

PUBLIC DISCLOSURE COPY

Form **990**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

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

**2022**

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Open to Public Inspection**

**A** For the 2022 calendar year, or tax year beginning 07/01, 2022, and ending 06/30, 20 23

**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: FRED PAYNE  
SAME AS C ABOVE

**G** Gross receipts \$ 87,350,782

**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		Prior Year	Current Year
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>UNITED WAY OF CENTRAL INDIANA DESIGNS, SUPPORTS AND GROWS SYSTEMS THAT ACCELERATE FINANCIAL STABILITY AND UPWARD MOBILITY FOR (CONTINUED ON SCHEDULE O)</u>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>56</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>55</b>
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	<b>158</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>4,451</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0</b>	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>49,065,269</b>	<b>40,127,143</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>695,707</b>	<b>552,392</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>10,217,194</b>	<b>13,870,343</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>(36,339)</b>	<b>(151,627)</b>
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>59,941,831</b>	<b>54,398,251</b>
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<b>39,965,191</b>	<b>36,690,651</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>0</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<b>11,130,111</b>	<b>10,639,381</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0</b>	<b>0</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <u>5,077,284</u>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<b>9,008,138</b>	<b>8,318,275</b>
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<b>60,103,440</b>	<b>55,648,307</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>(161,609)</b>	<b>(1,250,056)</b>	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	<b>217,442,591</b>	<b>221,459,629</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>17,264,392</b>	<b>21,746,702</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>200,178,199</b>	<b>199,712,927</b>

**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: FRED PAYNE, PRESIDENT & CEO Date: \_\_\_\_\_

Type or print name and title: \_\_\_\_\_

**Paid Preparer Use Only**

Print/Type preparer's name: JENNIFER BURKE Preparer's signature: JENNIFER BURKE Date: 10/12/2023 Check  if self-employed PTIN: P01342224

Firm's name: CROWE LLP Firm's EIN: 35-0921680

Firm's address: 225 WEST WACKER DRIVE, SUITE 2600, CHICAGO, IL 60606-1224 Phone no.: (312) 899-7000

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: UNITED WAY OF CENTRAL INDIANA PARTNERS TO DESIGN, SUPPORT AND GROW SYSTEMS THAT ACCELERATE FINANCIAL STABILITY AND UPWARD MOBILITY FOR INDIVIDUALS AND FAMILIES LIVING IN OR NEAR POVERTY AND STRIVING FOR A BRIGHTER FUTURE. OUR VISION IS THAT CENTRAL INDIANA WILL BE A COMMUNITY (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 \$ 18,380,520 including grants of \$ 14,785,527 ) (Revenue \$ 0 ) FAMILY OPPORTUNITY STRATEGY: OUR FAMILY OPPORTUNITY STRATEGY IS GROUNDED IN THE PRACTICE OF THE TWO-GENERATION APPROACH (2GEN), WHICH COMBINES INVESTMENTS, PROGRAMS AND SERVICES IN EDUCATION, WORKFORCE DEVELOPMENT, AND OVERALL HEALTH AND WELL-BEING TO CREATE POSITIVE OUTCOMES FOR CHILDREN AND THE ADULTS IN THEIR LIVES TOGETHER. 2GEN IS A POVERTY REDUCTION STRATEGY, AIMED AT BREAKING INTERGENERATIONAL POVERTY WHILE REMOVING BARRIERS TO OPPORTUNITY. SERVICE DELIVERY IS ACCOMPLISHED THROUGH RESEARCH AND EVALUATION, GRANTMAKING AND COMMUNITY INVESTMENTS, CAPACITY BUILDING AND COMMUNITY ENGAGEMENT, ADVOCACY AND PUBLIC POLICY, THOUGHT LEADERSHIP AND CONVENING, AND PROGRAMMING SUCH AS THE CENTERS FOR WORKING FAMILIES, PARENT ADVISORY COUNCIL, AND READUP. ONE OF THE LARGEST INVESTMENTS OF THE FAMILY OPPORTUNITY STRATEGY IS ITS FAMILY OPPORTUNITY FUND (FOF). IN 2022/23, UWCI AWARDED \$8 MILLION IN FOF GRANTS TO 29 CBOS. THESE GRANTS SERVED 10,431 (CONTINUED ON SCHEDULE O)

4b (Code: ) (Expenses \$ 11,366,149 including grants of \$ 10,895,087 ) (Revenue \$ 220,582 ) SECTOR SUPPORT: 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 2022/23 THROUGH SUPPORT OF 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. UWCI ALSO SUPPORTED THESE CBOS' GENERAL OPERATIONS THROUGH DONOR DESIGNATED AND OTHER DIRECTED GIFTS (\$1.8 MILLION); CAPITAL PROJECTS (\$2.1 MILLION), TECHNOLOGY (\$579,000) AND FACILITIES MAINTENANCE GRANTS (\$787,000); AND EVALUATION, CAPACITY BUILDING, CONTINGENCY, STAFF SUPPORT, (CONTINUED ON SCHEDULE O)

4c (Code: ) (Expenses \$ 10,480,306 including grants of \$ 9,742,389 ) (Revenue \$ 0 ) BASIC NEEDS INITIATIVES: OUR BASIC NEEDS INITIATIVES PROVIDES ESSENTIAL SERVICES 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 ACCOMPLISHED THIS THROUGH A NUMBER OF PROGRAMS AND ACTIVITIES: IN 2022/23 UWCI GRANTED \$8.3 MILLION TO 64 ORGANIZATIONS THROUGH OUR BASIC NEEDS IMPACT FUND. THESE GRANTS HELPED 40,752 STRUGGLING INDIVIDUALS GAIN ACCESS AND RETAIN AFFORDABLE HOUSING; HELPED 55,661 PEOPLE ACCESS HEALTHY FOOD AND NUTRITION PROGRAMS; PROVIDED 25,800 INDIVIDUALS WITH ACCESS TO PHYSICAL, MENTAL & BEHAVIORAL HEALTH SERVICES AND PROVIDE 13,420 TRANSPORTATION SERVICES. (CONTINUED ON SCHEDULE O)

4d Other program services (Describe on Schedule O.) (Expenses \$ 6,533,366 including grants of \$ 1,267,648 ) (Revenue \$ 375,786 )

4e Total program service expenses 46,760,341

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** *(continued)*

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

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

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

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable . . . . .		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . . . . .		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<input checked="" type="checkbox"/>	<input type="checkbox"/>

<b>Part V Statements Regarding Other IRS Filings and Tax Compliance</b> <i>(continued)</i>		Yes	No		
<b>2a</b>	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	<b>2a</b>	158		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	<b>2b</b>		✓	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>			✓
<b>b</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>	<b>3b</b>			
<b>4a</b>	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)?	<b>4a</b>			✓
<b>b</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).				
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>			✓
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>			✓
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>			
<b>6a</b>	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?	<b>6a</b>			✓
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>			
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>				
<b>a</b>	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?	<b>7a</b>		✓	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		✓	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>			✓
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>			
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>			✓
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>			✓
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>			
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>			
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	<b>8</b>			
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966?	<b>9a</b>			
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>			
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:				
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>			
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>			
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:				
<b>a</b>	Gross income from members or shareholders	<b>11a</b>			
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>			
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>			
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>			
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>				
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>			
<b>b</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	<b>13b</b>			
<b>c</b>	Enter the amount of reserves on hand	<b>13c</b>			
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>			✓
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	<b>14b</b>			
<b>15</b>	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 the instructions and file Form 4720, Schedule N.	<b>15</b>			✓
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	<b>16</b>			✓
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	<b>17</b>			

**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
<b>1a</b>	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.		
	<b>1a</b> 56		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent . . . . .		
	<b>1b</b> 55		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .		<input checked="" type="checkbox"/>
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? . . . . .		<input checked="" type="checkbox"/>
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		<input checked="" type="checkbox"/>
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		<input checked="" type="checkbox"/>
<b>6</b>	Did the organization have members or stockholders? . . . . .		<input checked="" type="checkbox"/>
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .		<input checked="" type="checkbox"/>
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		<input checked="" type="checkbox"/>
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	<input checked="" type="checkbox"/>	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses 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
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .		<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<input checked="" type="checkbox"/>	
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990. . . . .		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	<input checked="" type="checkbox"/>	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<input checked="" type="checkbox"/>	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done . . . . .	<input checked="" type="checkbox"/>	
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	<input checked="" type="checkbox"/>	
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	<input checked="" type="checkbox"/>	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b>	The organization's CEO, Executive Director, or top management official . . . . .	<input checked="" type="checkbox"/>	
<b>b</b>	Other officers or key employees of the organization . . . . .	<input checked="" type="checkbox"/>	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. . . . .		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		<input checked="" type="checkbox"/>
<b>b</b>	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		

**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.  
FRED PAYNE, 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
<b>(1)</b> ANN MURTLOW PRESIDENT AND CHIEF EXECUTIVE OFFICER (UNTIL JUNE 2022)	40.0	✓		✓				421,207	0	35,312
<b>(2)</b> GINA A MILLER COO AND CFO, ASSISTANT TREASURER	40.0			✓				204,696	0	34,493
<b>(3)</b> MECHELLE CALLEN CHIEF TALENT & CULTURE OFFICER	40.0					✓		189,900	0	44,324
<b>(4)</b> SARA VANSLAMBROOK CHIEF IMPACT OFFICER	40.0					✓		189,498	0	42,173
<b>(5)</b> PENNY KELLER CHIEF FUNDRAISING AND ENGAGEMENT OFFICER	40.0					✓		178,937	0	42,300
<b>(6)</b> JULIANNE BURNS CEO, JUMPIN	40.0					✓		184,084	0	35,343
<b>(7)</b> LUCIA DOWNTON TECHNOLOGY AND OPERATIONS VICE PRESIDENT	40.0					✓		159,494	0	37,478
<b>(8)</b> FRED PAYNE PRESIDENT AND CHIEF EXECUTIVE OFFICER (BEG JUNE 2022)	40.0	✓		✓				155,928	0	17,494
<b>(9)</b> DEBORAH DANIELS CHAIR	2.0	✓		✓				0	0	0
<b>(10)</b> DICK HESTER TREASURER & SECRETARY	2.0	✓		✓				0	0	0
<b>(11)</b> AMANDA BONILLA DIRECTOR	2.0	✓						0	0	0
<b>(12)</b> ANDRE FRANKLIN DIRECTOR	2.0	✓						0	0	0
<b>(13)</b> ANN MERKEL DIRECTOR	2.0	✓						0	0	0
<b>(14)</b> BRIAN GARRISON 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) BRYAN MILLS DIRECTOR	2.0	<input checked="" type="checkbox"/>						0	0	0
(16) CHRIS BARNEY DIRECTOR	2.0	<input checked="" type="checkbox"/>						0	0	0
(17) DANIEL DIEHL DIRECTOR	2.0	<input checked="" type="checkbox"/>						0	0	0
(18) DENNY SPONSEL DIRECTOR	2.0	<input checked="" type="checkbox"/>						0	0	0
(19) GEOFF GAILEY DIRECTOR	2.0	<input checked="" type="checkbox"/>						0	0	0
(20) GEORGIANA REYNAL DIRECTOR	2.0	<input checked="" type="checkbox"/>						0	0	0
(21) GRACE FINDLEY DIRECTOR	2.0	<input checked="" type="checkbox"/>						0	0	0
(22) GREG PEMBERTON DIRECTOR	2.0	<input checked="" type="checkbox"/>						0	0	0
(23) HEATHER HARRIS DIRECTOR	2.0	<input checked="" type="checkbox"/>						0	0	0
(24) JAMES STARBUCK DIRECTOR	2.0	<input checked="" type="checkbox"/>						0	0	0
(25) (SEE STATEMENT)										
<b>1b Subtotal</b>								1,683,744	0	288,917
<b>c Total from continuation sheets to Part VII, Section A</b>								0	0	0
<b>d Total (add lines 1b and 1c)</b>								1,683,744	0	288,917

**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 17

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
MORALES ENTERPRISES, INC, 5628 WEST 74TH ST, INDIANAPOLIS, IN 46278	STAFF SUPPORT	1,607,680
RESULTANT LLC, 111 MONUMENT CIRCLE, SUITE 202, INDIANAPOLIS, IN 46204	IMPACT DATA STRATEGIES	244,653
UNITY TEK SYSTEMS, 8888 KEYSTONE CROSSING, SUITE 1300, INDIANAPOLIS, IN 46240	COMPUTER SERVICES	205,767
BEYOND THE HORIZON, 5706 E MOCKINGBIRD LN #115-344, DALLAS, TX 75206	COMPUTER SERVICES	185,250
SALESFORCE.COM, 415 MISSION STREET THIRD FLOOR, SAN FRANCISCO, CA 94105	COMPUTER SERVICES	152,935
<b>2</b> 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	
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b> 0				
	<b>b</b>	Membership dues . . . . .	<b>1b</b> 0				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b> 427,192				
	<b>d</b>	Related organizations . . . . .	<b>1d</b> 0				
	<b>e</b>	Government grants (contributions)	<b>1e</b> 10,665,239				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 29,034,712				
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b> \$ 1,109,604				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		40,127,143			
	<b>Program Service Revenue</b>	<b>2a</b>	<u>DONOR DESIGNATION FEES</u> Business Code 900099	220,582	220,582		
<b>b</b>		<u>AGENCY DATA COLLECTION</u> Business Code 900099	249,643	249,643			
<b>c</b>		<u>COMMUNITY AWARENESS AND LEADERSHIP DEVELOPMENT</u> Business Code 900099	82,167	82,167			
<b>d</b>							
<b>e</b>							
<b>f</b>		All other program service revenue . . . . .	0	0	0	0	
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . .		552,392			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		4,558,159		4,558,159	
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties . . . . .					
	<b>6a</b>	Gross rents . . . . .	(i) Real				
			(ii) Personal				
	<b>b</b>	Less: rental expenses	<b>6b</b>				
	<b>c</b>	Rental income or (loss)	<b>6c</b> 0	0			
	<b>d</b>	Net rental income or (loss) . . . . .					
	<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				42,026,971			
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .	<b>7b</b> 32,714,787				
	<b>c</b>	Gain or (loss) . . . . .	<b>7c</b> 9,312,184	0			
	<b>d</b>	Net gain or (loss) . . . . .		9,312,184		9,312,184	
<b>8a</b>	Gross income from fundraising events (not including \$ <u>427,192</u> of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>8a</b> 42,141					
<b>b</b>	Less: direct expenses . . . . .	<b>8b</b> 237,744					
<b>c</b>	Net income or (loss) from fundraising events . . . . .		(195,603)		(195,603)		
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .	<b>9a</b>					
<b>b</b>	Less: direct expenses . . . . .	<b>9b</b>					
<b>c</b>	Net income or (loss) from gaming activities . . . . .						
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .						
<b>b</b>	Less: cost of goods sold . . . . .	<b>10b</b>					
<b>c</b>	Net income or (loss) from sales of inventory . . . . .						
<b>Miscellaneous Revenue</b>	<b>11a</b>	<u>MISCELLANEOUS</u> Business Code 900099	43,976	43,976			
	<b>b</b>						
	<b>c</b>						
	<b>d</b>	All other revenue . . . . .	0	0	0	0	
	<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		43,976			
<b>12</b>	<b>Total revenue.</b> See instructions . . . . .		54,398,251	596,368	0	13,674,740	

**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

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b>	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	36,112,866	36,112,866		
<b>2</b>	Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	577,785	577,785		
<b>3</b>	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	0	0		
<b>4</b>	Benefits paid to or for members . . . . .	0	0		
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	869,130	149,907	530,241	188,982
<b>6</b>	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b>	Other salaries and wages . . . . .	7,706,454	3,609,742	1,431,264	2,665,448
<b>8</b>	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	406,329	189,115	77,238	139,976
<b>9</b>	Other employee benefits . . . . .	1,033,710	497,558	147,579	388,573
<b>10</b>	Payroll taxes . . . . .	623,758	271,112	143,854	208,792
<b>11</b>	Fees for services (nonemployees):				
<b>a</b>	Management . . . . .				
<b>b</b>	Legal . . . . .	30,133	0	30,133	0
<b>c</b>	Accounting . . . . .	74,143	0	74,143	0
<b>d</b>	Lobbying . . . . .				
<b>e</b>	Professional fundraising services. See Part IV, line 17 . . . . .				
<b>f</b>	Investment management fees . . . . .	389,129	0	389,129	0
<b>g</b>	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .	4,030,377	3,570,351	367,491	92,535
<b>12</b>	Advertising and promotion . . . . .	229,686	67,498	162,188	0
<b>13</b>	Office expenses . . . . .	361,604	168,825	69,135	123,644
<b>14</b>	Information technology . . . . .	1,184,761	558,563	126,500	499,698
<b>15</b>	Royalties . . . . .				
<b>16</b>	Occupancy . . . . .	579,214	281,219	23,042	274,953
<b>17</b>	Travel . . . . .	109,562	53,527	25,992	30,043
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b>	Conferences, conventions, and meetings . . . . .	161,528	75,733	39,371	46,424
<b>20</b>	Interest . . . . .				
<b>21</b>	Payments to affiliates . . . . .	531,859	234,164	90,550	207,145
<b>22</b>	Depreciation, depletion, and amortization . . . . .	349,597	174,074	13,548	161,975
<b>23</b>	Insurance . . . . .	84,624	42,137	3,279	39,208
<b>24</b>	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.) . . . . .				
<b>a</b>	<u>CLASSROOM BOOKS AND SUPPLIES</u> . . . . .	113,060	113,060		
<b>b</b>	-----				
<b>c</b>	-----				
<b>d</b>	-----				
<b>e</b>	All other expenses . . . . .	88,998	13,105	66,005	9,888
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24e . . . . .	55,648,307	46,760,341	3,810,682	5,077,284
<b>26</b>	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	1,763	<b>1</b>	631
	<b>2</b> Savings and temporary cash investments . . . . .	28,184,553	<b>2</b>	25,038,497
	<b>3</b> Pledges and grants receivable, net . . . . .	9,396,768	<b>3</b>	8,407,543
	<b>4</b> Accounts receivable, net . . . . .	10,231,098	<b>4</b>	6,325,057
	<b>5</b> 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	<b>5</b>	0
	<b>6</b> 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	<b>6</b>	0
	<b>7</b> Notes and loans receivable, net . . . . .	200,000	<b>7</b>	100,000
	<b>8</b> Inventories for sale or use . . . . .	12,869	<b>8</b>	12,368
	<b>9</b> Prepaid expenses and deferred charges . . . . .	657,008	<b>9</b>	609,527
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D . . . . .	<b>10a</b> 3,901,760		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 3,180,651	889,665	<b>10c</b> 721,109
	<b>11</b> Investments—publicly traded securities . . . . .	167,327,780	<b>11</b>	174,571,777
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	0	<b>12</b>	0
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	541,087	<b>15</b>	5,673,120
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	217,442,591	<b>16</b>	221,459,629	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	4,486,007	<b>17</b>	1,743,559
	<b>18</b> Grants payable . . . . .	10,159,853	<b>18</b>	11,031,834
	<b>19</b> Deferred revenue . . . . .	242,293	<b>19</b>	0
	<b>20</b> Tax-exempt bond liabilities . . . . .	0	<b>20</b>	0
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	2,376,239	<b>21</b>	3,706,324
	<b>22</b> 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	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D . . . . .	0	<b>25</b>	5,264,985
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	17,264,392	<b>26</b>	21,746,702
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	58,686,538	<b>27</b>	56,759,655
	<b>28</b> Net assets with donor restrictions . . . . .	141,491,661	<b>28</b>	142,953,272
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>31</b>	
	<b>32</b> Total net assets or fund balances . . . . .	200,178,199	<b>32</b>	199,712,927
<b>33</b> Total liabilities and net assets/fund balances . . . . .	217,442,591	<b>33</b>	221,459,629	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	54,398,251
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	55,648,307
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	(1,250,056)
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	200,178,199
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	275,677
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	509,107
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	199,712,927

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
<b>b</b>	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	✓	
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	✓	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		✓
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why 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) JASON ECKERLE ----- DIRECTOR	2.0 -----	✓						0	0	0
(26) JEAN WOJTOWICZ ----- DIRECTOR	2.0 -----	✓						0	0	0
(27) JEB BANNER ----- DIRECTOR	2.0 -----	✓						0	0	0
(28) JEFF HARRISON ----- DIRECTOR	2.0 -----	✓						0	0	0
(29) JIM WISPINSKI ----- DIRECTOR	2.0 -----	✓						0	0	0
(30) JIMMIE MCMILLIAN ----- DIRECTOR	2.0 -----	✓						0	0	0
(31) JOHN MASON ----- DIRECTOR	2.0 -----	✓						0	0	0
(32) JOHNA NORTON ----- DIRECTOR	2.0 -----	✓						0	0	0
(33) JOSH FLEMING ----- DIRECTOR	2.0 -----	✓						0	0	0
(34) JULIE SINGER ----- DIRECTOR	2.0 -----	✓						0	0	0
(35) KALEN JACKSON ----- DIRECTOR	2.0 -----	✓						0	0	0
(36) KAYE VITUG ----- DIRECTOR	2.0 -----	✓						0	0	0
(37) KELLEY KARN ----- DIRECTOR	2.0 -----	✓						0	0	0
(38) KIMBERLY ROOP ----- DIRECTOR	2.0 -----	✓						0	0	0
(39) KRISTINA LUND ----- DIRECTOR	2.0 -----	✓						0	0	0
(40) LAUREN JAMES ----- DIRECTOR	2.0 -----	✓						0	0	0
(41) LEAH ARENZ ----- DIRECTOR	2.0 -----	✓						0	0	0
(42) LISA HARRIS ----- DIRECTOR	2.0 -----	✓						0	0	0
(43) MAMON POWERS ----- DIRECTOR	2.0 -----	✓						0	0	0
(44) MANDY PARRIS, III ----- 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	Former			
(45) MARIANNE WILEY ----- DIRECTOR	2.0 -----	✓						0	0	0
(46) MARY BOELKE ----- DIRECTOR	2.0 -----	✓						0	0	0
(47) MAX HARPER ----- DIRECTOR	2.0 -----	✓						0	0	0
(48) MIKE BECHER ----- DIRECTOR	2.0 -----	✓						0	0	0
(49) MIKE DILTS ----- DIRECTOR	2.0 -----	✓						0	0	0
(50) MIKE NORTH ----- DIRECTOR	2.0 -----	✓						0	0	0
(51) MIKE O'CONNOR ----- DIRECTOR	2.0 -----	✓						0	0	0
(52) NATALIE GUZMAN ----- DIRECTOR	2.0 -----	✓						0	0	0
(53) NINAD THANAWALA ----- DIRECTOR	2.0 -----	✓						0	0	0
(54) NIRAV SHAH ----- DIRECTOR	2.0 -----	✓						0	0	0
(55) RAFAEL SANCHEZ ----- DIRECTOR	2.0 -----	✓						0	0	0
(56) REBECCA LYNCH ----- DIRECTOR	2.0 -----	✓						0	0	0
(57) SAM ODLE ----- DIRECTOR	2.0 -----	✓						0	0	0
(58) SCOTT BEIER ----- DIRECTOR	2.0 -----	✓						0	0	0
(59) SCOTT LUC ----- DIRECTOR	2.0 -----	✓						0	0	0
(60) SHELLY SMITH ----- DIRECTOR	2.0 -----	✓						0	0	0
(61) STEPHANIE KIM ----- DIRECTOR	2.0 -----	✓						0	0	0
(62) TEKIAH TUNSTALL ----- DIRECTOR	2.0 -----	✓						0	0	0
(63) TORY CALLAGHAN CASTOR ----- DIRECTOR	2.0 -----	✓						0	0	0
(64) TROY GILSTORF ----- DIRECTOR (UNTIL MAY 2023)	2.0 -----	✓						0	0	0

**SCHEDULE A  
(Form 990)**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 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 33<sup>1</sup>/<sub>3</sub>% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33<sup>1</sup>/<sub>3</sub>% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations
  - g Provide the following information about the supported organization(s).

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	48,411,936	73,513,522	78,838,234	49,065,269	40,127,143	289,956,104
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>4 Total.</b> Add lines 1 through 3 . . . . .	48,411,936	73,513,522	78,838,234	49,065,269	40,127,143	289,956,104
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . . .						117,451,376
<b>6 Public support.</b> Subtract line 5 from line 4						172,504,728

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 . . . . .	48,411,936	73,513,522	78,838,234	49,065,269	40,127,143	289,956,104
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	3,093,324	3,049,697	3,847,276	9,207,345	4,558,159	23,755,801
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	0	0	0	0	0	0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	100,612	76,055	40,395	237,815	86,117	540,994
<b>11 Total support.</b> Add lines 7 through 10						314,252,899
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	3,032,569
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	54.89 %
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 . . . . .	<b>15</b>	64.07 %
<b>16a 33 1/3% support test—2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test—2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here</b> . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>



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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

**14 First 5 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**

<b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2022</b> (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2021</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests—2022.** 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—2021.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . .

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

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9b	Did one or more disqualified persons (as defined on 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 on 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 line 10b below.</i>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

<b>Section A—Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3.	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	<b>8</b>	
<b>Section B—Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt-use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d.	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035.	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C—Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, column A)	<b>1</b>	
<b>2</b>	Enter 0.85 of line 1.	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3.	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2022

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

Section D—Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required—provide details in <b>Part VI</b> )	<b>5</b>
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2022 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
<b>1</b> Distributable amount for 2022 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2022 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2022			
<b>a</b> From 2017 . . . . .			
<b>b</b> From 2018 . . . . .			
<b>c</b> From 2019 . . . . .			
<b>d</b> From 2020 . . . . .			
<b>e</b> From 2021 . . . . .			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2022 distributable amount			
<b>i</b> Carryover from 2017 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2022 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2018 . . . . .			
<b>b</b> Excess from 2019 . . . . .			
<b>c</b> Excess from 2020 . . . . .			
<b>d</b> Excess from 2021 . . . . .			
<b>e</b> Excess from 2022 . . . . .			



**Part VI**

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 - OTHER INCOME	Description	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	(1) OTHER INCOME	72,845	26,244	36,964	193,456	43,976	373,485
	(2) FUNDRAISING REVENUE	27,767	49,811	3,431	44,359	42,141	167,509
	Total	100,612	76,055	40,395	237,815	86,117	540,994

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

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 [x] 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

- [x] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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), 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).



Name of organization <b>UNITED WAY OF CENTRAL INDIANA, INC.</b>	Employer identification number <b>35-1007590</b>
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**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 5,892,252	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 9,394,020	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ 4,891,977	<b>Person</b> <input checked="" type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	<b>Person</b> <input type="checkbox"/> <b>Payroll</b> <input type="checkbox"/> <b>Noncash</b> <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>UNITED WAY OF CENTRAL INDIANA, INC.</b>	Employer identification number <b>35-1007590</b>
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**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

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

Name of organization <b>UNITED WAY OF CENTRAL INDIANA, INC.</b>	Employer identification number <b>35-1007590</b>
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**Part III** *Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor.* Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) \$ \_\_\_\_\_  
 Use duplicate copies of Part III if additional space is needed.

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

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

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

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

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

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

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

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

**SCHEDULE C  
(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2022**

**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](http://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 <b>UNITED WAY OF CENTRAL INDIANA, INC.</b>	Employer identification number <b>35-1007590</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

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

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

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

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

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

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

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

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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying)	40,113													
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	104,233													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)	144,346													
<b>d</b>	Other exempt purpose expenditures	55,392,499													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)	55,536,845													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f)	250,000													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0-	0													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0-	0													
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No												

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

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000
<b>c</b> Total lobbying expenditures	108,341	168,108	130,121	144,346	550,916
<b>d</b> Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
<b>f</b> Grassroots lobbying expenditures	11,887	38,102	29,224	40,113	119,326

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

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

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

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

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

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

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

**Part IV Supplemental Information**

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

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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2022

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 total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions about donor advisement.

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

Form for Conservation Easements with multiple questions (1-9) and a table for 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, 2d.

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.

Form for Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets with questions 1a, 1b, 2, and 2a, 2b.

**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
<b>1c</b> Beginning balance	
<b>1d</b> Additions during the year	
<b>1e</b> Distributions during the year	
<b>1f</b> Ending balance	

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

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

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	110,956,887	131,210,681	102,172,799	102,326,977	98,651,103
<b>b</b> Contributions	12,560	33,998	748,753	200,349	52,793
<b>c</b> Net investment earnings, gains, and losses	11,867,666	(14,306,923)	32,303,456	2,488,719	7,012,739
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs	4,263,186	5,980,869	4,014,327	2,843,246	3,389,658
<b>f</b> Administrative expenses					
<b>g</b> End of year balance	118,573,927	110,956,887	131,210,681	102,172,799	102,326,977

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

- a** Board designated or quasi-endowment 2.85 %
- b** Permanent endowment 86.97 %
- c** Term endowment 10.18 %

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:

- (i)** Unrelated organizations
- (ii)** Related organizations

	Yes	No
<b>3a(i)</b>	✓	
<b>3a(ii)</b>		✓
<b>3b</b>		

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements		1,191,914	770,625	421,289
<b>d</b> Equipment		2,709,846	2,410,026	299,820
<b>e</b> Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				721,109



**Part VII Investments—Other Securities.**

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

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

**Part VIII Investments—Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LEASE LIABILITY	5,264,985
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . .	5,264,985

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 XIII**

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

Return Reference - Identifier	Explanation	
SCHEDULE D, PART XI, LINE 2(D) - OTHER REVENUES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	<b>(a)</b> Description	<b>(b)</b> Amount
	DIRECT EXPENSES FROM FUNDRAISING	237,744
SCHEDULE D, PART XI, LINE 4(B) - OTHER REVENUE	<b>(a)</b> Description	<b>(b)</b> Amount
	PLEDGES DESIGNATED FOR OTHER ORGANIZATIONS	7,377,100
SCHEDULE D, PART XII, LINE 2(D) - OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	<b>(a)</b> Description	<b>(b)</b> Amount
	DIRECT EXPENSES FROM FUNDRAISING	237,744
SCHEDULE D, PART XII, LINE 4(B) - OTHER EXPENSES	<b>(a)</b> Description	<b>(b)</b> Amount
	PLEDGES DESIGNATED FOR OTHER ORGANIZATIONS	7,377,100

**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, 2023 OR 2022.</p>

**SCHEDULE G  
(Form 990)**

**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.

**2022**

Department of the Treasury  
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

**Open to Public Inspection**

Go to [www.irs.gov/Form990](http://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 Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a**  Mail solicitations
  - b**  Internet and email solicitations
  - c**  Phone solicitations
  - d**  In-person solicitations
  - e**  Solicitation of non-government grants
  - f**  Solicitation of government grants
  - g**  Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  **Yes**  **No**
- b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<b>UWCI EVENTS</b> (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	469,333			469,333
	<b>2</b> Less: Contributions . . . . .	427,192			427,192
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	42,141	0	0	42,141
Direct Expenses	<b>4</b> Cash prizes . . . . .				0
	<b>5</b> Noncash prizes . . . . .				0
	<b>6</b> Rent/facility costs . . . . .	71,375			71,375
	<b>7</b> Food and beverages . . . . .	60,247			60,247
	<b>8</b> Entertainment . . . . .	27,382			27,382
	<b>9</b> Other direct expenses . . . . .	78,740			78,740
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . .					(195,603)

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

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

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

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

\_\_\_\_\_

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

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

\_\_\_\_\_



**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CATCH THE STARS FOUNDATION INC PO BOX 53557, INDIANAPOLIS, IN 46253	05-0604202	501(C)(3)	6,590				DONOR CHOICE
(2) AMERICAN DIABETES ASSOCIATION 8000 W 78TH ST STE 175, EDINA, MN 55439	13-1623888	501(C)(3)	7,528				DONOR CHOICE
(3) UNITED WAY WORLDWIDE PO BOX 358086, PITTSBURGH, PA 15251-5086	13-1635294	501(C)(3)	33,120				DONOR CHOICE
(4) AMERICAN CANCER SOCIETY, INC. 5635 W 96TH ST STE 100, INDIANAPOLIS, IN 46278	13-1788491	501(C)(3)	40,000				DONOR CHOICE
(5) AMERICAN CANCER SOCIETY, INC. 5635 W 96TH ST STE 100, INDIANAPOLIS, IN 46278	13-1788491	501(C)(3)	19,139				(SEE STATEMENT)
(6) CATHOLIC RELIEF SERVICES, INC. 228 W LEXINGTON ST, BALTIMORE, MD 21201	13-5563422	501(C)(3)	156,450				DONOR CHOICE
(7) THE LEUKEMIA & LYMPHOMA SOCIETY 4043 MAPLE RD STE 105, AMHERST, NY 14226	13-5644916	501(C)(3)	7,052				DONOR CHOICE
(8) CHC: CREATING HEALTHIER COMMUNITIES 1199 N FAIRFAX ST, ALEXANDRIA, VA 22314	13-6167225	501(C)(3)	5,002				DONOR CHOICE
(9) JUDAH MINISTRIES INC (PRIDE ACADEMY) 9052 FOREST WILLOW DR, INDIANAPOLIS, IN 46234	16-1616713	501(C)(3)	209,491				(SEE STATEMENT)
(10) KHEPRW INSTITUTE PO BOX 88856, INDIANAPOLIS, IN 46208	20-0820589	501(C)(3)	90,000				DONOR CHOICE
(11) KHEPRW INSTITUTE PO BOX 88856, INDIANAPOLIS, IN 46208	20-0820589	501(C)(3)	130				(SEE STATEMENT)
(12) (SEE STATEMENT)							

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 261

**3** Enter total number of other organizations listed in the line 1 table 9

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

Cat. No. 50055P

Schedule I (Form 990) 2022





## 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) FELEGE HIYWOT CENTER INC 1648 SHELDON ST, INDIANAPOLIS, IN 46218	20-0916223	501(C)(3)	7,172				DONOR CHOICE
(13) LIGHTHOUSE ACADEMIES OF INDIANA, INC. (VICTORY COLLEGE PREP) 1780 SLOAN AVE, INDIANAPOLIS, IN 46203	20-1738905	501(C)(3)	692,702				PROGRAM AND/OR OPERATING SUPPORT
(14) CHILD'S WORLD, A 4010 GUION LANE, INDIANAPOLIS, IN 46268	20-3431602	501(C)(3)	5,000				PROGRAM AND/OR OPERATING SUPPORT
(15) CENTER OF WELLNESS FOR URBAN WOMEN INC 2424 DR MARTIN LUTHER KING JR ST, INDIANAPOLIS, IN 46208	20-4788681	501(C)(3)	5,000				DONOR CHOICE
(16) CENTER OF WELLNESS FOR URBAN WOMEN INC 2424 DR MARTIN LUTHER KING JR ST, INDIANAPOLIS, IN 46208	20-4788681	501(C)(3)	713				PROGRAM AND/OR OPERATING SUPPORT
(17) NANNY'S LOVING CARE 6438 W WASHINGTON ST, INDIANAPOLIS, IN 46241	20-5514330	501(C)(3)	28,958				PROGRAM AND/OR OPERATING SUPPORT
(18) O CONNOR HOUSE INC PO BOX 1061, CARMEL, IN 46082-1061	20-5533460	501(C)(3)	7,723				DONOR CHOICE
(19) INDIANA MATH AND SCIENCE ACADEMY -INDIANAPOLIS INC 4575 W 38TH ST, INDIANAPOLIS, IN 46254	20-5751308	501(C)(3)	377,720				DONOR CHOICE
(20) INDIANA MATH AND SCIENCE ACADEMY -INDIANAPOLIS INC 4575 W 38TH ST, INDIANAPOLIS, IN 46254	20-5751308	501(C)(3)	25				PROGRAM AND/OR OPERATING SUPPORT
(21) PENN HILLEL 215 S 39TH ST, PHILADELPHIA, PA 19104	23-1365179	501(C)(3)	10,250				DONOR CHOICE
(22) MARTIN CENTER, INC. 3549 N COLLEGE AVE, INDIANAPOLIS, IN 46205	23-7058960	501(C)(3)	50,000				DONOR CHOICE
(23) MARTIN CENTER, INC. 3549 N COLLEGE AVE, INDIANAPOLIS, IN 46205	23-7058960	501(C)(3)	5,707				PROGRAM AND/OR OPERATING SUPPORT
(24) MORGAN COUNTY HUMANE SOCIETY INC 690 W MITCHELL AVE, MARTINSVILLE, IN 46151	23-7092698	501(C)(3)	5,850				DONOR CHOICE
(25) JEWISH COMMUNITY CENTER ASSOCIATION OF INDIANAPOLIS INCORPORATED 6701 HOOVER RD, INDIANAPOLIS, IN 46260	23-7099138	501(C)(3)	48,525				DONOR CHOICE
(26) JEWISH COMMUNITY CENTER ASSOCIATION OF INDIANAPOLIS INCORPORATED 6701 HOOVER RD, INDIANAPOLIS, IN 46260	23-7099138	501(C)(3)	12,001				PROGRAM AND/OR OPERATING SUPPORT
(27) THE JOHN H. BONER COMMUNITY CENTER, INC. 2236 E 10TH ST, INDIANAPOLIS, IN 46201	23-7204495	501(C)(3)	1,463,697				DONOR CHOICE

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(28) THE JOHN H. BONER COMMUNITY CENTER, INC. 2236 E 10TH ST, INDIANAPOLIS, IN 46201	23-7204495	501(C)(3)	5,412				PROGRAM AND/OR OPERATING SUPPORT
(29) MARTIN LUTHER KING MULTI-SERVICE CENTER INDIANAPOLIS INCORPORATED 40 W 40TH ST, INDIANAPOLIS, IN 46208	23-7415846	501(C)(3)	527,488				DONOR CHOICE
(30) MARTIN LUTHER KING MULTI-SERVICE CENTER INDIANAPOLIS INCORPORATED 40 W 40TH ST, INDIANAPOLIS, IN 46208	23-7415846	501(C)(3)	13,948				PROGRAM AND/OR OPERATING SUPPORT
(31) MT ZION APOSTOLIC CHURCH INC 4900 E 38TH ST, INDIANAPOLIS, IN 46218	23-7438282	501(C)(3)	15,000				PROGRAM AND/OR OPERATING SUPPORT
(32) REACH FOR YOUTH, INC. 3505 N WASHINGTON BLVD, INDIANAPOLIS, IN 46205	23-7456842	501(C)(3)	234,680				DONOR CHOICE
(33) REACH FOR YOUTH, INC. 3505 N WASHINGTON BLVD, INDIANAPOLIS, IN 46205	23-7456842	501(C)(3)	1,840				PROGRAM AND/OR OPERATING SUPPORT
(34) LOLIN INC 8063 MADISON AVE, #235, INDIANAPOLIS, IN 46227	26-0111910	501(C)(3)	5,125				DONOR CHOICE
(35) INDY SURVIVEOARS DRAGON BOAT RACING INC PO BOX 502984, INDIANAPOLIS, IN 46250-7984	26-0668712	501(C)(3)	5,931				DONOR CHOICE
(36) RANDOM ACTS OF FLOWERS 1057 E 54TH ST STE F, INDIANAPOLIS, IN 46220	26-3006360	501(C)(3)	6,120				DONOR CHOICE
(37) THE REFUGE INC 65 AIRPORT PKWY STE 114, GREENWOOD, IN 46143	26-3072986	501(C)(3)	5,176				DONOR CHOICE
(38) LITTLE SCHOLARS CHILDCARE & PRESCHOOL ACADEMY PO BOX 53791, INDIANAPOLIS, IN 46253	27-1122413	501(C)(3)	10,000				PROGRAM AND/OR OPERATING SUPPORT
(39) ECLECTIC SOUL VOICES CORPORATION 1415 SHELBY ST, INDIANAPOLIS, IN 46203	27-2615152	501(C)(3)	115,347				PROGRAM AND/OR OPERATING SUPPORT
(40) CHRIST CHURCH HOLINESS USA, INC 968 N BELMONT AVE, INDIANAPOLIS, IN 46222	27-5056630	501(C)(3)	16,983				PROGRAM AND/OR OPERATING SUPPORT
(41) ZIONSVILLE EDUCATION FOUNDATION INC 900 MULBERRY ST, ZIONSVILLE, IN 46077	30-0024279	501(C)(3)	7,450				DONOR CHOICE
(42) LA PLAZA INC. 8902 E 38TH ST, INDIANAPOLIS, IN 46226-6073	30-0029575	501(C)(3)	225,600				DONOR CHOICE
(43) LA PLAZA INC. 8902 E 38TH ST, INDIANAPOLIS, IN 46226-6073	30-0029575	501(C)(3)	16,563				PROGRAM AND/OR OPERATING SUPPORT
(44) SOUTHEAST NEIGHBORHOOD SCHOOL OF EXCELLENCE 1601 BARTH AVE, INDIANAPOLIS, IN 46203	30-0143321	501(C)(3)	5,000				PROGRAM AND/OR OPERATING SUPPORT

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(45) KIPP INDIANAPOLIS INC 1740 E 30TH ST, INDIANAPOLIS, IN 46218	30-0145826	501(C)(3)	5,000				DONOR CHOICE
(46) KIPP INDIANAPOLIS INC 1740 E 30TH ST, INDIANAPOLIS, IN 46218	30-0145826	501(C)(3)	75				PROGRAM AND/OR OPERATING SUPPORT
(47) INDIANA HANDS & VOICES CORPORATION 4000 W 106TH ST STE 125-216, CARMEL, IN 46032	30-0321792	501(C)(3)	6,240				DONOR CHOICE
(48) HEAR INDIANA 4740 KINGSWAY DR STE 33, INDIANAPOLIS, IN 46205	31-0921774	501(C)(3)	7,480				DONOR CHOICE
(49) HANCOCK COUNTY SENIOR SERVICES INC 1870 FIELDS BLVD, GREENFIELD, IN 46140	31-0936007	501(C)(3)	60,000				DONOR CHOICE
(50) HANCOCK COUNTY SENIOR SERVICES INC 1870 FIELDS BLVD, GREENFIELD, IN 46140	31-0936007	501(C)(3)	2,317				PROGRAM AND/OR OPERATING SUPPORT
(51) AMERICAN PIANISTS ASSOCIATION 4603 CLARENDON RD, SUITE 030, INDIANAPOLIS, IN 46208	31-0969640	501(C)(3)	5,044				DONOR CHOICE
(52) PUTNAM COUNTY FAMILY SUPPORT SERVICES INC 16 S JACKSON ST, GREENCASTLE, IN 46135	31-0985812	501(C)(3)	20,000				PROGRAM AND/OR OPERATING SUPPORT
(53) ALTERNATIVES INCORPORATED OF MADISON COUNTY PO BOX 1302, ANDERSON, IN 46015-1302	31-0986769	501(C)(3)	100,000				DONOR CHOICE
(54) ALTERNATIVES INCORPORATED OF MADISON COUNTY PO BOX 1302, ANDERSON, IN 46015-1302	31-0986769	501(C)(3)	3,770				PROGRAM AND/OR OPERATING SUPPORT
(55) AYS INC 4701 N KEYSTONE AVE STE 475, INDIANAPOLIS, IN 46205	31-0989270	501(C)(3)	6,375				DONOR CHOICE
(56) KEEP INDIANAPOLIS BEAUTIFUL, INC. 1029 FLETCHER AVE STE 100, INDIANAPOLIS, IN 46203	31-1005792	501(C)(3)	8,280				DONOR CHOICE
(57) INDIANA COALITION AGAINST DOMESTIC VIOLENCE INC 1915 W 18TH ST, INDIANAPOLIS, IN 46202	31-1009769	501(C)(3)	5,710				DONOR CHOICE
(58) CHRISTAMORE HOUSE GUILD INC PO BOX 40056, INDIANAPOLIS, IN 46240	31-1019216	501(C)(3)	5,000				DONOR CHOICE
(59) LIFE CENTERS, INC. 3901 W 86TH ST STE 111, INDIANAPOLIS, IN 46268	31-1059740	501(C)(3)	5,716				DONOR CHOICE
(60) THE SHEPHERD'S CENTER OF HAMILTON COUNTY 1250 CONNER ST, NOBLESVILLE, IN 46060	31-1131854	501(C)(3)	100,000				DONOR CHOICE
(61) THE SHEPHERD'S CENTER OF HAMILTON COUNTY 1250 CONNER ST, NOBLESVILLE, IN 46060	31-1131854	501(C)(3)	6,758				PROGRAM AND/OR OPERATING SUPPORT

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(62) ESKENAZI HEALTH FOUNDATION INC 720 ESKENAZI AVE, INDIANAPOLIS, IN 46202	31-1132066	501(C)(3)	6,800				DONOR CHOICE
(63) ADVANCEMENT CENTER FOR WASHINGTON TWP SCHOOLS AND N CENTRAL ALUMNI 8550 WOODFIELD CROSSING BLVD, INDIANAPOLIS, IN 46240	31-1146508	501(C)(3)	6,310				DONOR CHOICE
(64) GREATER INDIANAPOLIS LITERACY LEAGUE INC 40 E ST CLAIR ST, INDIANAPOLIS, IN 46204	31-1227489	501(C)(3)	132,700				DONOR CHOICE
(65) GREATER INDIANAPOLIS LITERACY LEAGUE INC 40 E ST CLAIR ST, INDIANAPOLIS, IN 46204	31-1227489	501(C)(3)	18,425				PROGRAM AND/OR OPERATING SUPPORT
(66) BOSMA INDUSTRIES FOR THE BLIND INC 6270 CORPORATE DR, INDIANAPOLIS, IN 46278	31-1246086	501(C)(3)	60,000				DONOR CHOICE
(67) BOSMA INDUSTRIES FOR THE BLIND INC 6270 CORPORATE DR, INDIANAPOLIS, IN 46278	31-1246086	501(C)(3)	4,401				PROGRAM AND/OR OPERATING SUPPORT
(68) COALITION FOR HOMELESSNESS INTERVENTION AND PREVENTION OF GREATER INDIANAPOLIS 1014 PROSPECT STREET, INDIANAPOLIS, IN 46203	31-1254018	501(C)(3)	84,024				DONOR CHOICE
(69) COALITION FOR HOMELESSNESS INTERVENTION AND PREVENTION OF GREATER INDIANAPOLIS 1014 PROSPECT STREET, INDIANAPOLIS, IN 46203	31-1254018	501(C)(3)	1,376				PROGRAM AND/OR OPERATING SUPPORT
(70) COMMUNITY SERVICE CENTER OF MORGAN COUNTY INC 301 W HARRISON ST, MARTINSVILLE, IN 46151	31-1255091	501(C)(3)	53,018				DONOR CHOICE
(71) COMMUNITY SERVICE CENTER OF MORGAN COUNTY INC 301 W HARRISON ST, MARTINSVILLE, IN 46151	31-1255091	501(C)(3)	13,202				PROGRAM AND/OR OPERATING SUPPORT
(72) MATTHEW 25 MINISTRIES 11060 KENWOOD RD, BLUE ASH, OH 45242	31-1348100	501(C)(3)	7,500				DONOR CHOICE
(73) MT. CARMEL COMMUNITY ACADEMY (DAYCARE) 9610 E. 42ND STREET, INDIANAPOLIS, IN 46235	32-0110716	501(C)(3)	63,219				PROGRAM AND/OR OPERATING SUPPORT
(74) VOLUNTEERS OF AMERICA OHIO & INDIANA 4181 EAST 56TH ST, SUITE 280, INDIANAPOLIS, IN 46240	34-0861121	501(C)(3)	635,000				PROGRAM AND/OR OPERATING SUPPORT
(75) BOOTH TARKINGTON CIVIC THEATRE 3 CARTER GREEN STE 300, CARMEL, IN 46032-3809	35-0230360	501(C)(3)	6,324				DONOR CHOICE

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(76) CONCORD CENTER ASSOCIATION INC 1310 S MERIDIAN ST, INDIANAPOLIS, IN 46225	35-0817149	501(C)(3)	271,842				DONOR CHOICE
(77) CONCORD CENTER ASSOCIATION INC 1310 S MERIDIAN ST, INDIANAPOLIS, IN 46225	35-0817149	501(C)(3)	4,686				PROGRAM AND/OR OPERATING SUPPORT
(78) CROSSROADS OF AMERICA COUNCIL, BSA 7125 FALL CREEK RD N, INDIANAPOLIS, IN 46256	35-0867962	501(C)(3)	44,132				DONOR CHOICE
(79) CATHOLIC YOUTH ORGANIZATION OF THE ARCHDIOCESE OF INDIANAPOLIS INC 580 E STEVENS ST, INDIANAPOLIS, IN 46203	35-0867983	501(C)(3)	12,704				DONOR CHOICE
(80) GOBIN MEMORIAL UNITED METHODIST CHURCH PO BOX 66, GREENCASTLE, IN 46135	35-0868014	501(C)(3)	15,000				PROGRAM AND/OR OPERATING SUPPORT
(81) SS PETER AND PAUL CATHEDRAL INDIANAPOLIS INC 1347 N MERIDIAN ST, INDIANAPOLIS, IN 46202	35-0868029	501(C)(3)	22,000				DONOR CHOICE
(82) LUTHERAN CHILD & FAMILY SERVICES OF INDIANA 1525 N RITTER AVE, INDIANAPOLIS, IN 46219	35-0868123	501(C)(3)	209,915				DONOR CHOICE
(83) LUTHERAN CHILD & FAMILY SERVICES OF INDIANA 1525 N RITTER AVE, INDIANAPOLIS, IN 46219	35-0868123	501(C)(3)	46,218				PROGRAM AND/OR OPERATING SUPPORT
(84) JAMES WHITCOMB RILEY MEMORIAL ASSOCIATION 30 S MERIDIAN ST STE 200, INDIANAPOLIS, IN 46204-3509	35-0868147	501(C)(3)	7,500				DONOR CHOICE
(85) MARIAN UNIVERSITY 3200 COLD SPRING RD, INDIANAPOLIS, IN 46222	35-0868175	501(C)(3)	11,150				DONOR CHOICE
(86) YMCA OF GREATER INDIANAPOLIS 5736 LEE RD, INDIANAPOLIS, IN 46216	35-0868211	501(C)(3)	220,000				DONOR CHOICE
(87) YMCA OF GREATER INDIANAPOLIS 5736 LEE RD, INDIANAPOLIS, IN 46216	35-0868211	501(C)(3)	51,470				PROGRAM AND/OR OPERATING SUPPORT
(88) MARY RIGG NEIGHBORHOOD CENTER INCORPORATED 1920 W MORRIS ST, INDIANAPOLIS, IN 46221	35-0868954	501(C)(3)	468,902				DONOR CHOICE
(89) MARY RIGG NEIGHBORHOOD CENTER INCORPORATED 1920 W MORRIS ST, INDIANAPOLIS, IN 46221	35-0868954	501(C)(3)	39,316				PROGRAM AND/OR OPERATING SUPPORT
(90) CROSSROADS REHABILITATION CENTER INC 4740 KINGSWAY DR, INDIANAPOLIS, IN 46205	35-0869058	501(C)(3)	425,000				DONOR CHOICE

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(91) CROSSROADS REHABILITATION CENTER INC 4740 KINGSWAY DR, INDIANAPOLIS, IN 46205	35-0869058	501(C)(3)	15,159				PROGRAM AND/OR OPERATING SUPPORT
(92) HAWTHORNE SOCIAL SERVICE ASSOCIATION INC 2440 W OHIO ST, INDIANAPOLIS, IN 46222	35-0874274	501(C)(3)	883,383				DONOR CHOICE
(93) HAWTHORNE SOCIAL SERVICE ASSOCIATION INC 2440 W OHIO ST, INDIANAPOLIS, IN 46222	35-0874274	501(C)(3)	5,648				PROGRAM AND/OR OPERATING SUPPORT
(94) PLANNED PARENTHOOD OF INDIANA AND KENTUCKY, INC. PO BOX 397, INDIANAPOLIS, IN 46206-0397	35-0874276	501(C)(3)	87,477				DONOR CHOICE
(95) GIRL SCOUTS OF CENTRAL INDIANA, INC. 7201 GIRL SCOUT LN, INDIANAPOLIS, IN 46214	35-0876381	501(C)(3)	42,707				DONOR CHOICE
(96) GIRL SCOUTS OF CENTRAL INDIANA, INC. 7201 GIRL SCOUT LN, INDIANAPOLIS, IN 46214	35-0876381	501(C)(3)	13,585				PROGRAM AND/OR OPERATING SUPPORT
(97) HUMANE SOCIETY OF INDIANAPOLIS INC 7929 MICHIGAN RD, INDIANAPOLIS, IN 46268	35-0876385	501(C)(3)	29,364				DONOR CHOICE
(98) CHRISTAMORE HOUSE INC 502 N TREMONT ST, INDIANAPOLIS, IN 46222	35-0885588	501(C)(3)	120,795				DONOR CHOICE
(99) CHRISTAMORE HOUSE INC 502 N TREMONT ST, INDIANAPOLIS, IN 46222	35-0885588	501(C)(3)	8,802				PROGRAM AND/OR OPERATING SUPPORT
(100) BOYS & GIRLS CLUBS OF INDIANAPOLIS, INC. 615 N ALABAMA ST STE 400, INDIANAPOLIS, IN 46204	35-0888754	501(C)(3)	743,994				DONOR CHOICE
(101) BOYS & GIRLS CLUBS OF INDIANAPOLIS, INC. 615 N ALABAMA ST STE 400, INDIANAPOLIS, IN 46204	35-0888754	501(C)(3)	55,333				PROGRAM AND/OR OPERATING SUPPORT
(102) EARLY LEARNING INDIANA 1776 N MERIDIAN ST STE A, INDIANAPOLIS, IN 46202	35-0888763	501(C)(3)	387,405				DONOR CHOICE
(103) EARLY LEARNING INDIANA 1776 N MERIDIAN ST STE A, INDIANAPOLIS, IN 46202	35-0888763	501(C)(3)	135,277				PROGRAM AND/OR OPERATING SUPPORT
(104) WHEELER MISSION 205 E NEW YORK ST, INDIANAPOLIS, IN 46204	35-0888771	501(C)(3)	20,000				DONOR CHOICE
(105) WHEELER MISSION 205 E NEW YORK ST, INDIANAPOLIS, IN 46204	35-0888771	501(C)(3)	94,076				PROGRAM AND/OR OPERATING SUPPORT

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(106) UNITED WAY OF GREATER LAFAYETTE, INC. PO BOX 257, DELPHI, IN 46923-0257	35-0891621	501(C)(3)	11,385				DONOR CHOICE
(107) GOODWILL OF CENTRAL & SOUTHERN INDIANA 1635 W MICHIGAN ST, INDIANAPOLIS, IN 46222	35-0893506	501(C)(3)	625,000				DONOR CHOICE
(108) GOODWILL OF CENTRAL & SOUTHERN INDIANA 1635 W MICHIGAN ST, INDIANAPOLIS, IN 46222	35-0893506	501(C)(3)	53,723				PROGRAM AND/OR OPERATING SUPPORT
(109) PARK TUDOR FOUNDATION INC 7200 N COLLEGE AVE, INDIANAPOLIS, IN 46240	35-0909976	501(C)(3)	18,100				DONOR CHOICE
(110) LITTLE RED DOOR CANCER AGENCY, INC. 1801 N MERIDIAN ST, INDIANAPOLIS, IN 46202	35-0914096	501(C)(3)	230,029				DONOR CHOICE
(111) LITTLE RED DOOR CANCER AGENCY, INC. 1801 N MERIDIAN ST, INDIANAPOLIS, IN 46202	35-0914096	501(C)(3)	59,891				PROGRAM AND/OR OPERATING SUPPORT
(112) ST LAWRENCE CATHOLIC CHURCH & SCHOOL 6944 E 46TH ST, INDIANAPOLIS, IN 46226	35-0919344	501(C)(3)	14,925				PROGRAM AND/OR OPERATING SUPPORT
(113) NOBLE, INC. 7701 E 21ST ST, INDIANAPOLIS, IN 46219	35-0924720	501(C)(3)	323,726				DONOR CHOICE
(114) NOBLE, INC. 7701 E 21ST ST, INDIANAPOLIS, IN 46219	35-0924720	501(C)(3)	36,331				PROGRAM AND/OR OPERATING SUPPORT
(115) FLANNER HOUSE OF INDIANAPOLIS INC 2424 DR MARTIN LUTHER KING JR ST, INDIANAPOLIS, IN 46208	35-0942628	501(C)(3)	500,000				DONOR CHOICE
(116) FLANNER HOUSE OF INDIANAPOLIS INC 2424 DR MARTIN LUTHER KING JR ST, INDIANAPOLIS, IN 46208	35-0942628	501(C)(3)	14,927				PROGRAM AND/OR OPERATING SUPPORT
(117) HAPPY HOLLOW CHILDREN'S CAMP, INC. 3049 HAPPY HOLLOW RD, NASHVILLE, IN 47448	35-0942648	501(C)(3)	75,940				DONOR CHOICE
(118) HAPPY HOLLOW CHILDREN'S CAMP, INC. 3049 HAPPY HOLLOW RD, NASHVILLE, IN 47448	35-0942648	501(C)(3)	6,911				PROGRAM AND/OR OPERATING SUPPORT
(119) CHRIST TEMPLE APOSTOLIC FAITH ASSEMBLY INC 430 W FALL CREEK PKWY N DR, INDIANAPOLIS, IN 46208	35-0953428	501(C)(3)	83,931				PROGRAM AND/OR OPERATING SUPPORT
(120) ENGLEWOOD CHRISTIAN CHURCH 57 N RURAL ST, INDIANAPOLIS, IN 46201	35-0953434	501(C)(3)	14,800				DONOR CHOICE
(121) ENGLEWOOD CHRISTIAN CHURCH 57 N RURAL ST, INDIANAPOLIS, IN 46201	35-0953434	501(C)(3)	1,430				PROGRAM AND/OR OPERATING 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
(122) SHELBY COUNTY UNITED FUND INC 126 N HARRISON ST, SHELBYVILLE, IN 46176	35-0953458	501(C)(3)	7,076				DONOR CHOICE
(123) BOYS & GIRLS CLUB OF HANCOCK CITY PO BOX 115, GREENFIELD, IN 46140	35-0979327	501(C)(3)	27,592				DONOR CHOICE
(124) BOYS & GIRLS CLUB OF HANCOCK CITY PO BOX 115, GREENFIELD, IN 46140	35-0979327	501(C)(3)	4,922				PROGRAM AND/OR OPERATING SUPPORT
(125) UNITED WAY OF MONROE COUNTY INC 431 S COLLEGE AVE, BLOOMINGTON, IN 47403	35-0985959	501(C)(3)	13,618				DONOR CHOICE
(126) OUR LADY OF MOUNT CARMEL CHURCH 14598 OAK RIDGE RD, CARMEL, IN 46032	35-0996116	501(C)(3)	5,086				DONOR CHOICE
(127) HEART OF INDIANA UNITED WAY PO BOX 968, MUNCIE, IN 47308	35-0996148	501(C)(3)	13,295				DONOR CHOICE
(128) ZION LUTHERAN CHURCH 6513 W 300 S, NEW PALESTINE, IN 46163	35-0998501	501(C)(3)	9,360				DONOR CHOICE
(129) GOOD NEWS MISSION INC PO BOX 1871, INDIANAPOLIS, IN 46206	35-0999233	501(C)(3)	22,810				DONOR CHOICE
(130) LITTLE SISTERS OF THE POOR OF INDIANA INC 2345 W 86TH ST, INDIANAPOLIS, IN 46260	35-1007734	501(C)(3)	16,332				DONOR CHOICE
(131) UNITED WAY OF THE WABASH VALLEY INC 2901 OHIO BLVD STE 215, TERRE HAUTE, IN 47803-2239	35-1008531	501(C)(3)	12,735				DONOR CHOICE
(132) ARCHDIOCESE OF INDIANAPOLIS 1400 N MERIDIAN ST, INDIANAPOLIS, IN 46202	35-1018460	501(C)(3)	27,360				DONOR CHOICE
(133) BROWN COUNTY ART GUILD INC PO BOX 324, NASHVILLE, IN 47448	35-1035674	501(C)(3)	100,000				DONOR CHOICE
(134) VILLA MISSIONARY BAPTIST CHURCH OF INDIANAPOLIS INDIANA 2650 VILLA AVE, INDIANAPOLIS, IN 46203	35-1041618	501(C)(3)	35,160				PROGRAM AND/OR OPERATING SUPPORT
(135) INDIANAPOLIS LEGAL AID SOCIETY 615 N ALABAMA ST STE 122, INDIANAPOLIS, IN 46204	35-1045153	501(C)(3)	125,000				DONOR CHOICE
(136) INDIANAPOLIS LEGAL AID SOCIETY 615 N ALABAMA ST STE 122, INDIANAPOLIS, IN 46204	35-1045153	501(C)(3)	12,284				PROGRAM AND/OR OPERATING SUPPORT
(137) BOYS & GIRLS CLUB OF NOBLESVILLE, INC. 1448 CONNER ST, NOBLESVILLE, IN 46060	35-1054426	501(C)(3)	119,596				DONOR CHOICE
(138) BOYS & GIRLS CLUB OF NOBLESVILLE, INC. 1448 CONNER ST, NOBLESVILLE, IN 46060	35-1054426	501(C)(3)	37,365				PROGRAM AND/OR OPERATING SUPPORT
(139) CHILDREN'S BUREAU, INC. 1575 DR MARTIN LUTHER KING JR ST, INDIANAPOLIS, IN 46202	35-1061264	501(C)(3)	445,000				DONOR CHOICE

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(140) CHILDREN'S BUREAU, INC. 1575 DR MARTIN LUTHER KING JR ST, INDIANAPOLIS, IN 46202	35-1061264	501(C)(3)	37,751				PROGRAM AND/OR OPERATING SUPPORT
(141) PUBLIC ADVOCATES IN COMMUNITY RE-ENTRY 2855 N KEYSTONE AVE, SUITE 170, INDIANAPOLIS, IN 46218	35-1062235	501(C)(3)	289,309				DONOR CHOICE
(142) PUBLIC ADVOCATES IN COMMUNITY RE-ENTRY 2855 N KEYSTONE AVE, SUITE 170, INDIANAPOLIS, IN 46218	35-1062235	501(C)(3)	11,725				PROGRAM AND/OR OPERATING SUPPORT
(143) SYCAMORE REHABILITATION SERVICES HENDRICKS COUNTY ARC, INC. PO BOX 369, DANVILLE, IN 46122	35-1064235	501(C)(3)	121,195				DONOR CHOICE
(144) SYCAMORE REHABILITATION SERVICES HENDRICKS COUNTY ARC, INC. PO BOX 369, DANVILLE, IN 46122	35-1064235	501(C)(3)	152				PROGRAM AND/OR OPERATING SUPPORT
(145) INDIANAPOLIS FIRST BAPTIST CHURCH 8600 N COLLEGE AVE, INDIANAPOLIS, IN 46240	35-1065808	501(C)(3)	5,000				PROGRAM AND/OR OPERATING SUPPORT
(146) EDNA MARTIN CHRISTIAN CENTER PO BOX 18388, INDIANAPOLIS, IN 46218	35-1072577	501(C)(3)	422,073				DONOR CHOICE
(147) EDNA MARTIN CHRISTIAN CENTER PO BOX 18388, INDIANAPOLIS, IN 46218	35-1072577	501(C)(3)	5,186				PROGRAM AND/OR OPERATING SUPPORT
(148) UNITED WAY OF JOHNSON COUNTY INC PO BOX 153, FRANKLIN, IN 46131	35-1082600	501(C)(3)	158,779				DONOR CHOICE
(149) LEBANON COMMUNITY SCHOOL CORPORATION 1810 N GRANT ST, LEBANON, IN 46052	35-1085670	SECTION 115	8,000				PROGRAM AND/OR OPERATING SUPPORT
(150) METROPOLITAN SCHOOL DISTRICT OF DECATUR TOWNSHIP 5275 KENTUCKY AVE, INDIANAPOLIS, IN 46221	35-1097820	SECTION 115	1,108,527				PROGRAM AND/OR OPERATING SUPPORT
(151) GREENFIELD-CENTRAL COMMUNITY SCHOOL CORP 1331 N BLUE RD, GREENFIELD, IN 46140	35-1100181	SECTION 115	17,436				PROGRAM AND/OR OPERATING SUPPORT
(152) ST MARYS CHILD CENTER INC 901 DR MARTIN LUTHER KING JR ST, INDIANAPOLIS, IN 46202	35-1141484	501(C)(3)	340,000				DONOR CHOICE
(153) ST MARYS CHILD CENTER INC 901 DR MARTIN LUTHER KING JR ST, INDIANAPOLIS, IN 46202	35-1141484	501(C)(3)	64,587				PROGRAM AND/OR OPERATING SUPPORT
(154) METROPOLITAN INDIANAPOLIS PUBLIC BROADCASTING, INC. 1630 N MERIDIAN ST, INDIANAPOLIS, IN 46202	35-1147600	501(C)(3)	7,659				DONOR CHOICE
(155) CUMNS KIDS 7101 N SHADELAND AVE, INDIANAPOLIS, IN 46250	35-1149228	501(C)(3)	9,300				PROGRAM AND/OR OPERATING SUPPORT

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(156) JAMESON INC 2001 BRIDGEPORT RD, INDIANAPOLIS, IN 46231	35-1156756	501(C)(3)	26,667				DONOR CHOICE
(157) JAMESON INC 2001 BRIDGEPORT RD, INDIANAPOLIS, IN 46231	35-1156756	501(C)(3)	21,444				PROGRAM AND/OR OPERATING SUPPORT
(158) SOUTHMINSTER PRESBYTERIAN LHLP PO BOX 39008, INDIANAPOLIS, IN 46239	35-1157652	501(C)(3)	10,000				PROGRAM AND/OR OPERATING SUPPORT
(159) MEALS ON WHEELS, INC. PO BOX 40969, INDIANAPOLIS, IN 46240	35-1182075	501(C)(3)	197,120				DONOR CHOICE
(160) MEALS ON WHEELS, INC. PO BOX 40969, INDIANAPOLIS, IN 46240	35-1182075	501(C)(3)	11,167				PROGRAM AND/OR OPERATING SUPPORT
(161) HASTEN HEBREW ACADEMY OF INDIANAPOLIS 6602 HOOVER RD., INDIANAPOLIS, IN 46260	35-1185540	501(C)(3)	10,000				PROGRAM AND/OR OPERATING SUPPORT
(162) INDIANA SPECIAL OLYMPICS, INC. 6200 TECHNOLOGY CENTER DR STE 105, INDIANAPOLIS, IN 46278	35-1262574	501(C)(3)	7,898				DONOR CHOICE
(163) BOY SCOUTS OF AMERICA 5625 E SR 46, BLOOMINGTON, IN 47401	35-1290776	501(C)(3)	9,000				DONOR CHOICE
(164) BOY SCOUTS OF AMERICA 5625 E SR 46, BLOOMINGTON, IN 47401	35-1290776	501(C)(3)	3,721				PROGRAM AND/OR OPERATING SUPPORT
(165) CICOA AGING & IN HOME SOLUTIONS, INC. 8440WOODFIELD CROSSING BLVD, SUITE 175, INDIANAPOLIS, IN 46240	35-1310387	501(C)(3)	5,142				DONOR CHOICE
(166) SOUTHEAST COMMUNITY SERVICES INC 901 SHELBY ST, INDIANAPOLIS, IN 46203	35-1318068	501(C)(3)	719,318				PROGRAM AND/OR OPERATING SUPPORT
(167) BIG BROTHERS BIG SISTERS OF CENTRAL INDIANA, INC. 2960 N MERIDIAN ST STE 150, INDIANAPOLIS, IN 46208	35-1323831	501(C)(3)	295,468				DONOR CHOICE
(168) BIG BROTHERS BIG SISTERS OF CENTRAL INDIANA, INC. 2960 N MERIDIAN ST STE 150, INDIANAPOLIS, IN 46208	35-1323831	501(C)(3)	22,107				PROGRAM AND/OR OPERATING SUPPORT
(169) THE ARC OF GREATER BOONE COUNTY 900 W MAIN ST, LEBANON, IN 46052	35-1333698	501(C)(3)	50,000				DONOR CHOICE
(170) THE ARC OF GREATER BOONE COUNTY 900 W MAIN ST, LEBANON, IN 46052	35-1333698	501(C)(3)	3,185				PROGRAM AND/OR OPERATING SUPPORT
(171) GIRLS INCORPORATED OF GREATER INDIANAPOLIS 3935 N MERIDIAN ST, INDIANAPOLIS, IN 46208	35-1337205	501(C)(3)	7,834				DONOR CHOICE
(172) GIRLS INCORPORATED OF GREATER INDIANAPOLIS 3935 N MERIDIAN ST, INDIANAPOLIS, IN 46208	35-1337205	501(C)(3)	56,448				PROGRAM AND/OR OPERATING SUPPORT

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(173) ASPIRE INDIANA INC. 9615 E 148TH ST, NOBLESVILLE, IN 46060	35-1341204	501(C)(3)	151,200				PROGRAM AND/OR OPERATING SUPPORT
(174) JULIAN CENTER, INC. 2011 N MERIDIAN ST, INDIANAPOLIS, IN 46202	35-1346514	501(C)(3)	209,810				DONOR CHOICE
(175) JULIAN CENTER, INC. 2011 N MERIDIAN ST, INDIANAPOLIS, IN 46202	35-1346514	501(C)(3)	59,326				PROGRAM AND/OR OPERATING SUPPORT
(176) CENTER FOR LEADERSHIP DEVELOPMENT INC 2425 DR MARTIN LUTHER KING JR ST, INDIANAPOLIS, IN 46208-5546	35-1389882	501(C)(3)	43,150				DONOR CHOICE
(177) PRIMELIFE ENRICHMENT, INC. 1078 THIRD AVE SW, CARMEL, IN 46032	35-1411017	501(C)(3)	50,000				DONOR CHOICE
(178) PRIMELIFE ENRICHMENT, INC. 1078 THIRD AVE SW, CARMEL, IN 46032	35-1411017	501(C)(3)	128				PROGRAM AND/OR OPERATING SUPPORT
(179) ICE SKATING CLUB OF INDIANAPOLIS INC CARMEL ICE STADIUM 1040 3RD AVE SW, CARMEL, IN 46032	35-1434256	501(C)(3)	6,462				DONOR CHOICE
(180) HENDRICKS COUNTY SENIOR SERVICES INC PO BOX 448, DANVILLE, IN 46122	35-1445497	501(C)(3)	150,000				DONOR CHOICE
(181) HENDRICKS COUNTY SENIOR SERVICES INC PO BOX 448, DANVILLE, IN 46122	35-1445497	501(C)(3)	8,195				PROGRAM AND/OR OPERATING SUPPORT
(182) BOONE COUNTY SENIOR SERVICES, INC. 515 CROWNPOINTE DR, LEBANON, IN 46052	35-1445498	501(C)(3)	60,000				DONOR CHOICE
(183) BOONE COUNTY SENIOR SERVICES, INC. 515 CROWNPOINTE DR, LEBANON, IN 46052	35-1445498	501(C)(3)	6,692				PROGRAM AND/OR OPERATING SUPPORT
(184) GLEANERS FOOD BANK OF INDIANA, INC. 3737 WALDEMERE AVE, INDIANAPOLIS, IN 46241	35-1483868	501(C)(3)	2,500				DONOR CHOICE
(185) GLEANERS FOOD BANK OF INDIANA, INC. 3737 WALDEMERE AVE, INDIANAPOLIS, IN 46241	35-1483868	501(C)(3)	69,136				PROGRAM AND/OR OPERATING SUPPORT
(186) CHAPEL HILL CHRISTIAN SCHOOL 1055 N GIRLS SCHOOL RD, INDIANAPOLIS, IN 46214	35-1484040	501(C)(3)	10,000				PROGRAM AND/OR OPERATING SUPPORT
(187) SECOND HELPINGS 1121 SOUTHEASTERN AVE, INDIANAPOLIS, IN 46202	35-1484281	501(C)(3)	234,495				DONOR CHOICE
(188) SECOND HELPINGS 1121 SOUTHEASTERN AVE, INDIANAPOLIS, IN 46202	35-1484281	501(C)(3)	75,717				PROGRAM AND/OR OPERATING SUPPORT
(189) HEALTHNET INC 3403 E RAYMOND ST, INDIANAPOLIS, IN 46203	35-1579827	501(C)(3)	11,440				DONOR CHOICE

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(190) HEALTHNET INC 3403 E RAYMOND ST, INDIANAPOLIS, IN 46203	35-1579827	501(C)(3)	540				PROGRAM AND/OR OPERATING SUPPORT
(191) NORTHSIDE NEW ERA BAPTIST CHURCH, INC. 517 WEST 30TH STREET, INDIANAPOLIS, IN 46208	35-1598148	501(C)(3)	23,408				PROGRAM AND/OR OPERATING SUPPORT
(192) HAMILTON COUNTY HUMANE SOCIETY 10501 HAGUE RD, FISHERS, IN 46038	35-1610723	501(C)(3)	7,375				DONOR CHOICE
(193) CHRIST LUTHERAN CHURCH 600 N FORD RD, ZIONSVILLE, IN 46077	35-1615191	501(C)(3)	5,000				PROGRAM AND/OR OPERATING SUPPORT
(194) SYCAMORE SCHOOL INC 1750 W 64TH ST, INDIANAPOLIS, IN 46260	35-1627876	501(C)(3)	5,378				DONOR CHOICE
(195) NAMI INDIANA INC 921 E 86TH ST STE 130, INDIANAPOLIS, IN 46240	35-1640701	501(C)(3)	5,000				DONOR CHOICE
(196) NAMI INDIANA INC 921 E 86TH ST STE 130, INDIANAPOLIS, IN 46240	35-1640701	501(C)(3)	1,300				PROGRAM AND/OR OPERATING SUPPORT
(197) KIDS VOICE OF INDIANA INC 127 E MICHIGAN ST STE 500, INDIANAPOLIS, IN 46204	35-1656579	501(C)(3)	44,395				DONOR CHOICE
(198) KIDS VOICE OF INDIANA INC 127 E MICHIGAN ST STE 500, INDIANAPOLIS, IN 46204	35-1656579	501(C)(3)	6,489				PROGRAM AND/OR OPERATING SUPPORT
(199) TANGRAM, INC. 5155 PENNWOOD DR, INDIANAPOLIS, IN 46205	35-1661813	501(C)(3)	185,761				DONOR CHOICE
(200) TANGRAM, INC. 5155 PENNWOOD DR, INDIANAPOLIS, IN 46205	35-1661813	501(C)(3)	1,638				PROGRAM AND/OR OPERATING SUPPORT
(201) VILLAGES OF INDIANA, INC. 3833 N MERIDIAN ST STE 101, INDIANAPOLIS, IN 46208	35-1708240	501(C)(3)	381,210				DONOR CHOICE
(202) VILLAGES OF INDIANA, INC. 3833 N MERIDIAN ST STE 101, INDIANAPOLIS, IN 46208	35-1708240	501(C)(3)	16,351				PROGRAM AND/OR OPERATING SUPPORT
(203) DAMIEN CENTER 26 N ARSENAL AVE, INDIANAPOLIS, IN 46201	35-1711878	501(C)(3)	1,360,000				DONOR CHOICE
(204) DAMIEN CENTER 26 N ARSENAL AVE, INDIANAPOLIS, IN 46201	35-1711878	501(C)(3)	29,817				PROGRAM AND/OR OPERATING SUPPORT
(205) HABITAT FOR HUMANITY OF GREATER INDIANAPOLIS 3135 N MERIDIAN ST, INDIANAPOLIS, IN 46208-4717	35-1715910	501(C)(3)	23,744				DONOR CHOICE
(206) NEW HOPE OF INDIANA, INC. 8450 N PAYNE RD STE 300, INDIANAPOLIS, IN 46268	35-1733591	501(C)(3)	82,180				DONOR CHOICE

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(207) NEW HOPE OF INDIANA, INC. 8450 N PAYNE RD STE 300, INDIANAPOLIS, IN 46268	35-1733591	501(C)(3)	200				PROGRAM AND/OR OPERATING SUPPORT
(208) FAY BICCARD GLICK NEIGHBORHOOD CENTER AT CROOKED CREEK 2990 W 71ST ST, INDIANAPOLIS, IN 46268-2239	35-1738809	501(C)(3)	308,000				DONOR CHOICE
(209) FAY BICCARD GLICK NEIGHBORHOOD CENTER AT CROOKED CREEK 2990 W 71ST ST, INDIANAPOLIS, IN 46268-2239	35-1738809	501(C)(3)	4,252				PROGRAM AND/OR OPERATING SUPPORT
(210) ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION GREATER INDIANA CHAPTER 50 E 91ST ST STE 100, INDIANAPOLIS, IN 46240	35-1747836	501(C)(3)	9,452				DONOR CHOICE
(211) BOYS & GIRLS CLUB OF ZIONSVILLE, INC. 1575 MULBERRY ST, ZIONSVILLE, IN 46077	35-1750659	501(C)(3)	80,000				DONOR CHOICE
(212) BOYS & GIRLS CLUB OF ZIONSVILLE, INC. 1575 MULBERRY ST, ZIONSVILLE, IN 46077	35-1750659	501(C)(3)	16,794				PROGRAM AND/OR OPERATING SUPPORT
(213) HORIZON HOUSE INC 1033 E WASHINGTON ST, INDIANAPOLIS, IN 46202	35-1759503	501(C)(3)	253,634				DONOR CHOICE
(214) HORIZON HOUSE INC 1033 E WASHINGTON ST, INDIANAPOLIS, IN 46202	35-1759503	501(C)(3)	36,584				PROGRAM AND/OR OPERATING SUPPORT
(215) INDIANA YOUTH GROUP, INC. PO BOX 20716, INDIANAPOLIS, IN 46220	35-1760451	501(C)(3)	162,500				DONOR CHOICE
(216) INDIANA YOUTH GROUP, INC. PO BOX 20716, INDIANAPOLIS, IN 46220	35-1760451	501(C)(3)	40,124				PROGRAM AND/OR OPERATING SUPPORT
(217) SHEPHERD COMMUNITY, INC. 4107 E WASHINGTON ST, INDIANAPOLIS, IN 46201	35-1765846	501(C)(3)	276,102				DONOR CHOICE
(218) SHEPHERD COMMUNITY, INC. 4107 E WASHINGTON ST, INDIANAPOLIS, IN 46201	35-1765846	501(C)(3)	25,702				PROGRAM AND/OR OPERATING SUPPORT
(219) GENNESARET FREE CLINICS 615 N ALABAMA ST STE 136, INDIANAPOLIS, IN 46204	35-1776518	501(C)(3)	90,000				DONOR CHOICE
(220) GENNESARET FREE CLINICS 615 N ALABAMA ST STE 136, INDIANAPOLIS, IN 46204	35-1776518	501(C)(3)	2,450				PROGRAM AND/OR OPERATING SUPPORT
(221) CHILD ADVOCATES INC 8200 HAVERSTICK RD STE 240, INDIANAPOLIS, IN 46240	35-1788240	501(C)(3)	12,980				DONOR CHOICE
(222) CENTRAL INDIANA COMMUNITY FOUNDATION INC 615 N ALABAMA ST STE 119, INDIANAPOLIS, IN 46204	35-1793680	501(C)(3)	6,190				DONOR CHOICE

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(223) WESTSIDE MISSIONARY BAPTIST CHURCH 6321 LA PAS TR, INDIANAPOLIS, IN 46268	35-1813244	501(C)(3)	39,456				PROGRAM AND/OR OPERATING SUPPORT
(224) 100 BLACK MEN OF INDIANAPOLIS, INC. 1500 EAST MICHIGAN STREET ROOM 8, INDIANAPOLIS, IN 46201	35-1813852	501(C)(3)	181,177				DONOR CHOICE
(225) 100 BLACK MEN OF INDIANAPOLIS, INC. 1500 EAST MICHIGAN STREET ROOM 8, INDIANAPOLIS, IN 46201	35-1813852	501(C)(3)	3,720				PROGRAM AND/OR OPERATING SUPPORT
(226) FIRST SAMUEL MISSIONARY BAPTIST CHURCH 1402 N BELLEVIEW PLACE, INDIANAPOLIS, IN 46222	35-1853259	501(C)(3)	30,336				PROGRAM AND/OR OPERATING SUPPORT
(227) CICOA FOUNDATION INC 8440 WOODFIELD CROSSING BLVD STE 17, INDIANAPOLIS, IN 46240	35-1859069	501(C)(3)	236,250				PROGRAM AND/OR OPERATING SUPPORT
(228) MARTINDALE BRIGHTWOOD COMMUNITY DEV CORP 2855 N KEYSTONE AVE, SUITE 130, INDIANAPOLIS, IN 46218	35-1870982	501(C)(3)	94,000				PROGRAM AND/OR OPERATING SUPPORT
(229) HVAF OF INDIANA INC 964 N PENNSYLVANIA ST, INDIANAPOLIS, IN 46204	35-1890547	501(C)(3)	110,780				DONOR CHOICE
(230) HVAF OF INDIANA INC 964 N PENNSYLVANIA ST, INDIANAPOLIS, IN 46204	35-1890547	501(C)(3)	16,877				PROGRAM AND/OR OPERATING SUPPORT
(231) MARION COUNTY COMMISSION ON YOUTH INC 1375 W 16TH ST, INDIANAPOLIS, IN 46202-2111	35-1900516	501(C)(3)	90,709				DONOR CHOICE
(232) MARION COUNTY COMMISSION ON YOUTH INC 1375 W 16TH ST, INDIANAPOLIS, IN 46202-2111	35-1900516	501(C)(3)	5,922				PROGRAM AND/OR OPERATING SUPPORT
(233) VOLUNTEERS OF AMERICA INDIANA, INC. 4181 E 96TH ST, INDIANAPOLIS, IN 46240	35-1914815	501(C)(3)	6,890				DONOR CHOICE
(234) NEIGHBORHOOD CHRISTIAN LEGAL CLINIC INC 3333 N MERIDIAN ST STE 201, INDIANAPOLIS, IN 46208	35-1916572	501(C)(3)	60,610				DONOR CHOICE
(235) NEIGHBORHOOD CHRISTIAN LEGAL CLINIC INC 3333 N MERIDIAN ST STE 201, INDIANAPOLIS, IN 46208	35-1916572	501(C)(3)	14,282				PROGRAM AND/OR OPERATING SUPPORT
(236) CHARITY CHURCH MINISTRY, INC. PO BOX 22657, INDIANAPOLIS, IN 46222	35-1927248	501(C)(3)	76,416				PROGRAM AND/OR OPERATING SUPPORT
(237) MINORITY ENGINEERING PROGRAM OF INDIANA 6510 TELECOM DR STE 200, INDIANAPOLIS, IN 46278	35-1929560	501(C)(3)	19,535				DONOR CHOICE

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(238) FLETCHER PLACE COMMUNITY CENTER PO BOX 825, INDIANAPOLIS, IN 46206-0825	35-1966882	501(C)(3)	14,850				DONOR CHOICE
(239) FLETCHER PLACE COMMUNITY CENTER PO BOX 825, INDIANAPOLIS, IN 46206-0825	35-1966882	501(C)(3)	13,075				PROGRAM AND/OR OPERATING SUPPORT
(240) EAST TENTH UNITED METHODIST CHILDREN & YOUTH CENTER 2327 E 10TH ST, INDIANAPOLIS, IN 46201	35-1976975	501(C)(3)	15,000				PROGRAM AND/OR OPERATING SUPPORT
(241) OUTREACH OF INDIANAPOLIS 2416 E NEW YORK ST, INDIANAPOLIS, IN 46201	35-1989358	501(C)(3)	5,566				DONOR CHOICE
(242) OUTREACH OF INDIANAPOLIS 2416 E NEW YORK ST, INDIANAPOLIS, IN 46201	35-1989358	501(C)(3)	5,979				PROGRAM AND/OR OPERATING SUPPORT
(243) ENGLEWOOD COMMUNITY DEVELOPMENT CORPORATION 57 N RURAL ST, INDIANAPOLIS, IN 46201	35-2003744	501(C)(3)	19,028				DONOR CHOICE
(244) ENGLEWOOD COMMUNITY DEVELOPMENT CORPORATION 57 N RURAL ST, INDIANAPOLIS, IN 46201	35-2003744	501(C)(3)	16				PROGRAM AND/OR OPERATING SUPPORT
(245) PLANNING PLUS LLC 1010 E 86TH ST, SUITE 13, INDIANAPOLIS, IN 46240	35-2006629	501(C)(3)	51,563				PROGRAM AND/OR OPERATING SUPPORT
(246) COMMUNITY ALLIANCE OF THE FAR EASTSIDE INC 8902 E 38TH ST, INDIANAPOLIS, IN 46226	35-2018453	501(C)(3)	354,139				DONOR CHOICE
(247) COMMUNITY ALLIANCE OF THE FAR EASTSIDE INC 8902 E 38TH ST, INDIANAPOLIS, IN 46226	35-2018453	501(C)(3)	650				PROGRAM AND/OR OPERATING SUPPORT
(248) BARBARA C. JORDAN YMCA 2039 E MORGAN ST, MARTINSVILLE, IN 46151	35-2019312	501(C)(3)	205,150				DONOR CHOICE
(249) BARBARA C. JORDAN YMCA 2039 E MORGAN ST, MARTINSVILLE, IN 46151	35-2019312	501(C)(3)	3,717				PROGRAM AND/OR OPERATING SUPPORT
(250) OAKS ACADEMY INC 1301 E 16TH ST, INDIANAPOLIS, IN 46202	35-2050595	501(C)(3)	7,430				DONOR CHOICE
(251) CHRISTEL HOUSE INTERNATIONAL, INC. 10 W MARKET ST STE 1990, INDIANAPOLIS, IN 46204-2973	35-2051932	501(C)(3)	12,066				DONOR CHOICE
(252) FATHERS AND FAMILIES RESOURCE-RESEARCH CENTER INC 2835 N ILLINOIS ST, INDIANAPOLIS, IN 46208	35-2069047	501(C)(3)	440,000				DONOR CHOICE
(253) FATHERS AND FAMILIES RESOURCE-RESEARCH CENTER INC 2835 N ILLINOIS ST, INDIANAPOLIS, IN 46208	35-2069047	501(C)(3)	4,439				PROGRAM AND/OR OPERATING SUPPORT
(254) SHELTERING WINGS CENTER FOR WOMEN INC PO BOX 92, DANVILLE, IN 46122-0092	35-2077713	501(C)(3)	129,550				DONOR CHOICE



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(255) SHELTERING WINGS CENTER FOR WOMEN INC PO BOX 92, DANVILLE, IN 46122-0092	35-2077713	501(C)(3)	32,401				PROGRAM AND/OR OPERATING SUPPORT
(256) TMP ENTERPRISES INC 2028 E BROAD RIPPLE AVE, INDIANAPOLIS, IN 46220	35-2083290	501(C)(3)	7,558				DONOR CHOICE
(257) LIFE CHOICES CARE CENTER INC PO BOX 584, GREENFIELD, IN 46140	35-2101283	501(C)(3)	5,793				DONOR CHOICE
(258) MEALS ON WHEELS OF HANCOCK COUNTY INC 630 N STATE ST, GREENFIELD, IN 46140	35-2117913	501(C)(3)	50,000				DONOR CHOICE
(259) MEALS ON WHEELS OF HANCOCK COUNTY INC 630 N STATE ST, GREENFIELD, IN 46140	35-2117913	501(C)(3)	2,450				PROGRAM AND/OR OPERATING SUPPORT
(260) TRINITY FREE CLINIC INC 1045 W 146TH ST, CARMEL, IN 46032	35-2120420	501(C)(3)	94,000				DONOR CHOICE
(261) TRINITY FREE CLINIC INC 1045 W 146TH ST, CARMEL, IN 46032	35-2120420	501(C)(3)	2,250				PROGRAM AND/OR OPERATING SUPPORT
(262) THE CHILDREN'S THERAPLAY FOUNDATION, INC. 9919 TOWNE RD, CARMEL, IN 46032	35-2121568	501(C)(3)	4,860				DONOR CHOICE
(263) THE CHILDREN'S THERAPLAY FOUNDATION, INC. 9919 TOWNE RD, CARMEL, IN 46032	35-2121568	501(C)(3)	7,121				PROGRAM AND/OR OPERATING SUPPORT
(264) EASTERN STAR JEWEL HUMAN SERVICES CORPORATION 5719 MASSACHUSETTS AVE, INDIANAPOLIS, IN 46218	35-2124772	501(C)(3)	8,500				DONOR CHOICE
(265) MEPHIBOSHETH MINISTRIES INC 1715 STRINGTOWN PIKE, CICERO, IN 46034	35-2135547	501(C)(3)	5,000				DONOR CHOICE
(266) FORTUNE ACADEMY 5626 LAWTON LOOP E DR, INDIANAPOLIS, IN 46216-1013	35-2148108	501(C)(3)	7,862				DONOR CHOICE
(267) BRIGHTLANE LEARNING 2605 E 62ND ST STE 2005, INDIANAPOLIS, IN 46220	35-2151003	501(C)(3)	170,000				DONOR CHOICE
(268) BRIGHTLANE LEARNING 2605 E 62ND ST STE 2005, INDIANAPOLIS, IN 46220	35-2151003	501(C)(3)	16,641				PROGRAM AND/OR OPERATING SUPPORT
(269) TINDLEY ACCELERATED SCHOOLS INC 3960 MEADOWS DRIVE, INDIANAPOLIS, IN 46205	35-2151971	501(C)(3)	103,164				DONOR CHOICE
(270) TINDLEY ACCELERATED SCHOOLS INC 3960 MEADOWS DRIVE, INDIANAPOLIS, IN 46205	35-2151971	501(C)(3)	500				PROGRAM AND/OR OPERATING SUPPORT
(271) HOUSE OF GOD 3642 NORTH EMERSON AVE, INDIANAPOLIS, IN 46218	35-2155712	501(C)(3)	10,000				PROGRAM AND/OR OPERATING SUPPORT

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(272) WARM HEART WARM HOME FOUNDATION INC 2020 N MERIDIAN ST, INDIANAPOLIS, IN 46202	35-2202401	501(C)(3)	6,564				DONOR CHOICE
(273) LYNHURST BAPTIST CHURCH PRESCHOOL MINISTRY 1250 S LYNHURST DR, INDIANAPOLIS, IN 46241	35-2256878	501(C)(3)	5,000				PROGRAM AND/OR OPERATING SUPPORT
(274) LEARN & LOVE CHILDCARE CENTER 8960 CRAWFORDSVILLE RD, INDIANAPOLIS, IN 46234	35-2375681	501(C)(3)	27,059				PROGRAM AND/OR OPERATING SUPPORT
(275) PURDUE UNIVERSITY 155 S GRANT ST, WEST LAFAYETTE, IN 47907	35-6002041	501(C)(3)	10,375				DONOR CHOICE
(276) BOARD OF SCHOOL COMMISSIONERS OF THE CITY OF INDIANAPOLIS 8620 MONTEREY RD, INDIANAPOLIS, IN 46226	35-6002486	SECTION 115	996,227				PROGRAM AND/OR OPERATING SUPPORT
(277) MSD OF MARTINSVILLE 389 E JACKSON STREET, MARTINSVILLE, IN 46151	35-6002624	SECTION 115	7,500				PROGRAM AND/OR OPERATING SUPPORT
(278) NOBLESVILLE SCHOOLS 18025 RIVER RD, NOBLESVILLE, IN 46062	35-6002702	SECTION 115	6,155				PROGRAM AND/OR OPERATING SUPPORT
(279) FIRST PRESBYTERIAN CHURCH 128 E MAIN ST, LEBANON, IN 46052	35-6005896	501(C)(3)	13,542				PROGRAM AND/OR OPERATING SUPPORT
(280) BETHEL EARLY CHILDHOOD ACADEMY 5252 W 52ND ST, INDIANAPOLIS, IN 46254	35-6006778	501(C)(3)	10,000				PROGRAM AND/OR OPERATING SUPPORT
(281) MSD OF LAWRENCE TOWNSHIP 7802 HAGUE RD, INDIANAPOLIS, IN 46256	35-6006802	SECTION 115	31,500				PROGRAM AND/OR OPERATING SUPPORT
(282) MOORESVILLE CONSOLIDATED SCHOOL CORP 11 W CARLISLE ST, MOORESVILLE, IN 46158	35-6006862	SECTION 115	6,500				PROGRAM AND/OR OPERATING SUPPORT
(283) INDIANA UNIVERSITY FOUNDATION PO BOX 500, BLOOMINGTON, IN 47402	35-6018940	501(C)(3)	55,135				DONOR CHOICE
(284) MOUNT PLEASANT CHRISTIAN CHURCH 381 N BLUFF RD, GREENWOOD, IN 46142	35-6020009	501(C)(3)	17,680				DONOR CHOICE
(285) BOONE COUNTY CANCER SOCIETY INC 117 W ELM ST, LEBANON, IN 46052	35-6044450	501(C)(3)	6,042				DONOR CHOICE
(286) INDIANA LEGAL SERVICES, INC. 1200 MADISON AVE STE 300, INDIANAPOLIS, IN 46225	35-6059654	501(C)(3)	80,000				DONOR CHOICE
(287) INDIANA LEGAL SERVICES, INC. 1200 MADISON AVE STE 300, INDIANAPOLIS, IN 46225	35-6059654	501(C)(3)	3,338				PROGRAM AND/OR OPERATING SUPPORT
(288) INDIANAPOLIS URBAN LEAGUE, INC. 777 INDIANA AVE, INDIANAPOLIS, IN 46202	35-6060655	501(C)(3)	878,518				DONOR CHOICE
(289) INDIANAPOLIS URBAN LEAGUE, INC. 777 INDIANA AVE, INDIANAPOLIS, IN 46202	35-6060655	501(C)(3)	39,117				PROGRAM AND/OR OPERATING SUPPORT

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(290) INDIANA STATE MUSEUM AND HISTORIC SITES FOUNDATION, INC. 650 W WASHINGTON ST, INDIANAPOLIS, IN 46204	35-6202818	501(C)(3)	6,000				DONOR CHOICE
(291) ST. ALPHONSUS LIGUORI CATHOLIC CHURCH 1870 W OAK ST, ZIONSVILLE, IN 46077	35-6265363	501(C)(3)	7,500				DONOR CHOICE
(292) THE SALVATION ARMY PO BOX 50439, INDIANAPOLIS, IN 46250	36-2167910	501(C)(3)	320,000				DONOR CHOICE
(293) THE SALVATION ARMY PO BOX 50439, INDIANAPOLIS, IN 46250	36-2167910	501(C)(3)	39,493				PROGRAM AND/OR OPERATING SUPPORT
(294) SOLOMON SCHECHTER DAY SCHOOL OF METROPOLITAN CHICAGO 3210 DUNDEE RD, NORTHBROOK, IL 60062	36-2493769	501(C)(3)	7,000				DONOR CHOICE
(295) COBURN PLACE 604 E 38TH ST, INDIANAPOLIS, IN 46205	37-1421922	501(C)(3)	5,937				DONOR CHOICE
(296) ST. VINCENT DE PAUL INDIANAPOLIS 3001 E 30TH ST, INDIANAPOLIS, IN 46218	37-1507632	501(C)(3)	60,894				DONOR CHOICE
(297) MIDWEST FOOD BANK NFP 6450 S BELMONT AVE, INDIANAPOLIS, IN 46217	41-2120170	501(C)(3)	8,110				DONOR CHOICE
(298) AUTISM CARES FOUNDATION 816 SECOND STREET PIKE, SOUTHAMPTON, PA 18966	41-2252110	501(C)(3)	5,709				DONOR CHOICE
(299) BURMESE AMERICAN COMMUNITY INSTITUTE 4925 SHELBY ST STE 200, INDIANAPOLIS, IN 46227	45-2377550	501(C)(3)	410,330				PROGRAM AND/OR OPERATING SUPPORT
(300) BEYOND HOMELESS INC 309 E FRANKLIN ST, GREENCASTLE, IN 46135	45-5034954	501(C)(3)	15,000				PROGRAM AND/OR OPERATING SUPPORT
(301) FOSTER SUCCESS INC. 546 E 17TH ST STE 206, INDIANAPOLIS, IN 46202	45-5056874	501(C)(3)	60,000				DONOR CHOICE
(302) FOSTER SUCCESS INC. 546 E 17TH ST STE 206, INDIANAPOLIS, IN 46202	45-5056874	501(C)(3)	1,719				PROGRAM AND/OR OPERATING SUPPORT
(303) FIGHT FOR LIFE FOUNDATION 1300 E 86TH ST STE 40426, INDIANAPOLIS, IN 46240	46-1377821	501(C)(3)	90,000				PROGRAM AND/OR OPERATING SUPPORT
(304) HOPE ROAD NICARAGUA INC 5408 GRANNY WHITE PIKE, BRENTWOOD, TN 37027	46-1646246	501(C)(3)	6,000				DONOR CHOICE
(305) FAMILY PROMISE OF HENDRICKS COUNTY INC 238 N VINE ST, PLAINFIELD, IN 46168	46-1733831	501(C)(3)	100,000				DONOR CHOICE
(306) FAMILY PROMISE OF HENDRICKS COUNTY INC 238 N VINE ST, PLAINFIELD, IN 46168	46-1733831	501(C)(3)	13,899				PROGRAM AND/OR OPERATING SUPPORT
(307) TEENWORKS, INC. 2820 N MERIDIAN ST, INDIANAPOLIS, IN 46208	46-2047309	501(C)(3)	150,000				DONOR CHOICE

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(308) TEENWORKS, INC. 2820 N MERIDIAN ST, INDIANAPOLIS, IN 46208	46-2047309	501(C)(3)	705				PROGRAM AND/OR OPERATING SUPPORT
(309) GENDERNEXUS INC. 3733 N MERIDIAN ST, SUITE 310, INDIANAPOLIS, IN 46208	46-2587958	501(C)(3)	15,680				DONOR CHOICE
(310) GENDERNEXUS INC. 3733 N MERIDIAN ST, SUITE 310, INDIANAPOLIS, IN 46208	46-2587958	501(C)(3)	2,494				PROGRAM AND/OR OPERATING SUPPORT
(311) WESTMINSTER NEIGHBORHOOD SERVICES INC 2325 E NEW YORK ST, INDIANAPOLIS, IN 46201	46-3757511	501(C)(3)	61,177				DONOR CHOICE
(312) WESTMINSTER NEIGHBORHOOD SERVICES INC 2325 E NEW YORK ST, INDIANAPOLIS, IN 46201	46-3757511	501(C)(3)	250				PROGRAM AND/OR OPERATING SUPPORT
(313) BLOOD COVENANT SISTERS INT'L MINISTRIES, INC 7606 FALL CREEK RD, INDIANAPOLIS, IN 46256	47-1102470	501(C)(3)	18,900				PROGRAM AND/OR OPERATING SUPPORT
(314) OVERDOSE-LIFELINE INC 1100 W 42ND ST, STE 385, INDIANAPOLIS, IN 46208	47-1333720	501(C)(3)	11,850				DONOR CHOICE
(315) OVERDOSE-LIFELINE INC 1100 W 42ND ST, STE 385, INDIANAPOLIS, IN 46208	47-1333720	501(C)(3)	325				PROGRAM AND/OR OPERATING SUPPORT
(316) GLOBAL PREPARATORY ACADEMY 2033 SUGAR GROVE AVE, INDIANAPOLIS, IN 46202	47-2593404	501(C)(3)	156,400				PROGRAM AND/OR OPERATING SUPPORT
(317) CATHOLIC CHARITIES INDIANAPOLIS 1400 N MERIDIAN ST, INDIANAPOLIS, IN 46202	47-3062508	501(C)(3)	670,000				DONOR CHOICE
(318) CATHOLIC CHARITIES INDIANAPOLIS 1400 N MERIDIAN ST, INDIANAPOLIS, IN 46202	47-3062508	501(C)(3)	93,355				PROGRAM AND/OR OPERATING SUPPORT
(319) STABILITY FIRST INC PO BOX 1452, MARTINSVILLE, IN 46151	47-4429844	501(C)(3)	72,998				DONOR CHOICE
(320) STABILITY FIRST INC PO BOX 1452, MARTINSVILLE, IN 46151	47-4429844	501(C)(3)	988				PROGRAM AND/OR OPERATING SUPPORT
(321) LIFE FOR A CHILD USA INC PO BOX 12903, TALLAHASSEE, FL 32317	47-4901579	501(C)(3)	10,100				DONOR CHOICE
(322) GLOBAL IMPACT 1801 W OLYMPIC BLVD, PASADENA, CA 91199-2326	52-1273585	501(C)(3)	10,163				DONOR CHOICE
(323) AMERICAN RED CROSS PO BOX 73857, CHICAGO, IL 60673-7857	53-0196605	501(C)(3)	500,000				DONOR CHOICE
(324) AMERICAN RED CROSS PO BOX 73857, CHICAGO, IL 60673-7857	53-0196605	501(C)(3)	35,085				PROGRAM AND/OR OPERATING SUPPORT
(325) STARFISH, INC. 2955 N MERIDIAN ST STE 101, INDIANAPOLIS, IN 46208	56-2442758	501(C)(3)	100,000				DONOR CHOICE

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(326) STARFISH, INC. 2955 N MERIDIAN ST STE 101, INDIANAPOLIS, IN 46208	56-2442758	501(C)(3)	31,369				PROGRAM AND/OR OPERATING SUPPORT
(327) SAMARITAN'S PURSE PO BOX 3000, BOONE, NC 28607	58-1437002	501(C)(3)	8,330				DONOR CHOICE
(328) RAMAH DAROM INC 6400 POWERS FERRY RD, ATLANTA, GA 30339	58-2146741	501(C)(3)	15,000				DONOR CHOICE
(329) FOOD FOR THE POOR, INC. 6401 LYONS RD, COCONUT CREEK, FL 33073	59-2174510	501(C)(3)	5,972				DONOR CHOICE
(330) VISUALLY IMPAIRED PRESCHOOL SERVICES, INC. 1906 GOLDSMITH LN, LOUISVILLE, KY 40218	61-1061973	501(C)(3)	108,330				DONOR CHOICE
(331) VISUALLY IMPAIRED PRESCHOOL SERVICES, INC. 1906 GOLDSMITH LN, LOUISVILLE, KY 40218	61-1061973	501(C)(3)	2,265				PROGRAM AND/OR OPERATING SUPPORT
(332) ST. JUDE CHILDREN'S RESEARCH HOSPITAL 501 ST JUDE PL, MEMPHIS, TN 38105	62-0646012	501(C)(3)	5,988				DONOR CHOICE
(333) EASTER SEAL REHABILITATION CENTER, INC. 1305 NATIONAL RD, WHEELING, WV 26003	62-1266942	501(C)(3)	27,000				PROGRAM AND/OR OPERATING SUPPORT
(334) LOVE4SATOS ANIMAL RESCUE INC 1353 AVE LUIS VIGOREAUX PMB 440, GUAYNABO, PR 00966-2715	66-0886544	501(C)(3)	6,240				DONOR CHOICE
(335) SECOND BAPTIST CHURCH DEVELOPMENT CORP 3705 KESSLER BLVD N DR, INDIANAPOLIS, IN 46222	68-0558032	501(C)(3)	15,000				PROGRAM AND/OR OPERATING SUPPORT
(336) TEDDY BEAR LEARNING CENTER LLC 9765 OLYMPIA DR, FISHERS, IN 46037	81-0734954	501(C)(3)	9,000				PROGRAM AND/OR OPERATING SUPPORT
(337) CIRCLE CITY PREPARATORY INC 4002 N FRANKLIN RD, INDIANAPOLIS, IN 46226	81-0741071	501(C)(3)	48,000				PROGRAM AND/OR OPERATING SUPPORT
(338) INDIANA UNDOCUMENTED YOUTH ALLIANCE INC 120 E MARKET ST, STE 1200, INDIANAPOLIS, IN 46204	81-1067948	501(C)(3)	5,030				DONOR CHOICE
(339) BROOKSIDE COMMUNITY DEVELOPMENT CORPORATION 1035 N OLNEY ST, INDIANAPOLIS, IN 46201	81-1534304	501(C)(3)	69,300				PROGRAM AND/OR OPERATING SUPPORT
(340) HOPE CENTER INDY 11850 BROOKVILLE RD, INDIANAPOLIS, IN 46239	81-2027077	501(C)(3)	10,329				DONOR CHOICE
(341) KINGDOM KIDS DAYCARE 2125 N GERMAN CHURCH RD, INDIANAPOLIS, IN 46229	81-3479165	501(C)(3)	10,000				PROGRAM AND/OR OPERATING SUPPORT
(342) JORDAN FOUNDATION INC PO BOX 29280, INDIANAPOLIS, IN 46229	81-3897043	501(C)(3)	5,200				DONOR CHOICE

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(343) GRASSROOT PROJECTS 314 210TH COURT SOUTHEAST, SAMMAMISH, WA 98074-7032	82-1063744	501(C)(3)	80,000				DONOR CHOICE
(344) GRASSROOT PROJECTS 314 210TH COURT SOUTHEAST, SAMMAMISH, WA 98074-7032	82-1063744	501(C)(3)	390				PROGRAM AND/OR OPERATING SUPPORT
(345) A LEARNING BEE STEM PRE-K ACADEMY 802 EDMONT AVE, INDIANAPOLIS, IN 46208	82-1551884	501(C)(3)	77,750				PROGRAM AND/OR OPERATING SUPPORT
(346) RILEY CENTER, THE 4040 W 71ST ST, INDIANAPOLIS, IN 46268	82-5174489	501(C)(3)	53,550				PROGRAM AND/OR OPERATING SUPPORT
(347) INVENT LEARNING HUB 1849 E PLEASANT RUN PKWY S DR, INDIANAPOLIS, IN 46203	82-5228511	501(C)(3)	104,650				PROGRAM AND/OR OPERATING SUPPORT
(348) TRINITY HAVEN INC 3561 N PENNSYLVANIA ST, INDIANAPOLIS, IN 46205	82-5358554	501(C)(3)	9,736				DONOR CHOICE
(349) MILES OF SMILES CHILDCARE & PRESCHOOL 77 S GIRLS SCHOOL RD, SUITE 210, INDIANAPOLIS, IN 46231	82-5418677	501(C)(3)	15,623				PROGRAM AND/OR OPERATING SUPPORT
(350) BE NIMBLE FOUNDATION 520 EAST WASHINGTON ST #503, INDIANAPOLIS, IN 46204	83-1276599	501(C)(3)	94,000				PROGRAM AND/OR OPERATING SUPPORT
(351) GLICK RESIDENT SUCCESS CENTER, LLC PO BOX 40177, INDIANAPOLIS, IN 46240	83-2523314	501(C)(3)	19,602				PROGRAM AND/OR OPERATING SUPPORT
(352) PARTNERSHIP FOR A HEALTHY HAMILTON COUNTY 12175 VISIONARY WAY, SUITE 530, FISHERS, IN 46038	83-2595266	501(C)(3)	11,750				PROGRAM AND/OR OPERATING SUPPORT
(353) SANKOFA SCHOOL OF SUCCESS, INC. 5801 EAST 30TH STREET, INDIANAPOLIS, IN 46218	83-2922025	501(C)(3)	125,944				PROGRAM AND/OR OPERATING SUPPORT
(354) BELIEVE SCHOOLS INC 2540 N CAPITOL AVE, INDIANAPOLIS, IN 46208	83-3062439	501(C)(3)	289,853				DONOR CHOICE
(355) BELIEVE SCHOOLS INC 2540 N CAPITOL AVE, INDIANAPOLIS, IN 46208	83-3062439	501(C)(3)	390				PROGRAM AND/OR OPERATING SUPPORT
(356) PATH SCHOOL, THE 653 N. SOMERSET AVENUE, INDIANAPOLIS, IN 46222	83-3099267	501(C)(3)	267,995				PROGRAM AND/OR OPERATING SUPPORT
(357) ROOTED SCHOOL, INC. 5750 E 30TH ST, INDIANAPOLIS, IN 46218	83-3795565	501(C)(3)	224,780				PROGRAM AND/OR OPERATING SUPPORT
(358) SAME AS U INC 19201 N PROMIS RD, NOBLESVILLE, IN 46060	83-4403387	501(C)(3)	5,000				DONOR CHOICE
(359) HOPE ACADEMY INC 3919 MADISON AVE STE 100, INDIANAPOLIS, IN 46227	84-2099551	501(C)(3)	24,564				DONOR CHOICE

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(360) HOPE ACADEMY INC 3919 MADISON AVE STE 100, INDIANAPOLIS, IN 46227	84-2099551	501(C)(3)	1,490				PROGRAM AND/OR OPERATING SUPPORT
(361) IRVINGTON COUNSELING COLLECTIVE, INC 203 GOOD AVE, INDIANAPOLIS, IN 46219	84-2940815	501(C)(3)	73,000				PROGRAM AND/OR OPERATING SUPPORT
(362) ADELANTE SCHOOLS INC 1202 E TROY AVE, INDIANAPOLIS, IN 46203	84-3574341	501(C)(3)	65,250				PROGRAM AND/OR OPERATING SUPPORT
(363) 91 PLACE INCORPORATED 6041 DEWEY AVENUE, INDIANAPOLIS, IN 46219	85-1370558	501(C)(3)	7,720				DONOR CHOICE
(364) CENTER OF IMAGINATION (REGINA FREEDOM ACADEMY) 4330 N POST RD, INDIANAPOLIS, IN 46226	85-2621297	501(C)(3)	82,633				PROGRAM AND/OR OPERATING SUPPORT
(365) ASPIRE INDY 5321 E 42ND ST, INDIANAPOLIS, IN 46226	87-3518892	501(C)(3)	37,550				PROGRAM AND/OR OPERATING SUPPORT
(366) CATHOLIC YOUTH ORGANIZATION CAMP 580 E STEVENS ST, INDIANAPOLIS, IN 46203-1781	90-0657156	501(C)(3)	23,214				DONOR CHOICE
(367) CATHOLIC YOUTH ORGANIZATION CAMP 580 E STEVENS ST, INDIANAPOLIS, IN 46203-1781	90-0657156	501(C)(3)	102,119				PROGRAM AND/OR OPERATING SUPPORT
(368) NEW BEGINNINGS 2132 W MICHIGAN ST, INDIANAPOLIS, IN 46222	90-0936324	501(C)(3)	10,000				DONOR CHOICE
(369) NEW BEGINNINGS 2132 W MICHIGAN ST, INDIANAPOLIS, IN 46222	90-0936324	501(C)(3)	791				PROGRAM AND/OR OPERATING SUPPORT
(370) BUDDHIST TZU CHI FOUNDATION 1100 S VALLEY CENTER AVE, SAN DIMAS, CA 91773	94-2952782	501(C)(3)	5,800				DONOR CHOICE
(371) THE TREVOR PROJECT PO BOX 69232, WEST HOLLYWOOD, CA 90069	95-4681287	501(C)(3)	6,064				DONOR CHOICE
(372) MALARIA CONSORTIUM US PO BOX 6334, HERMITAGE, PA 16148	98-0627052	501(C)(3)	10,000				DONOR CHOICE
(373) IFSSA INDIANA FAMILY & SOCIAL SERVICES ADMINISTRATION 3451 SHERBURNE LN, INDIANAPOLIS, IN 46207	N/A	GOV	159,816				PROGRAM AND/OR OPERATING 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 H - PURPOSE OF GRANT OR ASSISTANCE	<p>AMERICAN CANCER SOCIETY, INC.:</p> <p>PROGRAM AND/OR OPERATING SUPPORT</p>
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	<p>JUDAH MINISTRIES INC (PRIDE ACADEMY):</p> <p>PROGRAM AND/OR OPERATING SUPPORT</p>
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	<p>KHEPRW INSTITUTE:</p> <p>PROGRAM AND/OR OPERATING SUPPORT</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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Employer identification number

35-1007590

**Part I Questions Regarding Compensation**

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC 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				
<b>1</b> ANN MURTLow PRESIDENT AND CHIEF EXECUTIVE OFFICER (UNTIL JUNE 2022)	(i)	283,985	135,958	1,264	18,300	17,012	456,519	0
	(ii)	0	0	0	0	0	0	0
<b>2</b> GINA A MILLER COO AND CFO, ASSISTANT TREASURER	(i)	167,391	36,498	807	12,535	21,958	239,189	0
	(ii)	0	0	0	0	0	0	0
<b>3</b> MECHELLE CALLEN CHIEF TALENT & CULTURE OFFICER	(i)	125,179	20,565	44,156	11,874	32,450	234,224	0
	(ii)	0	0	0	0	0	0	0
<b>4</b> SARA VANSLAMBROOK CHIEF IMPACT OFFICER	(i)	168,536	20,002	960	11,785	30,388	231,671	0
	(ii)	0	0	0	0	0	0	0
<b>5</b> PENNY KELLER CHIEF FUNDRAISING AND ENGAGEMENT OFFICER	(i)	158,720	18,585	1,632	9,933	32,367	221,237	0
	(ii)	0	0	0	0	0	0	0
<b>6</b> JULIANNE BURNS CEO, JUMPIN	(i)	181,900	0	2,184	10,500	24,843	219,427	0
	(ii)	0	0	0	0	0	0	0
<b>7</b> LUCIA DOWNTON TECHNOLOGY AND OPERATIONS VICE PRESIDENT	(i)	140,414	16,896	2,184	9,524	27,954	196,972	0
	(ii)	0	0	0	0	0	0	0
<b>8</b> FRED PAYNE PRESIDENT AND CHIEF EXECUTIVE OFFICER (BEG JUNE 2022)	(i)	155,398	0	530	6,750	10,744	173,422	0
	(ii)	0	0	0	0	0	0	0
<b>9</b>	(i)							
	(ii)							
<b>10</b>	(i)							
	(ii)							
<b>11</b>	(i)							
	(ii)							
<b>12</b>	(i)							
	(ii)							
<b>13</b>	(i)							
	(ii)							
<b>14</b>	(i)							
	(ii)							
<b>15</b>	(i)							
	(ii)							
<b>16</b>	(i)							
	(ii)							

Part III

**Supplemental Information.** Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 4A - SEVERANCE OR CHANGE-OF-CONTROL PAYMENT	MEHELLE CALLEN RECEIVED A SEVERANCE PACKAGE IN THE AMOUNT OF \$42,524 DURING FISCAL YEAR 2023.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

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](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

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 . . . . .	✓	87	1,109,604	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 V, Donee Acknowledgement . . . . .	29	0
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	Yes	No
30a		✓
b If "Yes," describe the arrangement in Part II.		
31	✓	
32a		✓
b If "Yes," describe in Part II.		
33		

**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)**

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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

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	INDIVIDUALS AND FAMILIES LIVING IN OR NEAR POVERTY AND STRIVING FOR A BRIGHTER FUTURE. OUR VISION IS THAT CENTRAL INDIANA WILL BE A COMMUNITY WHERE CHILDREN, INDIVIDUALS AND FAMILIES THRIVE; NEIGHBORS CARE FOR EACH OTHER; AND WE ARE PROUD OF ALL OUR RESIDENTS' QUALITY OF LIFE. WE ACCOMPLISH OUR WORK THROUGH ADVOCATING FOR PUBLIC POLICIES THAT SUPPORT OUR STRATEGIES; CAPACITY BUILDING TO STRENGTHEN THE HUMAN SERVICES SECTOR; DATA AND RESEARCH TO SHOW REAL OUTCOMES; GRANTMAKING AND COMMUNITY INVESTMENTS TO SUPPORT THE SUCCESS OF DIRECT-SERVICE ORGANIZATIONS; INITIATIVES AND PROGRAMS THAT COMPLEMENT THE WORK OF OUR PARTNERS; AND THOUGHT LEADERSHIP AND CONVENING ACROSS THE SECTOR.
FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION	WHERE CHILDREN, INDIVIDUALS AND FAMILIES THRIVE; NEIGHBORS CARE FOR EACH OTHER; AND WE ARE PROUD OF ALL OUR RESIDENTS' QUALITY OF LIFE.
FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION	<p>FAMILIES. 3,624 PEOPLE WERE SERVED THROUGH THE CENTER FOR WORKING FAMILIES PROGRAM; 2,251 PEOPLE RECEIVED FINANCIAL COUNSELING; AND 2,134 PEOPLE RECEIVED EMPLOYMENT COUNSELING.</p> <p>SINCE 2019, THE NUMBER OF PEOPLE SERVED THROUGH FAMILY OPPORTUNITY INCREASED BY 81% AND THE NUMBER OF SERVICES PROVIDED INCREASED BY 240%. DURING 2019-2021 45% OF FAMILIES CONTINUOUSLY SERVED SAW AN INCREASE IN HOUSEHOLD INCOME YEAR-OVER-YEAR, AND 70% OF PARENTS/CAREGIVERS THAT WERE CONTINUOUSLY SERVED DURING THIS PERIOD OBTAINED FULL-TIME EMPLOYMENT.</p> <p>AS PART OF OUR FAMILY OPPORTUNITY STRATEGY, UWCI ADVOCATED FOR PUBLIC POLICY FOCUSED ON IMPROVING ACCESS TO QUALITY EARLY CHILDHOOD EDUCATION AND, COLLEGE TUITION ASSISTANCE, AND STRENGTHENING WORKFORCE DEVELOPMENT PROGRAMS.</p> <p>WE ALSO INVESTED TIME, TALENT, AND RESOURCES IN BUILDING CAPACITY FOR LOCAL 2GEN PROGRAMS, EARLY CHILDHOOD EDUCATION PROVIDERS, AND COMMUNITY ORGANIZATIONS.</p>
FORM 990, PART III, LINE 4B - PROGRAM SERVICE DESCRIPTION	AND OTHER ACTIVITIES. IN ADDITION, UWCI ADMINISTERED DONOR DESIGNATED DOLLARS TO A WIDE RANGE OF UNAFFILIATED ORGANIZATIONS ACROSS THE NON-PROFIT SECTOR (\$3.9 MILLION ACROSS 1,000 ORGANIZATIONS).
FORM 990, PART III, LINE 4C - PROGRAM SERVICE DESCRIPTION	<p>WE FACILITATE THE FEDERALLY-FUNDED EMERGENCY FOOD AND SHELTER PROGRAM FOR CBOS THROUGHOUT CENTRAL INDIANA.</p> <p>WE ALSO ENGAGE IN A NUMBER OF OTHER BASIC NEEDS PROGRAMS INCLUDING INDY FREE TAX PREP TO ASSIST IN TAX PREPARATION, AND WINTER ASSISTANCE FOR HOUSEHOLDS INELIGIBLE FOR THE FEDERAL ENERGY ASSISTANCE.</p> <p>AS PART OF OUR OVERALL BASIC NEEDS STRATEGY, UWCI ADVOCATED FOR PUBLIC POLICY FOCUSED ON INCREASING ACCESS TO TEMPORARY ASSISTANCE FUNDS AND SIMPLIFYING APPLICATIONS FOR SNAP BENEFITS.</p>
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	<p>(EXPENSES \$6,533,366 INCLUDING GRANTS OF \$1,267,648)(REVENUE \$375,786)</p> <p>OTHER PROGRAM SERVICES: UWCI ENSURES THAT ALL PROGRAMS AND INITIATIVES ARE BACKED UP WITH RESEARCH AND DATA, IMPLEMENTED WITH FIDELITY, AND LEVERAGED WITH OTHER COMMUNITY RESOURCES. IN THIS FISCAL YEAR, THESE INCLUDED: COMMUNITY NEEDS/HUMAN SERVICES RESEARCH; PUBLIC POLICY ADVOCACY; VOLUNTEER TRAINING, DEVELOPMENT, AND DEPLOYMENT; NONPROFIT LEADERSHIP EDUCATION AND TRAINING; AND CONVENING COMMUNITY LEADERS AND FUNDERS TO ALIGN RESOURCES AROUND SHARED COMMUNITY GOALS. WE ALSO DEPLOYED \$950,000 TO 11 ORGANIZATIONS THROUGH OUR SOCIAL INNOVATION FUND GRANTS. THESE FUNDS WERE USED TO ESTABLISH A THRIVING RETAIL INDUSTRY, AND BUILD SUSTAINABLE AND SCALABLE BUSINESSES FOR BLACK AND LATINX ENTREPRENEURS; CREATE EMPLOYMENT PATHWAYS AND PROVIDE TRAINING TO PREVIOUSLY INCARCERATED AND/OR INDIVIDUALS BELOW THE POVERTY LINE; PROVIDE ESSENTIAL HEALTH AND DISEASE PREVENTION SERVICES TO THE BLACK COMMUNITY THROUGH A BARBERSHOP BUSINESS MODEL; SERVE IMMIGRANT FAMILIES WITH A FOCUS ON BASIC NEEDS AND WELL-BEING ACTIVITIES; AND CREATE A PARTNERSHIP BETWEEN PARENTS AND FOSTER PARENTS, SO CHILDREN CAN ACHIEVE POSITIVE OUTCOMES. UNITED WAY'S SOCIAL INNOVATION INITIATIVES SUPPORTS HUMAN SERVICE ORGANIZATIONS THAT TEST PROMISING IDEAS AND PRACTICES WHICH ULTIMATELY IMPROVE PROGRAM EFFICIENCIES, EFFECTIVENESS, AND OUTCOMES FOR INDIVIDUALS AND FAMILIES IN CENTRAL INDIANA.</p>

Return Reference - Identifier	Explanation				
FORM 990, PART VI, LINE 1A - DELEGATE BROAD AUTHORITY TO A COMMITTEE	THE EXECUTIVE COMMITTEE SHALL, FROM TIME TO TIME, CONSIST OF THE FOLLOWING MEMBERS OF THE BOARD OF DIRECTORS: THE BOARD CHAIR, CHAIR-ELECT, IMMEDIATE PAST BOARD CHAIR, SECRETARY, TREASURER, CHAIRS OF THE STANDING COMMITTEES, THE COMMUNITY ENGAGEMENT CHAIR, AND 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.				
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	FORM 990 IS PREPARED BY UWCI'S SENIOR DIRECTOR OF FINANCE AND ITS 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. 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.				
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	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 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.				
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	AN EXECUTIVE COMPENSATION/EVALUATION COMMITTEE MEETS ANNUALLY TO EVALUATE THE PERFORMANCE OF THE PRESIDENT AND TO ESTABLISH ANNUAL COMPENSATION ADJUSTMENTS. COMPARABILITY DATA, INCLUDING STUDIES PROVIDED BY THE UNITED WAY OF AMERICA AND OTHER RELEVANT BENCHMARKS, ARE USED TO DETERMINE COMPENSATION. THE PROCESS AND DECISIONS ARE DOCUMENTED IN THE COMMITTEE MINUTES. A FULL INDEPENDENT COMPENSATION STUDY IS CONDUCTED EVERY TWO YEARS. WITH THE LAST ONE BEING COMPLETED IN AUGUST OF 2022.				
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	THE EXECUTIVE COMPENSATION COMMITTEE ALSO REVIEWS THE SALARIES FOR ALL SENIOR EXECUTIVES, INCLUDING THE COO AND 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.				
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	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.				
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table border="1" data-bbox="467 1293 1513 1369"> <thead> <tr> <th data-bbox="467 1293 1304 1329">(a) Description</th> <th data-bbox="1312 1293 1513 1329">(b) Amount</th> </tr> </thead> <tbody> <tr> <td data-bbox="467 1329 1304 1369">ADJUSTMENT TO PRIOR YEAR UNCOLLECTIBLE PLEDGES</td> <td data-bbox="1312 1329 1513 1369">509,107</td> </tr> </tbody> </table>	(a) Description	(b) Amount	ADJUSTMENT TO PRIOR YEAR UNCOLLECTIBLE PLEDGES	509,107
(a) Description	(b) Amount				
ADJUSTMENT TO PRIOR YEAR UNCOLLECTIBLE PLEDGES	509,107				

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

UNITED WAY OF CENTRAL INDIANA, INC.

**Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

**Open to Public Inspection**

Employer identification number

35-1007590

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) UNITED WAY OF CENTRAL INDIANA, LLC (03-5087427) 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
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>	
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	

**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) .....													