(C)3	53,534				DONOR CHOICE
(405) PRECIOUS MOMENTS DAYCARE MINISTRY 3642 NORTH EMERSON AVENUE , INDIANAPOLIS, IN 46218	35-2155712		146,326				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
(406) PRESBYTERIAN NIGHT SHELTER OF TARRANT COUNTY 2400 CYPRESS ST , FORT WORTH, TX 76102	75-1985591	501(C)3	7,500				DONOR CHOICE
(407) PREVAIL INC 1100 S 9TH ST STE 100 , NOBLESVILLE, IN 46060	35-1681864	501(C)3	1,784				DONOR CHOICE
(408) PREVAIL INC 1100 S 9TH ST STE 100 , NOBLESVILLE, IN 46060	35-1681864	501(C)3	75,000				GENERAL SUPPORT
(409) PRIME LIFE ENRICHMENT INC 1078 THIRD AVE SW , CARMEL, IN 46032	35-1411017	501(C)3	1,085				DONOR CHOICE
(410) PRIME LIFE ENRICHMENT INC 1078 THIRD AVE SW , CARMEL, IN 46032	35-1411017	501(C)3	190,771				GENERAL SUPPORT
(411) PROACT INDY 4107 E WASHINGTON ST , INDIANAPOLIS, IN 46201	27-3951990	501(C)3	240				DONOR CHOICE
(412) PROACT INDY 4107 E WASHINGTON ST , INDIANAPOLIS, IN 46201	27-3951990	501(C)3	35,000				GENERAL SUPPORT
(413) PROGRESS HOUSE 201 S SHELBY ST , INDIANAPOLIS, IN 46202	35-6042602	501(C)3	710				DONOR CHOICE
(414) PROGRESS HOUSE 201 S SHELBY ST , INDIANAPOLIS, IN 46202	35-6042602	501(C)3	75,000				GENERAL SUPPORT
(415) PROJECT AZUL 5628 W 74TH ST , INDIANAPOLIS, IN 46278	84-3859092	501(C)3	20,000				GENERAL SUPPORT
(416) PROSPERITY ENRICHMENT INC 3234 RUCKLE ST , INDIANAPOLIS, IN 46205	46-5150303	501(C)3	5,720				GENERAL SUPPORT
(417) PURPOSE 4 MY PAIN 8830 E 35TH ST , INDIANAPOLIS, IN 46226	81-2826631	501(C)3	20,000				GENERAL SUPPORT
(418) PURPOSE OF LIFE ACADEMY 3705 KESSLER BLVD N DR , INDIANAPOLIS, IN 46222	68-0558032	501(C)3	50,000				GENERAL SUPPORT
(419) RAPHAEL HEALTH CENTER 401 E 34TH ST , INDIANAPOLIS, IN 46205	35-1948768	501(C)3	50,000				GENERAL SUPPORT
(420) REACH FOR YOUTH INC 3505 N WASHINGTON BLVD , INDIANAPOLIS, IN 46205-3718	23-7456842	501(C)3	2,985				DONOR CHOICE
(421) REACH FOR YOUTH INC 3505 N WASHINGTON BLVD , INDIANAPOLIS, IN 46205-3718	23-7456842	501(C)3	374,307				GENERAL SUPPORT
(422) RECYCLE FORCE 1255 ROOSEVELT AVE , INDIANAPOLIS, IN 46202	14-1892402	501(C)3	50,000				GENERAL SUPPORT
(423) RILEY CHEER GUILD, INC 702 BARNHILL DRIVE ROOM 4510 , INDIANAPOLIS, IN 46202	35-6018517	501(C)3	5,378				DONOR CHOICE
(424) RILEY CHILDREN'S FOUNDATION 30 S MERIDIAN ST STE 200 , INDIANAPOLIS, IN 46204-3509	35-0868147	501(C)3	22,803				DONOR CHOICE

(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
(425) RONALD MCDONALD HOUSE CHARITIES OF CENTRAL INDIANA 435 LIMESTONE , INDIANAPOLIS, IN 46202	35-1497202	501(C)3	6,492				DONOR CHOICE
(426) RONCALLI HIGH SCHOOL 3300 PRAGUE RD , INDIANAPOLIS, IN 46227	35-1153685	501(C)3	8,077				DONOR CHOICE
(427) ROPHE FREE CLINIC (SOLID WORD BIBLE CHURCH) 4734 W 52ND ST , INDIANAPOLIS, IN 46254	35-2110720	501(C)3	35,000				GENERAL SUPPORT
(428) ROSS FOUNDATION, THE 3939 N ARLINGTON AVE , INDIANAPOLIS, IN 46226	81-1269156	501(C)3	35,000				GENERAL SUPPORT
(429) SALVATION ARMY PO BOX 88517 , INDIANAPOLIS, IN 46208	36-2167910	501(C)3	71,961				DONOR CHOICE
(430) SALVATION ARMY PO BOX 88517 , INDIANAPOLIS, IN 46208	36-2167910	501(C)3	784,174				GENERAL SUPPORT
(431) SCHOOL ON WHEELS CORP. 2605 E 62ND ST STE 2005 , INDIANAPOLIS, IN 46220	35-2151003	501(C)3	6,618				DONOR CHOICE
(432) SECOND HELPINGS INC 1121 SOUTHEASTERN AVE , INDIANAPOLIS, IN 46202	35-1484281	501(C)3	75,426				DONOR CHOICE
(433) SECOND HELPINGS INC 1121 SOUTHEASTERN AVE , INDIANAPOLIS, IN 46202	35-1484281	501(C)3	2,023,437				GENERAL SUPPORT
(434) SHALOM HEALTH CARE CENTER INC 3400 LAFAYETTE RD STE 200 , INDIANAPOLIS, IN 46222	06-1645027	501(C)3	50,000				GENERAL SUPPORT
(435) SHELBY COUNTY UNITED FUND 126 N HARRISON ST , SHELBYVILLE, IN 46176	35-0953458	501(C)3	8,946				DONOR CHOICE
(436) SHELTERING WINGS CENTER FOR WOMEN PO BOX 92 , DANVILLE, IN 46122-0092	35-2077713	501(C)3	44,915				DONOR CHOICE
(437) SHELTERING WINGS CENTER FOR WOMEN PO BOX 92 , DANVILLE, IN 46122-0092	35-2077713	501(C)3	556,458				GENERAL SUPPORT
(438) SHEPHERD COMMUNITY CENTER 4107 E WASHINGTON ST , INDIANAPOLIS, IN 46201	35-1765846	501(C)3	16,042				DONOR CHOICE
(439) SHEPHERD COMMUNITY CENTER 4107 E WASHINGTON ST , INDIANAPOLIS, IN 46201	35-1765846	501(C)3	1,059,778				GENERAL SUPPORT
(440) SHEPHERD'S CENTER OF HAMILTON COUNTY 347 S 8TH ST STE B , NOBLESVILLE, IN 46060	31-1131854	501(C)3	800				DONOR CHOICE
(441) SHEPHERD'S CENTER OF HAMILTON COUNTY 347 S 8TH ST STE B , NOBLESVILLE, IN 46060	31-1131854	501(C)3	100,000				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
(442) SHEPHERDS GATE FOOD PANTRY & BABY SUPPLIES 17102 SPRING MILL RD , WESTFIELD, IN 46074	35-1950891	501(C)3	6,438				DONOR CHOICE
(443) SHERIDAN YOUTH ASSISTANCE 24185 HINESLEY RD , SHERIDAN, IN 46069	47-5310121	501(C)3	10,800				GENERAL SUPPORT
(444) SILENT NO MORE 4950 AMARYLLIS CT , INDIANAPOLIS, IN 46254	47-4290299	501(C)3	35,000				GENERAL SUPPORT
(445) SKOOL KIDZ EARLY EDUCATION ACADEMY 2254 W 86TH ST , INDIANAPOLIS, IN 46260	80-0268132		16,122				GENERAL SUPPORT
(446) SOCIAL HEALTH ASSOCIATION OF INDIANA INC 615 N ALABAMA ST STE 228 , INDIANAPOLIS, IN 46204	35-0869056	501(C)3	3,880				DONOR CHOICE
(447) SOCIAL HEALTH ASSOCIATION OF INDIANA INC 615 N ALABAMA ST STE 228 , INDIANAPOLIS, IN 46204	35-0869056	501(C)3	102,036				GENERAL SUPPORT
(448) SOCIETY OF ST VINCENT DE PAUL 3001 E 30TH ST , INDIANAPOLIS, IN 46218	37-1507632	501(C)3	23,652				DONOR CHOICE
(449) SOCIETY OF ST VINCENT DE PAUL 3001 E 30TH ST , INDIANAPOLIS, IN 46218	37-1507632	501(C)3	150,000				GENERAL SUPPORT
(450) SOCIETY OF ST VINCENT DE PAUL (NOBLESVILLE) 1391 GREENFIELD AVE , NOBLESVILLE, IN 46060	35-2307344	501(C)3	15,000				GENERAL SUPPORT
(451) SOUTHEAST COMMUNITY SERVICES 901 SHELBY ST , INDIANAPOLIS, IN 46203	35-1318068	501(C)3	3,239				DONOR CHOICE
(452) SOUTHEAST COMMUNITY SERVICES 901 SHELBY ST , INDIANAPOLIS, IN 46203	35-1318068	501(C)3	957,527				GENERAL SUPPORT
(453) SOUTHMINSTER PRESBYTERIAN LHLP PO BOX 39008 , INDIANAPOLIS, IN 46239	35-1157652	501(C)3	9,565				GENERAL SUPPORT
(454) SPEEDWAY UNITED METHODIST CHURCH 5011 W 16TH ST , SPEEDWAY, IN 46224	35-2078266	501(C)3	31,675				GENERAL SUPPORT
(455) ST JUDE CATHOLIC CHURCH 5353 MCFARLAND RD , INDIANAPOLIS, IN 46227	35-1052777	501(C)3	52				DONOR CHOICE
(456) ST JUDE CATHOLIC CHURCH 5353 MCFARLAND RD , INDIANAPOLIS, IN 46227	35-1052777	501(C)3	114,000				GENERAL SUPPORT
(457) ST JUDE CHILDRENS RESEARCH HOSPITAL - TN 501 ST JUDE PL , MEMPHIS, TN 38105	62-0646012	501(C)3	28,632				DONOR CHOICE
(458) ST LAWRENCE CATHOLIC CHURCH 6944 E 46TH ST , INDIANAPOLIS, IN 46226	35-0919344	501(C)3	134,488				GENERAL SUPPORT
(459) ST MARY'S CHILD CENTER 901 DR MARTIN LUTHER KING JR ST , INDIANAPOLIS, IN 46202	35-1141484	501(C)3	166,238				DONOR CHOICE

(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
(460) ST MARY'S CHILD CENTER 901 DR MARTIN LUTHER KING JR ST , INDIANAPOLIS, IN 46202	35-1141484	501(C)3	396,734				GENERAL SUPPORT
(461) ST MARY'S EPISCOPAL CHURCH 1109 E MORGAN ST , MARTINSVILLE, IN 46151	01-0549010	501(C)3	7,200				GENERAL SUPPORT
(462) ST MICHAEL - ST GABRIEL ARCHANGELS ELEMENTARY 3352 W 30TH ST , INDIANAPOLIS, IN 46222	35-1096103	501(C)3	500				DONOR CHOICE
(463) ST MICHAEL - ST GABRIEL ARCHANGELS ELEMENTARY 3352 W 30TH ST , INDIANAPOLIS, IN 46222	35-1096103	501(C)3	12,340				GENERAL SUPPORT
(464) ST MONICA SCHOOL 6131 N MICHIGAN RD , INDIANAPOLIS, IN 46228	35-1009268	501(C)3	38,482				GENERAL SUPPORT
(465) ST NICHOLAS EARLY LEARNING 3333 N MERIDIAN ST , INDIANAPOLIS, IN 46208	36-4824421	501(C)3	103,075				GENERAL SUPPORT
(466) ST THERESE LITTLE FLOWER CATHOLIC SCHOOL 1401 N BOSART AVE , INDIANAPOLIS, IN 46201	20-8934132	501(C)3	25,760				GENERAL SUPPORT
(467) ST VINCENT DE PAUL VILLAGE 3350 E ST , SAN DIEGO, CA 92102-3332	33-0492302	501(C)3	13,815				DONOR CHOICE
(468) STARFISH INITIATIVE 6958 HILLSDALE CT , INDIANAPOLIS, IN 46250-2040	56-2442758	501(C)3	39,412				DONOR CHOICE
(469) STARFISH INITIATIVE 6958 HILLSDALE CT , INDIANAPOLIS, IN 46250-2040	56-2442758	501(C)3	345,402				GENERAL SUPPORT
(470) STONE BELT 2815 E 10TH ST , BLOOMINGTON, IN 47408	35-1059827	501(C)3	6,667				DONOR CHOICE
(471) SUNRISE CHRISTIAN ACADEMY 948 W 30TH ST , INDIANAPOLIS, IN 46208	35-2083350		10,500				GENERAL SUPPORT
(472) SYCAMORE SERVICES INC PO BOX 369 , INDIANAPOLIS, IN 46268	35-1064235	501(C)3	4,364				DONOR CHOICE
(473) SYCAMORE SERVICES INC PO BOX 369 , INDIANAPOLIS, IN 46268	35-1064235	501(C)3	314,736				GENERAL SUPPORT
(474) SYSLEXIA INSTITUTE OF INDIANA, INC 2511 E 46TH ST, SUITE O-2 , INDIANAPOLIS, IN 46205	35-1780312	501(C)3	8,500				DONOR CHOICE
(475) T P KIDDIE ACADEMY 4501 N POST , INDIANAPOLIS, IN 46226	35-2149550	501(C)3	28,110				GENERAL SUPPORT
(476) TANGRAM 5155 PENNWOOD DR , INDIANAPOLIS, IN 46205	35-1661813	501(C)3	734				DONOR CHOICE
(477) TANGRAM 5155 PENNWOOD DR , INDIANAPOLIS, IN 46205	35-1661813	501(C)3	422,855				GENERAL SUPPORT
(478) TEDDY BEAR DAY CARE 2406 E 65TH ST , INDIANAPOLIS, IN 46220	35-1621843		7,548				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
(479) TEENWORKS, INC 2820 N MERIDIAN ST #1250 , INDIANAPOLIS, IN 46208	46-2047309	501(C)3	152,545				DONOR CHOICE
(480) THE BLOOM PROJECT PO BOX 68717 , INDIANAPOLIS, IN 46222	46-2796032	501(C)3	35,000				GENERAL SUPPORT
(481) THE LEUKEMIA & LYMPHOMA SOCIETY 3 INTERNATIONAL DRIVE, SUITE 200 , RYE BROOK, NY 10573	13-5644916	501(C)3	54,025				DONOR CHOICE
(482) THE MIND TRUST 1630 N MERIDIAN ST STE 450 , INDIANAPOLIS, IN 46202	20-4560286	501(C)3	8,333				DONOR CHOICE
(483) THE O'CONNOR HOUSE 45 N VILLAGE DR , CARMEL, IN 46032	20-5533460	501(C)3	5,763				DONOR CHOICE
(484) THE REFUGE INC 65 AIRPORT PKWY STE 114 , GREENWOOD, IN 46143	26-3072986	501(C)3	5,720				DONOR CHOICE
(485) THE STEM CONNECTION 8407 MOORE RD , INDIANAPOLIS, IN 46278	46-5647562	501(C)3	5,900				DONOR CHOICE
(486) TMP ENTERPRISES INC 2028 EAST BROAD RIPPLE AVE , INDIANAPOLIS, IN 46220	35-2083290	501(C)3	5,099				DONOR CHOICE
(487) TMP ENTERPRISES INC 2028 EAST BROAD RIPPLE AVE , INDIANAPOLIS, IN 46220	35-2083290	501(C)3	10,000				GENERAL SUPPORT
(488) TRINITY FREE CLINIC INC 1045 W 146TH ST , CARMEL, IN 46032	35-2120420	501(C)3	2,410				DONOR CHOICE
(489) TRINITY FREE CLINIC INC 1045 W 146TH ST , CARMEL, IN 46032	35-2120420	501(C)3	75,000				GENERAL SUPPORT
(490) TRINITY HAVEN INC 3733 N MERIDIAN ST , INDIANAPOLIS, IN 46208	82-5358554	501(C)3	6,062				DONOR CHOICE
(491) TRINITY HAVEN INC 3733 N MERIDIAN ST , INDIANAPOLIS, IN 46208	82-5358554	501(C)3	60,000				GENERAL SUPPORT
(492) TRUTH APOSTOLIC CHURCH INDIANAPOLIS INC/KINGS KIDS 1241 EAST 54TH STREET , INDIANAPOLIS, IN 46220	47-4764202	501(C)3	98,598				GENERAL SUPPORT
(493) UNITED WAY BAY AREA 550 KEARNY ST, SUITE 1000 , SAN FRANCISCO, CA 94108	94-1312348	501(C)3	12,777				DONOR CHOICE
(494) UNITED WAY FOR CLINTON COUNTY, INC. 1100 WALNUT AVE , FRANKFORT, IN 46041	35-0996128	501(C)3	5,422				DONOR CHOICE
(495) UNITED WAY FOR GREATER AUSTIN 2000 E MLK JR BLVD , AUSTIN, TX 78702	74-1193439	501(C)3	7,725				DONOR CHOICE
(496) UNITED WAY FOX CITIES, INC. 1455 MIDWAY RD , MENASHA, WI 54952	39-0912895	501(C)3	12,125				DONOR CHOICE
(497) UNITED WAY OF ALLEN COUNTY, INC. 334 E. BERRY ST , FORT WAYNE, IN 46802	35-0867932	501(C)3	28,865				DONOR CHOICE

(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
(498) UNITED WAY OF ATLANTA 40 COURTLAND ST, NE, SUITE 300 , ATLANTA, GA 30303	58-0566194	501(C)3	8,239				DONOR CHOICE
(499) UNITED WAY OF CENTRAL ALABAMA PO BOX 320189 , BIRMINGHAM, AL 35232- 0189	63-0288846	501(C)3	8,185				DONOR CHOICE
(500) UNITED WAY OF CENTRAL CAROLINAS, INC. 601 EAST 5TH ST, SUITE 350 , CHARLOTTE, NC 28202	56-0529948	501(C)3	8,097				DONOR CHOICE
(501) UNITED WAY OF CENTRAL IOWA 1111 NINTH ST, SUITE 100 , DES MOINES, IA 50314	42-0680425	501(C)3	15,895				DONOR CHOICE
(502) UNITED WAY OF CENTRAL MARYLAND 1800 WASHINGTON BOULEVARD, SUITE 340 , BALTIMORE, MA 21230	52-0591543	501(C)3	5,062				DONOR CHOICE
(503) UNITED WAY OF CHATHAM COUNTY, INC. 72 HILLSBORO ST, SUITE 201 , PITTSBORO, NC 27312	58-1897275	501(C)3	7,560				DONOR CHOICE
(504) UNITED WAY OF COLLIER AND THE KEYS 9015 STRADA STELL COURT, SUITE 204 , NAPLES, FL 34109	59-1026096	501(C)3	9,310				DONOR CHOICE
(505) UNITED WAY OF DELAWARE COUNTY 8999 GEMINI PARKWAY, SUITE 100 , COLUMBUS, OH 43240	31-4423899	501(C)3	8,464				DONOR CHOICE
(506) UNITED WAY OF DELAWARE, HENRY & RANDOLPH COUNTIES 400 NORTH HIGH ST, SUITE 300 , MUNCIE, IN 47305	35-0996148	501(C)3	16,466				DONOR CHOICE
(507) UNITED WAY OF EFFINGHAM COUNTY 1108 SOUTH WILLOW STREET , EFFINGHAM, IL 62401	23-7087721	501(C)3	21,136				DONOR CHOICE
(508) UNITED WAY OF GREATER CINCINNATI 2400 READING ROAD , CINCINNATI, OH 45202	31-0537502	501(C)3	8,707				DONOR CHOICE
(509) UNITED WAY OF GREATER CLEVELAND 1331 EUCLID AVE , CLEVELAND, OH 44115	34-6516654	501(C)3	20,793				DONOR CHOICE
(510) UNITED WAY OF GREATER KANSAS CITY 801 WEST 47TH ST, SUITE 500 , KANSAS CITY, MO 64112	44-0545812	501(C)3	9,819				DONOR CHOICE
(511) UNITED WAY OF GREATER KNOXVILLE 1301 HANNAH AVENUE , KNOXVILLE, TN 37921	62-0475748	501(C)3	5,720				DONOR CHOICE
(512) UNITED WAY OF GREATER LAFAYETTE & TIPPECANOE COUNTY 1114 E STATE ST STE 200 , LAFAYETTE, IN 47905	35-0891621	501(C)3	98,091				DONOR CHOICE

(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
(513) UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY 225 W VINE ST , MILWAUKEE, WI 53212	39-0806190	501(C)3	27,310				DONOR CHOICE
(514) UNITED WAY OF GREATER PHILADELPHIA AND SOUTHERN NEW JERSEY 1709 BENJAMIN FRANKLIN PKWY , PHILADELPHIA, PA 19103	23-1556045	501(C)3	35,426				DONOR CHOICE
(515) UNITED WAY OF GREATER PORTLAND ONE CANAL PLAZA, SUITE 300 , PORTLAND, ME 04101	01-0241767	501(C)3	8,824				DONOR CHOICE
(516) UNITED WAY OF GREATER RICHMOND & PETERSBURG 2001 MAYWILL STREET, SUITE 201 , RICHMOND, VA 23230	23-7375346	501(C)3	6,430				DONOR CHOICE
(517) UNITED WAY OF GREATER ST. LOUIS, INC 910 NORTH 11TH ST , ST. LOUIS, MO 63101	43-0714167	501(C)3	18,067				DONOR CHOICE
(518) UNITED WAY OF HOWARD COUNTY, INC 210 W WALNUT ST , KOKOMO, IN 46901	35-0877579	501(C)3	17,631				DONOR CHOICE
(519) UNITED WAY OF INDIAN RIVER COUNTY 1836 14TH AVENUE , VERO BEACH, FL 32960	59-1087090	501(C)3	23,740				DONOR CHOICE
(520) UNITED WAY OF JOHNSON COUNTY (IN) PO BOX 153 , FRANKLIN, IN 46131	35-1082600	501(C)3	295,091				DONOR CHOICE
(521) UNITED WAY OF KING COUNTY 720 SECOND AVENUE , SEATTLE, WA 98104	91-0565555	501(C)3	16,140				DONOR CHOICE
(522) UNITED WAY OF LEE, HENDRY, GLADES AND OKEECHOBEE COUNTIES 7273 CONCOURSE DR , FORT MYERS, FL 33908	59-1005169	501(C)3	17,801				DONOR CHOICE
(523) UNITED WAY OF MADISON COUNTY, INC. - IN PO BOX 1200 , ANDERSON, IN 46015	35-1052350	501(C)3	33,237				DONOR CHOICE
(524) UNITED WAY OF MASSACHUSETTS BAY AND MERRIMACK VALLEY 51 SLEEPER STREET , BOSTON, MA 02210	04-2382233	501(C)3	13,924				DONOR CHOICE
(525) UNITED WAY OF MEDINA COUNTY 728 E SMITH ROAD, SUITE D , MEDINA, OH 44256	23-7110762	501(C)3	5,160				DONOR CHOICE
(526) UNITED WAY OF METROPOLITAN CHICAGO 333 SOUTH WABASH AVE, 30TH FLOOR , CHICAGO, IL 60604	30-0200478	501(C)3	41,185				DONOR CHOICE
(527) UNITED WAY OF METROPOLITAN DALLAS, INC. 1800 N. LAMAR STREET , DALLAS, TX 75202	75-6005352	501(C)3	9,963				DONOR CHOICE

(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
(528) UNITED WAY OF MIAMI-DADE ANSIN BLDG, 3250 SW THIRD AVENUE , MIAMI, FL 33129	59-0830840	501(C)3	27,972				DONOR CHOICE
(529) UNITED WAY OF MONMOUTH AND OCEAN COUNTIES, INC 4814 OUTLOOK DRIVE, SUITE 107 , WALL TOWNSHIP, NJ 07753	22-1828435	501(C)3	5,482				DONOR CHOICE
(530) UNITED WAY OF MONROE COUNTY, INC. (IN) 431 S COLLEGE AVE , BLOOMINGTON, IN 47403	35-0985959	501(C)3	35,318				DONOR CHOICE
(531) UNITED WAY OF NEW YORK CITY 205 E 42ND ST , NEW YORK, NY 10017	13-2617681	501(C)3	9,270				DONOR CHOICE
(532) UNITED WAY OF NORTHERN NEW JERSEY 222 RIDGEDALE AVE , CEDAR KNOLLS, NJ 07927	22-1487247	501(C)3	6,002				DONOR CHOICE
(533) UNITED WAY OF PIKE COUNTY 719 EAST HARFORD ST , PETERSBURG, IN 47567	35-0868069	501(C)3	157,617				DONOR CHOICE
(534) UNITED WAY OF PUTNAM COUNTY - IN 22 1/2 W WASHINGTON ST STE 208 , GREENCASTLE, IN 46135-1568	35-6074100	501(C)3	11,657				DONOR CHOICE
(535) UNITED WAY OF SAN DIEGO COUNTY 4699 MURPHY CANYON RD , SAN DIEGO, CA 92123	95-2213995	501(C)3	42,692				DONOR CHOICE
(536) UNITED WAY OF SIOUXLAND 701 STEUBEN ST , SIOUX CITY, IA 51101	42-0680395	501(C)3	8,338				DONOR CHOICE
(537) UNITED WAY OF SOUTH CENTRAL INDIANA 1502 I ST, SUITE 201 , BEDFORD, IN 47421	35-1047413	501(C)3	7,211				DONOR CHOICE
(538) UNITED WAY OF SOUTHWEST COLORADO 281 SAWYER DRIVE, SUITE 400 , DURANGO, CO 81302	23-7113221	501(C)3	10,000				DONOR CHOICE
(539) UNITED WAY OF ST. JOSEPH COUNTY, INC. 3517 E JEFFERSON BLVD , SOUTH BEND, IN 46615	35-1063368	501(C)3	13,907				DONOR CHOICE
(540) UNITED WAY OF TARRANT 1500 N MAIN ST, SUITE 200 , FORT WORTH, TX 76164	75-0858360	501(C)3	9,561				DONOR CHOICE
(541) UNITED WAY OF THE BATTLE CREEK AND KALAMAZOO REGION 709 S WESTNEDGE AVE , KALAMAZOO, MI 49007	38-1359193	501(C)3	5,454				DONOR CHOICE
(542) UNITED WAY OF THE BLUEGRASS 100 MIDLAND AVENUE, SUITE 300 , LEXINGTON, KY 40508	61-0444679	501(C)3	23,035				DONOR CHOICE
(543) UNITED WAY OF THE COLUMBIA- WILLAMETTE 619 SW 11TH AVE , PORTLAND, OR 97205	93-0582124	501(C)3	12,808				DONOR CHOICE

(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
(544) UNITED WAY OF THE GREATER TRIANGLE, INC. 800 PARK OFFICES DRIVE, SUITE 204 , DURHAM, NC 27709	56-1949103	501(C)3	7,468				DONOR CHOICE
(545) UNITED WAY OF THE NATIONAL CAPITAL AREA 1577 SPRING HILL RD STE 420 , VIENNA, VA 22182-2223	53-0234290	501(C)3	34,800				DONOR CHOICE
(546) UNITED WAY OF THE OHIO VALLEY 403 PARK PLAZA DRIVE , OWENSBORO, KY 42301	61-0435444	501(C)3	5,504				DONOR CHOICE
(547) UNITED WAY OF THE WABASH VALLEY, INC. 2901 OHIO BLVD STE 215 , TERRE HAUTE, IN 47803-2239	35-1008531	501(C)3	40,148				DONOR CHOICE
(548) UNITED WAY OF TUCSON AND SOUTHERN ARIZONA 330 N COMMERCE PARK LOOK, SUITE 200 , TUCSON, AZ 85745	86-0098932	501(C)3	6,300				DONOR CHOICE
(549) UNITED WAY OF WASHINGTON COUNTY - EAST 1825 CURVE CREST BLVD , STILLWATER, MN 55082	41-0855267	501(C)3	10,000				DONOR CHOICE
(550) UNITED WAY OF WILLIAMSON COUNTY 1111 NORTH IH-35, SUITE 220 , ROUND ROCK, TX 78664	62-6049469	501(C)3	5,400				DONOR CHOICE
(551) UNITED WAY SUNCOAST 5201 W KENNEDY BOULEVARD, SUITE 600 , TAMPA, FL 33609	59-3725701	501(C)3	33,556				DONOR CHOICE
(552) UNITED WAY WORLDWIDE PO BOX 418607 , BOSTON, MA 02241	13-1635294	501(C)3	200,000				DONOR CHOICE
(553) UNIVERSITY HEIGHTS UNITED METHODIST CHURCH 4002 OTTERBEIN AVE , INDIANAPOLIS, IN 46227	35-0985956	501(C)3	16,906				GENERAL SUPPORT
(554) UNLIMITED POTENTIAL INC 3146 E WIER AVE , PHOENIX, AZ 85040	31-1014369	501(C)3	10,000				DONOR CHOICE
(555) VALLEY OF THE SUN UNITED WAY 3200 E CAMELBACK ROAD, SUITE 375 , PHOENIX, AZ 85018	86-0104419	501(C)3	21,860				DONOR CHOICE
(556) VILLA MISSIONARY BAPTIST CHURCH OF INDIANAPOLIS/WEE CARE 2650 VILLA AVE , INDIANAPOLIS, IN 46203	35-1041618	501(C)3	220,818				GENERAL SUPPORT
(557) VILLAGES OF INDIANA FOUNDATION INC, THE 3833 N MERIDIAN ST STE 101 , INDIANAPOLIS, IN 46208	35-1818697	501(C)3	35,738				GENERAL SUPPORT
(558) VILLAGES OF INDIANA, THE 3833 N MERIDIAN ST STE 101 , INDIANAPOLIS, IN 46208	35-1708240	501(C)3	19,929				DONOR CHOICE

(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
(559) VILLAGES OF INDIANA, THE 3833 N MERIDIAN ST STE 101 , INDIANAPOLIS, IN 46208	35-1708240	501(C)3	315,073				GENERAL SUPPORT
(560) VISUALLY IMPAIRED PRESCHOOL SERVICES 1906 GOLDSMITH LN , LOUISVILLE, KY 40218	61-1061973	501(C)3	1,025				DONOR CHOICE
(561) VISUALLY IMPAIRED PRESCHOOL SERVICES 1906 GOLDSMITH LN , LOUISVILLE, KY 40218	61-1061973	501(C)3	25,000				GENERAL SUPPORT
(562) VOLUNTEERS OF AMERICA INDIANA 927 N PENNSYLVANIA ST , INDIANAPOLIS, IN 46204-1020	35-1914815	501(C)3	6,292				DONOR CHOICE
(563) VOLUNTEERS OF AMERICA INDIANA 927 N PENNSYLVANIA ST , INDIANAPOLIS, IN 46204-1020	35-1914815	501(C)3	734,519				GENERAL SUPPORT
(564) WATCH ME GROW CHILDCARE 4740 CENTURY PLAZA RD , INDIANAPOLIS, IN 46254	45-5629373		49,876				GENERAL SUPPORT
(565) WE BLOOM 525 S MERIDIAN ST STE 1C , INDIANAPOLIS, IN 46225	82-2859964	501(C)3	10,000				GENERAL SUPPORT
(566) WELLSRING CENTER 301 W HARRISON ST , MARTINSVILLE, IN 46151	31-1255091	501(C)3	1,378				DONOR CHOICE
(567) WELLSRING CENTER 301 W HARRISON ST , MARTINSVILLE, IN 46151	31-1255091	501(C)3	111,407				GENERAL SUPPORT
(568) WESTMINSTER NEIGHBORHOOD SERVICES 2325 E NEW YORK ST , INDIANAPOLIS, IN 46201	46-3757511	501(C)3	10,000				GENERAL SUPPORT
(569) WESTSIDE MISSIONARY BAPTIST CHURCH/WESTSIDE LITTLE WONDERS 6321 LA PAS TRAIL , INDIANAPOLIS, IN 46268	35-1813244	501(C)3	144,000				GENERAL SUPPORT
(570) WHEELER MISSION MINISTRIES 205 E NEW YORK ST , INDIANAPOLIS, IN 46204	35-0888771	501(C)3	62,078				DONOR CHOICE
(571) WHEELER MISSION MINISTRIES 205 E NEW YORK ST , INDIANAPOLIS, IN 46204	35-0888771	501(C)3	275,000				GENERAL SUPPORT
(572) WHITE COUNTY UNITED WAY, INC. 1001 S AIRPORT RD , MONTICELLO, IN 47960	35-1137113	501(C)3	5,850				DONOR CHOICE
(573) WOMEN'S RESOURCE CENTER OF HANCOCK COUNTY 312 E MAIN ST STE F , GREENFIELD, IN 46140	46-4079714	501(C)3	17,500				GENERAL SUPPORT
(574) WORKMAN SERVICES 8143 OLD SR 37 N , MARTINSVILLE, IN 46151	20-2362195	501(C)3	13,958				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
(575) YALE UNIVERSITY 246 CHURCH ST , NEW HAVEN, CO 06510	06-0646973	501(C)3	5,001				DONOR CHOICE
(576) YMCA OF GREATER INDIANAPOLIS 615 N ALABAMA ST STE 200 , INDIANAPOLIS, IN 46204-1359	35-0868211	501(C)3	64,587				DONOR CHOICE
(577) YMCA OF GREATER INDIANAPOLIS 615 N ALABAMA ST STE 200 , INDIANAPOLIS, IN 46204-1359	35-0868211	501(C)3	902,305				GENERAL SUPPORT
(578) YMCA OF GREATER INDIANAPOLIS 615 N ALABAMA ST STE 200 , INDIANAPOLIS, IN 46204-1359	35-0868211	501(C)3	1,500				(BLANK)
(579) YOU YES YOU! PROJECT 1857 BROOK CROSSING CT , INDIANAPOLIS, IN 46229	47-3760453	501(C)3	50,000				GENERAL SUPPORT
(580) YOUTH CONNECTIONS 1195 N MORTON ST STE A , FRANKLIN, IN 46131	31-0900601	501(C)3	3,458				DONOR CHOICE
(581) YOUTH CONNECTIONS 1195 N MORTON ST STE A , FRANKLIN, IN 46131	31-0900601	501(C)3	21,814				GENERAL SUPPORT

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	<p>UNITED WAY PROVIDES UNRESTRICTED GRANTS AS WELL AS CAPITAL, TECHNOLOGY, AND FACILITIES MAINTENANCE GRANTS TO A NETWORK OF APPROVED 501 (C)(3) ORGANIZATIONS BASED ON GEOGRAPHIC LOCATION, COMMUNITY NEED, POPULATIONS SERVED AND PROGRAMS OFFERED. UNITED WAY MONITORS AT THE ORGANIZATIONAL LEVEL ACROSS GOVERNANCE, LEADERSHIP, FINANCIAL OPERATIONS AND OTHER KEY ORGANIZATIONAL CRITERIA. UWCI ALSO REQUIRES REGULAR GRANT REPORTING AND SUPPORTING DOCUMENTATION BE SUBMITTED TO OUR ACCOUNTING AND GRANT ADMINISTRATION STAFF.</p> <p>ALL GRANTS ARE SUPPORTED BY CONTRACTUAL AGREEMENTS THAT OUTLINE THE EXPECTATIONS IN TERMS OF GRANT MANAGEMENT AND OUTCOMES.</p>
SCHEDULE I, PART II, LINE 1 - VARIOUS ROWS	<p>UNITED WAY OF CENTRAL INDIANA PROVIDES FUNDS TO COMMUNITY ORGANIZATIONS FROM TWO DISTINCT SOURCES: FUNDS DESIGNATED TO A SPECIFIC COMMUNITY ORGANIZATION BY THE DONOR AND FUNDS PROVIDED BY UNITED WAY AS DIRECT SUPPORT. IN SCHEDULE I, WE DISTINGUISH BETWEEN THESE TWO FUNDING SOURCES TO ALLOW TRANSPARENCY FOR OUR DONORS. THEREFORE, MANY ORGANIZATIONS ARE LISTED TWICE, WHICH MAY RESULT IN A SINGLE LINE BEING LESS THAN \$5,000 BECAUSE THE SUM TOTAL OF ALL THE FUNDED TO THAT INDIVIDUAL ORGANIZATION DID EXCEED THE \$5,000 THRESHOLD FOR SCHEDULE I.</p>
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>ABACUS CHILDCARE CENTER INC 6726 POINTE INVERNESS WAY , FT WAYNE, IN 46804</p>
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>ALS ASSOCIATION, THE 7202 E 87TH ST STE 102 , INDIANAPOLIS, IN 46256-1200</p>
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION 4600 COX ROAD, SUITE 130 , GLEN ALLEN, VA 23060</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.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

35-1007590

Part I Questions Regarding Compensation

	Yes	No
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed 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 If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b	
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?</p>	2	
<p>3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <p> <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Approval by the board or compensation committee </p>		
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p>		
<p>a Receive a severance payment or change-of-control payment?</p>	4a	✓
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	✓
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	✓
<p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.</p>		
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>		
<p>a The organization?</p>	5a	✓
<p>b Any related organization?</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>	5b	✓
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>		
<p>a The organization?</p>	6a	✓
<p>b Any related organization?</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>	6b	✓
<p>7 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>	7	✓
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	✓
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9	

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

For each individual whose compensation must be reported 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 PRESIDENT AND CHIEF EXECUTIVE OFFICER	(i)	341,632	53,824	1,632	63,725	24,306	485,119	0
	(ii)	0	0	0	0	0	0	0
2 GINA MILLER CHIEF OPERATING OFFICER AND CHIEF FINANCIAL OFFICER	(i)	204,658	21,807	960	36,107	23,666	287,198	0
	(ii)	0	0	0	0	0	0	0
3 ANGELA DABNEY VICE PRESIDENT, TRANSFORMATIONAL GIFTS	(i)	139,796	15,512	3,648	98,432	27,993	285,381	0
	(ii)	0	0	0	0	0	0	0
4 JULIANNE BURNS CEO, JUMPIN	(i)	177,263	25,000	6,269	34,591	13,564	256,687	0
	(ii)	0	0	0	0	0	0	0
5 SARA VANSLAMBROOK CHIEF IMPACT OFFICER	(i)	144,885	26,094	774	16,144	19,776	207,673	0
	(ii)	0	0	0	0	0	0	0
6 PENNY LEE CHIEF FUNDRAISING OFFICER	(i)	147,742	14,911	1,152	16,942	14,526	195,273	0
	(ii)	0	0	0	0	0	0	0
7 GREGORY FENNIG CHIEF MARKETING, COMMUNICATIONS AND COMMUNITY RELATIONS OFFICER	(i)	136,788	6,405	1,840	8,122	14,529	167,684	0
	(ii)	0	0	0	0	0	0	0
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

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

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	✓	96	1,277,103	MARKET VALUE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
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

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

Department of Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

- ▶ Attach to Form 990 or 990-EZ.
- ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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

Employer Identification Number
35-1007590

Return Reference - Identifier	Explanation
FORM 990, PART I, LINE 1 - BRIEF MISSION	INDIANA. AT ITS CORE, UNITED WAY IS A COMMUNITY IMPACT ORGANIZATION SUPPORTED BY A WIDE NETWORK OF PEOPLE JUST LIKE YOU. TOGETHER WITH LOCAL PARTNERS, WE SET AND REACH COMMUNITY-WIDE GOALS THAT MAKE CENTRAL INDIANA - AND THE WORLD - A BETTER PLACE.
FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION	AT ITS CORE, UNITED WAY IS A COMMUNITY IMPACT ORGANIZATION SUPPORTED BY A WIDE NETWORK OF PEOPLE. TOGETHER WITH LOCAL PARTNERS, WE SET AND REACH COMMUNITY-WIDE GOALS THAT MAKE CENTRAL INDIANA - AND THE WORLD - A BETTER PLACE. WE DON'T WAIT FOR PROBLEMS TO LAND IN OUR LAPS. INSTEAD, WE DIG FOR THE CHALLENGES THAT NEED US MOST - IMPROVING EDUCATION, FINANCIAL STABILITY, HEALTH AND BASIC NEEDS OF INDIVIDUALS AND FAMILIES ACROSS OUR SIX-COUNTY REGION. WE'VE ALIGNED OUR EFFORTS, PUBLIC POLICY WORK AND PARTNERSHIPS - FROM SMALL BUSINESSES AND HUMAN SERVICES AGENCIES TO SCHOOLS AND GOVERNMENTAL INSTITUTIONS - AROUND MEASURABLE COMMUNITY GOALS THAT DO THE MOST GOOD.
FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION	<p>PROVIDE FOOD AND SHELTER ASSISTANCE TO HUNGRY AND HOMELESS INDIVIDUALS; ENERGY ASSISTANCE TO PROVIDE FINANCIAL ASSISTANCE TO OFFSET HIGH UTILITY BILLS; SUPPORTIVE SERVICES FOR VETERAN FAMILIES TO PROVIDE SUPPORT SERVICES FOR AT-RISK VETERANS.</p> <p>WE ALSO ENGAGE IN A NUMBER OF OTHER BASIC NEEDS PROGRAMS INCLUDING A HOMELESS INITIATIVE DESIGNED TO SUPPORT MARION COUNTY'S "BLUEPRINT TO END HOMELESSNESS"; BEHAVIORAL HEALTH COURTS DESIGNED TO ADDRESS THE MENTAL HEALTH AND OFTEN CO-EXISTING SUBSTANCE ABUSE OF INDIVIDUALS IN THE CRIMINAL JUSTICE SYSTEM; TRANSPORTATION SUPPORTS FOR SENIORS; WINTER ASSISTANCE FOR THOSE INELIGIBLE FOR THE FEDERAL ENERGY ASSISTANCE; AND JUMPIN FOR HEALTHY KIDS WORKING TO REDUCE CHILDHOOD OBESITY.</p> <p>MOST NOTABLE THIS FISCAL YEAR WAS UWCI'S ADMINISTRATION OF THE CENTRAL INDIANA COVID-19 COMMUNITY ECONOMIC RELIEF FUND (C-CERF) IN PARTNERSHIP WITH LILLY ENDOWMENT INC., CENTRAL INDIANA COMMUNITY FOUNDATION (THROUGH THE GLICK FUND AND THE INDIANAPOLIS FOUNDATION), ELI LILLY AND COMPANY FOUNDATION, RICHARD M. FAIRBANKS FOUNDATION, AND NINA MASON PULLIAM CHARITABLE TRUST. THIS FUND, LAUNCHED ON MARCH 13 RAISED AND DEPLOYED MORE THAN \$23M TO MORE THAN 180 DIVERSE COMMUNITY ORGANIZATIONS AND NONPROFITS SERVING INDIVIDUALS AND FAMILIES AFFECTED BY THE PANDEMIC.</p>
FORM 990, PART III, LINE 4B - PROGRAM SERVICE DESCRIPTION	<p>ACCOMPLISHMENTS IN THIS SECTION. THE \$8M "STEP-DOWN" GRANTS IN 2019/20 WERE INTENDED TO ALLOW FOR A SMOOTHER TRANSITION TO THE NEW MODEL.</p> <p>UWCI ALSO SUPPORTS THESE AGENCIES' GENERAL OPERATIONS THROUGH DONOR DESIGNATED AND OTHER DIRECTED GIFTS (\$2.5M); CAPITAL PROJECTS, TECHNOLOGY AND FACILITIES MAINTENANCE GRANTS (\$1.6M); AND EVALUATION, CAPACITY BUILDING, CONTINGENCY, STAFF SUPPORT, AND OTHER ACTIVITIES. IN ADDITION, UWCI ADMINISTERS DONOR DESIGNATED DOLLARS TO A WIDE RANGE OF UNAFFILIATED ORGANIZATIONS ACROSS THE NON-PROFIT SECTOR (\$3.5M ACROSS OVER 1,000 ORGANIZATIONS).</p>
FORM 990, PART III, LINE 4C - PROGRAM SERVICE DESCRIPTION	<p>FOR NATIONAL AND COMMUNITY SERVICE (\$7M) PLUS A \$1:\$1 MATCH FUNDED BY UWCI AND OTHER PRIVATE FUNDERS, THIS GRANT WAS OUR ENTRY INTO THE 2GEN WORK WITH 8 PARTNERS, PROVIDING US WITH LEARNINGS AND A FRAMEWORK FOR OUR BROADER FAMILY OPPORTUNITY STRATEGIES.</p> <p>THE 2019/20 SCHOOL YEAR ALSO MARKED THE FIFTH AND FINAL YEAR OF THE INDIANAPOLIS PRESCHOOL SCHOLARSHIP PROGRAM, PROVIDING 1,727 CHILDREN WITH PREK SCHOLARSHIPS TO HELP THEM ENTER KINDERGARTEN READY TO LEARN. UWCI ALSO SOLIDIFIED FUTURE FUNDING BY BUILDING OUR BASE NUMBER FOR THOSE RECEIVING STATE-FUNDED ON MY WAY PREK SCHOLARSHIPS. THROUGHOUT THIS PROGRAM, UWCI HAS WORKED WITH A NUMBER OF PARTNERS TO NOT ONLY PROVIDE SCHOLARSHIPS, BUT TO BUILD CAPACITY AND STRENGTHEN THE PROVIDER NETWORK THROUGH CAPITAL PROJECTS, COACHING, CLASSROOM SUPPLIES AND EQUIPMENT, ETC.</p> <p>OTHER FAMILY OPPORTUNITY WORK INCLUDED THE INDY FREE TAX PREP PROGRAM, WHICH FILED 3,539 RETURNS FOR LOW-INCOME FAMILIES, BRINGING \$3.9M IN FEDERAL REFUNDS AND \$1.3M IN FEDERAL EARNED INCOME TAX CREDITS BACK TO THESE HOUSEHOLDS; AND OUR READUP PROGRAM, WHICH ENLISTS OVER 1,000 VOLUNTEER MENTORS TO SUPPORT HUNDREDS OF EARLY SCHOOL-AGED KIDS GET ON TRACK AND STAY ON TRACK WITH THEIR EXPECTED READING LEVELS.</p> <p>AS PART OF OUR OVERALL FAMILY OPPORTUNITY INITIATIVES, UWCI ALSO PROVIDED \$1.5M TO 12 CENTERS FOR WORKING FAMILIES (CWF). BUILT ON AN EVIDENCE-BASED MODEL DEVELOPED BY THE ANNIE E. CASEY FOUNDATION THE CWF NETWORK IS DESIGNED TO PROVIDE FAMILIES WITH THE FINANCIAL CAPABILITIES, STRATEGIES AND TOOLS NEEDED TO PUT THEM ON THE PATH TO FINANCIAL STABILITY.</p>

Return Reference - Identifier	Explanation
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	<p>(EXPENSES \$6,471,701 INCLUDING GRANTS OF \$1,117,779)(REVENUE \$372,529)</p> <p>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.</p> <p>THIS YEAR, UWCI MADE SIGNIFICANT INVESTMENTS IN THE STRATEGIES AND INFRASTRUCTURE TO SUPPORT OUR AND OUR PARTNER CBO'S ABILITY TO REPORT RESULTS, PROVIDING COMPREHENSIVE DATA ACROSS ALL OF OUR IMPACT INITIATIVES, AND WORKING WITH A LOCAL CONSULTING FIRM TO IMPLEMENT A SOPHISTICATED SYSTEM THAT WILL ALLOW US TO TRACK OUR FAMILY OPPORTUNITY FUND FAMILIES OVER TIME TO SEE WHAT WORKS!</p> <p>WE ALSO DEPLOYED \$750K TO 14 ORGANIZATIONS THROUGH OUR FIRST EVER SOCIAL INNOVATION IMPACT FUND GRANTS. MANY OF THESE ORGANIZATIONS ARE NEW PARTNERS TO UWCI AND THOSE GRASSROOTS ORGANIZATIONS WORKING CLOSEST WITH THOSE IN NEED IN OUR COMMUNITY. THIS FUND SEEKS TO DISRUPT THE WAYS WE CURRENTLY ADDRESS SOME OF OUR COMMUNITY'S OLDEST PROBLEMS BY HARNESSING CENTRAL INDIANA'S RESILIENT AND ENTREPRENEURIAL SPIRIT, CREATING SPACE FOR EXCHANGING AND INCUBATING NEW IDEAS, IMPROVING TECHNOLOGY, AND EXPANDING SUCCESSFUL SMALL-SCALE PROGRAMS. OUR INVESTMENTS THROUGH THIS FUND SERVED 312 FAMILIES INCLUDING 1,284 CHILDREN.</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>ABBE HOHMANN AND MICHAEL O'CONNOR - BUSINESS RELATIONSHIP</p>
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	<p>FORM 990 IS PREPARED BY UWCI'S SENIOR DIRECTOR OF FINANCE AND ITS COO/CFO AND REVIEWED BY AN INDEPENDENT ACCOUNTING FIRM 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 28, 2020. THE FORM WAS ELECTRONICALLY PROVIDED TO EACH BOARD MEMBER BEFORE THE (VIRTUAL) MEETING. A REPRESENTATIVE OF THE INDEPENDENT ACCOUNTING FIRM WAS ALSO PRESENT AT THE BOARD MEETING.</p>
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	<p>UNITED WAY OF CENTRAL INDIANA (UWCI) REQUIRES ALL BOARD MEMBERS, MEMBERS OF STANDING COMMITTEES, SPECIAL COMMITTEES, WORK GROUPS, 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 AND FINANCE 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 ETHICS CONCERNS THAT MAY ARISE.</p>
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	<p>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 TWO YEARS.</p>
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	<p>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 TWO YEARS.</p>
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	<p>THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, CODE OF ETHICS, FORM 990 AND FINANCIAL STATEMENTS ARE AVAILABLE ON OUR WEBSITE AND TO THE PUBLIC UPON REQUEST.</p>

Return Reference - Identifier	Explanation	
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	(a) Description	(b) Amount
	UNRECOGNIZED PENSION GAIN (LOSS)	- 160,765
	ADJUSTMENT TO PRIOR YEAR UNCOLLECTIBLE PLEDGES	1,926

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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

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) 2955 NORTH MERIDIAN STREET, SUITE 300, 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) -----									
(2) -----									
(3) -----									
(4) -----									
(5) -----									
(6) -----									
(7) -----									

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

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

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

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