

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)

2021

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 for instructions and the latest information.

Open to Public Inspection

A For the **2021** calendar year, or tax year beginning 07/01, **2021**, and ending 06/30, **20** 22

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
G Gross receipts \$ 135,021,126

F Name and address of principal officer: FRED PAYNE
SAME AS C ABOVE

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

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

J Website: ▶ WWW.UWCI.ORG

K Form of organization: Corporation Trust Association Other ▶ _____ **L** Year of formation: 1921 **M** State of legal domicile: IN

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>UNITED WAY OF CENTRAL INDIANA DESIGNS, SUPPORTS AND GROWS SYSTEMS THAT ACCELERATE FINANCIAL STABILITY AND UPWARD MOBILITY FOR (CONTINUED ON SCHEDULE O)</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	61
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	60
	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	152
	6	Total number of volunteers (estimate if necessary)	6	5,392
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year <u>78,838,234</u>	Current Year <u>49,065,269</u>
	9	Program service revenue (Part VIII, line 2g)	<u>477,513</u>	<u>695,707</u>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>7,968,806</u>	<u>10,217,194</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>205</u>	<u>(36,339)</u>
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>87,284,758</u>	<u>59,941,831</u>
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>40,103,176</u>	<u>39,965,191</u>
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	<u>9,444,679</u>	<u>11,130,111</u>
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u>0</u>	<u>0</u>
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>5,243,045</u>		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	<u>9,239,773</u>	<u>9,008,138</u>
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>58,787,628</u>	<u>60,103,440</u>	
19	Revenue less expenses. Subtract line 18 from line 12	<u>28,497,130</u>	<u>(161,609)</u>	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year <u>243,230,085</u>	End of Year <u>217,442,591</u>
	21	Total liabilities (Part X, line 26)	<u>15,594,373</u>	<u>17,264,392</u>
	22	Net assets or fund balances. Subtract line 21 from line 20	<u>227,635,712</u>	<u>200,178,199</u>

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer _____ Date _____
FRED PAYNE, PRESIDENT & CEO
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name EMILIE KNIERIEM Preparer's signature EMILIE KNIERIEM Date 11/15/2022 Check if self-employed PTIN P01330194
 Firm's name ▶ CROWE LLP Firm's EIN ▶ 35-0921680
 Firm's address ▶ 9600 BROWNSBORO ROAD, SUITE 400, LOUISVILLE, KY 40241-3902 Phone no. (502) 326-3996

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III Yes No

1 Briefly describe the organization's mission:
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 No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 12,526,226 including grants of \$ 11,677,216) (Revenue \$ 0)

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

IN 2021/22 UWCI GRANTED \$10.55M TO 63 ORGANIZATIONS THROUGH OUR BASIC NEEDS IMPACT FUND. THESE GRANTS HELPED 17,471 STRUGGLING INDIVIDUALS GAIN ACCESS AND RETAIN AFFORDABLE HOUSING; SERVE 2,626,601 HEALTHY MEALS; PROVIDE 28,244 INDIVIDUALS WITH ACCESS TO PHYSICAL, MENTAL & BEHAVIORAL HEALTH SERVICES AND PROVIDE 370,628 TRANSPORTATION SERVICES.

WE FACILITATE THE FEDERALLY-FUNDED EMERGENCY FOOD AND SHELTER PROGRAM FOR COMMUNITY-BASED (CONTINUED ON SCHEDULE O)

4b (Code:) (Expenses \$ 10,050,255 including grants of \$ 9,672,438) (Revenue \$ 268,124)

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 2021/22 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 SUPPORTS THESE CBOS' GENERAL OPERATIONS THROUGH DONOR DESIGNATED AND OTHER DIRECTED GIFTS (\$2.2M); CAPITAL PROJECTS (\$1.5M), TECHNOLOGY (\$753K) AND FACILITIES MAINTENANCE GRANTS (\$840K); AND EVALUATION, CAPACITY BUILDING, CONTINGENCY, STAFF SUPPORT, AND OTHER ACTIVITIES. IN (CONTINUED ON SCHEDULE O)

4c (Code:) (Expenses \$ 20,529,428 including grants of \$ 17,177,156) (Revenue \$ 0)

FAMILY OPPORTUNITY STRATEGY: OUR FAMILY OPPORTUNITY STRATEGY IS GROUNDED IN THE PRACTICE OF THE TWO-GENERATION APPROACH (2GEN) - COMBINING INVESTMENTS, PROGRAMS AND SERVICES IN EDUCATION, WORKFORCE DEVELOPMENT, AND MENTAL AND PHYSICAL HEALTH TO CREATE OVERALL POSITIVE OUTCOMES FOR CHILDREN AND THE ADULTS IN THEIR LIVES TOGETHER. 2GEN, THE POVERTY REDUCTION STRATEGY IS AIMED AT BREAKING INTERGENERATIONAL POVERTY WHILE CREATING INTERGENERATIONAL OPPORTUNITY. DELIVERY OF THE STRATEGY IS DONE 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 (CONTINUED ON SCHEDULE O)

4d Other program services (Describe on Schedule O.)
(Expenses \$ 7,332,576 including grants of \$ 1,438,381) (Revenue \$ 621,039)

4e Total program service expenses ▶ 50,438,485

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c 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"/>

Part V Statements Regarding Other IRS Filings and Tax Compliance <i>(continued)</i>		Yes	No		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	152		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b		✓	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			✓
b	If "Yes," enter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a			✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	Organizations that may receive deductible contributions under section 170(c).				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		✓	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		✓	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			✓
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8			
9	Sponsoring organizations maintaining donor advised funds.				
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10	Section 501(c)(7) organizations. Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			✓
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15			✓
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16			✓
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator 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.	17			

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

Section A. Governing Body and Management

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

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
10b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
11b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	<input checked="" type="checkbox"/>	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	<input checked="" type="checkbox"/>	
13	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
14	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
15b	Other officers or key employees of the organization	<input checked="" type="checkbox"/>	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<input checked="" type="checkbox"/>
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► IN
- 18** Section 6104 requires an organization to make its Forms 1023 (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, 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			
(1) ANN D MURTLow PRESIDENT AND CHIEF EXECUTIVE OFFICER	40.0	✓		✓			448,791	0	44,206	
(2) GINA A MILLER CHIEF OPERATING OFFICER AND CHIEF FINANCIAL OFFICER, ASSISTANT TREASURER	40.0			✓			256,363	0	40,706	
(3) SARA VANSLAMBROOK CHIEF IMPACT OFFICER	40.0					✓	221,775	0	34,611	
(4) GREGORY FENNIG CHIEF MARKETING, COMMUNICATION & COMMUNITY RELATIONS OFFICER	40.0					✓	190,064	0	32,276	
(5) MECHELLE CALLEN CHIEF TALENT & CULTURE OFFICER	40.0					✓	178,496	0	37,626	
(6) JULIANNE BURNS CEO, JUMPIN	40.0					✓	184,083	0	26,531	
(7) PENNY KELLER CHIEF FUNDRAISING AND ENGAGEMENT OFFICER	40.0					✓	173,525	0	35,132	
(8) RAFAEL SANCHEZ CHAIR	2.0	✓		✓			0	0	0	
(9) DEBORAH DANIELS VICE CHAIR	2.0	✓		✓			0	0	0	
(10) SCOTT BRUNS TREASURER	2.0	✓		✓			0	0	0	
(11) DICK HESTER SECRETARY	2.0	✓		✓			0	0	0	
(12) AMANDA BONILLA DIRECTOR	2.0	✓					0	0	0	
(13) ANDRE FRANKLIN DIRECTOR	2.0	✓					0	0	0	
(14) ANN MERKEL DIRECTOR	2.0	✓					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/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) BRIAN GARRISON DIRECTOR	2.0	<input checked="" type="checkbox"/>						0	0	0
(16) BRYAN MILLS DIRECTOR	2.0	<input checked="" type="checkbox"/>						0	0	0
(17) CHRIS BARNEY DIRECTOR	2.0	<input checked="" type="checkbox"/>						0	0	0
(18) CHRIS RIGSBEE DIRECTOR	2.0	<input checked="" type="checkbox"/>						0	0	0
(19) CLAIRE FIDDIAN-GREEN DIRECTOR (PARTIAL YEAR)	2.0	<input checked="" type="checkbox"/>						0	0	0
(20) CLAY ROBBINS DIRECTOR	2.0	<input checked="" type="checkbox"/>						0	0	0
(21) CONNIE BOND STUART DIRECTOR	2.0	<input checked="" type="checkbox"/>						0	0	0
(22) DAN DIEHL DIRECTOR	2.0	<input checked="" type="checkbox"/>						0	0	0
(23) DARRIN ORR DIRECTOR (PARTIAL YEAR)	2.0	<input checked="" type="checkbox"/>						0	0	0
(24) DENNY SPONSEL DIRECTOR	2.0	<input checked="" type="checkbox"/>						0	0	0
(25) (SEE STATEMENT)										
1b Subtotal								1,653,097	0	251,088
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								1,653,097	0	251,088

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
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	<input 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	PROVIDE STAFF SUPPORT FOR STUDENT SUMMER LEAR	692,073
MESH ED COLLECTIVE, LLC, 68 JAY STREET, #501, BROOKLYN, NY 11201	SUMMER LEARNING PROGRAM SERVICES	680,800
RESULTANT LLC, 111 MONUMENT CIRCLE, SUITE 202, INDIANAPOLIS, IN 46204	IMPACT DATA STRATEGIES	402,918
IMPACT FOR EDUCATION LLC, 44 HOWARD AVENUE, NEW HAVEN, CT 06549	PROGRAM CONSULTING	199,000
WELLSPRING CONSULTING LLC, 198 AMITY ROAD, SUITE 23 2ND FLOOR, WOODBRIDGE, CT 06525	STRATEGIC PLAN CONSULTING	191,287

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶** 13

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants, and Other Similar Amounts	1a	Federated campaigns					
	1b	Membership dues					
	1c	Fundraising events	358,163				
	1d	Related organizations					
	1e	Government grants (contributions)	6,983,181				
	1f	All other contributions, gifts, grants, and similar amounts not included above	41,723,925				
	1g	Noncash contributions included in lines 1a-1f	\$ 1,232,573				
	1h	Total. Add lines 1a-1f	49,065,269				
	Program Service Revenue	2a	DONOR DESIGNATION FEES ----- Business Code	900099	268,124	268,124	
2b		AGENCY DATA COLLECTION -----	900099	345,588	345,588		
2c		COMMUNITY AWARENESS AND LEADERSHIP DEVELOPMENT -----	900099	81,995	81,995		
2d		-----					
2e		-----					
2f		All other program service revenue		0	0	0	
2g		Total. Add lines 2a-2f		695,707			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		9,207,345		9,207,345	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real				
			(ii) Personal				
	6b	Less: rental expenses					
	6c	Rental income or (loss)	0	0			
	6d	Net rental income or (loss)					
	7a	Gross amount from sales of assets other than inventory	(i) Securities	75,814,990			
			(ii) Other				
	7b	Less: cost or other basis and sales expenses	74,805,141	0			
	7c	Gain or (loss)	1,009,849	0			
	7d	Net gain or (loss)		1,009,849		1,009,849	
8a	Gross income from fundraising events (not including \$ 358,163 of contributions reported on line 1c). See Part IV, line 18	8a	44,359				
8b	Less: direct expenses	8b	274,154				
8c	Net income or (loss) from fundraising events		(229,795)		(229,795)		
9a	Gross income from gaming activities. See Part IV, line 19	9a					
9b	Less: direct expenses	9b					
9c	Net income or (loss) from gaming activities						
10a	Gross sales of inventory, less returns and allowances						
10b	Less: cost of goods sold						
10c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11a	MISCELLANEOUS ----- Business Code	900099	193,456	193,456		
	11b	-----					
	11c	-----					
	11d	All other revenue		0	0	0	
	11e	Total. Add lines 11a-11d		193,456			
12	Total revenue. See instructions		59,941,831	889,163	0	9,987,399	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	39,718,160	39,718,160		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	247,031	247,031		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	798,869	129,663	519,878	149,328
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	8,246,893	3,776,953	1,610,660	2,859,280
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	419,499	193,658	84,871	140,970
9	Other employee benefits	1,053,073	495,283	191,786	366,004
10	Payroll taxes	611,777	269,491	134,671	207,615
11	Fees for services (nonemployees):				
a	Management				
b	Legal	63,360	8,073	55,287	
c	Accounting	72,474	717	71,121	636
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	370,102		370,102	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.)	4,481,052	3,906,407	450,951	123,694
12	Advertising and promotion	245,726	86,813	147,487	11,426
13	Office expenses	431,995	156,502	108,894	166,599
14	Information technology	948,553	385,219	192,062	371,272
15	Royalties				
16	Occupancy	697,445	306,204	119,604	271,637
17	Travel	30,414	15,982	10,287	4,145
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	166,490	39,310	71,607	55,573
20	Interest				
21	Payments to affiliates	816,874	342,707	148,937	325,230
22	Depreciation, depletion, and amortization	390,132	171,283	66,903	151,946
23	Insurance	87,092	38,203	14,999	33,890
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a	<u>CLASSROOM BOOKS AND SUPPLIES</u>	139,796	139,796		
b	-----				
c	-----				
d	-----				
e	All other expenses	66,633	11,030	51,803	3,800
25	Total functional expenses. Add lines 1 through 24e	60,103,440	50,438,485	4,421,910	5,243,045
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	1,029	1	1,763
	2 Savings and temporary cash investments	48,172,128	2	28,184,553
	3 Pledges and grants receivable, net	11,316,167	3	9,396,768
	4 Accounts receivable, net	6,512,831	4	10,231,098
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net	300,000	7	200,000
	8 Inventories for sale or use	15,631	8	12,869
	9 Prepaid expenses and deferred charges	894,705	9	657,008
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,768,999		
	b Less: accumulated depreciation	10b 2,879,334	1,254,798	10c 889,665
	11 Investments—publicly traded securities	174,152,842	11	167,327,780
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	609,954	15	541,087
16 Total assets. Add lines 1 through 15 (must equal line 33)	243,230,085	16	217,442,591	
Liabilities	17 Accounts payable and accrued expenses	3,488,517	17	4,486,007
	18 Grants payable	10,203,845	18	10,159,853
	19 Deferred revenue	196,493	19	242,293
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	1,705,518	21	2,376,239
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	15,594,373	26	17,264,392
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	66,861,023	27	58,686,538
	28 Net assets with donor restrictions	160,774,689	28	141,491,661
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds	0	29	
	30 Paid-in or capital surplus, or land, building, or equipment fund	0	30	
	31 Retained earnings, endowment, accumulated income, or other funds	0	31	
32 Total net assets or fund balances	227,635,712	32	200,178,199	
33 Total liabilities and net assets/fund balances	243,230,085	33	217,442,591	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	59,941,831
2	Total expenses (must equal Part IX, column (A), line 25)	2	60,103,440
3	Revenue less expenses. Subtract line 2 from line 1	3	(161,609)
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	227,635,712
5	Net unrealized gains (losses) on investments	5	(27,524,099)
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	228,195
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	200,178,199

Part XII Financial Statements and Reporting

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

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

(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) GEOFF GAILEY ----- DIRECTOR	2.0 -----	✓						0	0	0
(26) GEORGIANA REYNAL ----- DIRECTOR	2.0 -----	✓						0	0	0
(27) GRACE FINDLEY ----- DIRECTOR	2.0 -----	✓						0	0	0
(28) GREG PEMBERTON ----- DIRECTOR	2.0 -----	✓						0	0	0
(29) HEATHER HARRIS ----- DIRECTOR	2.0 -----	✓						0	0	0
(30) JAMES MACDONALD ----- DIRECTOR (PARTIAL YEAR)	2.0 -----	✓						0	0	0
(31) JAMES STARBUCK ----- DIRECTOR	2.0 -----	✓						0	0	0
(32) JASON ECKERLE ----- DIRECTOR	2.0 -----	✓						0	0	0
(33) JEAN WOJTOWICZ ----- DIRECTOR	2.0 -----	✓						0	0	0
(34) JEB BANNER ----- DIRECTOR	2.0 -----	✓						0	0	0
(35) JEFF HARRISON ----- DIRECTOR	2.0 -----	✓						0	0	0
(36) JIMMIE MCMILLIAN ----- DIRECTOR	2.0 -----	✓						0	0	0
(37) JOHN MASON ----- DIRECTOR	2.0 -----	✓						0	0	0
(38) JOHNA NORTON ----- DIRECTOR	2.0 -----	✓						0	0	0
(39) JOSH FLEMING ----- DIRECTOR	2.0 -----	✓						0	0	0
(40) JULIE SINGER ----- DIRECTOR	2.0 -----	✓						0	0	0
(41) KALEN JACKSON ----- DIRECTOR	2.0 -----	✓						0	0	0
(42) KAYE VITUG ----- DIRECTOR	2.0 -----	✓						0	0	0
(43) KELLEY KARN ----- DIRECTOR	2.0 -----	✓						0	0	0
(44) KIMBERLY ROOP ----- 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) KRISTINA LUND ----- DIRECTOR	2.0 -----	✓						0	0	0
(46) LAUREN JAMES ----- DIRECTOR	2.0 -----	✓						0	0	0
(47) LEAN ARENZ ----- DIRECTOR	2.0 -----	✓						0	0	0
(48) LISA HARRIS ----- DIRECTOR	2.0 -----	✓						0	0	0
(49) MAMON POWERS,, III ----- DIRECTOR	2.0 -----	✓						0	0	0
(50) MANDY PARRIS ----- DIRECTOR	2.0 -----	✓						0	0	0
(51) MARIA WILEY ----- DIRECTOR	2.0 -----	✓						0	0	0
(52) MARK LEMIEUX ----- DIRECTOR (PARTIAL YEAR)	2.0 -----	✓						0	0	0
(53) MARY BOELKE ----- DIRECTOR	2.0 -----	✓						0	0	0
(54) MATT COHOAT ----- DIRECTOR	2.0 -----	✓						0	0	0
(55) MIKE BECHER ----- DIRECTOR	2.0 -----	✓						0	0	0
(56) MIKE DILTS ----- DIRECTOR	2.0 -----	✓						0	0	0
(57) MIKE NORTH ----- DIRECTOR	2.0 -----	✓						0	0	0
(58) MIKE O'CONNOR ----- DIRECTOR	2.0 -----	✓						0	0	0
(59) NATALIE GUZMAN ----- DIRECTOR	2.0 -----	✓						0	0	0
(60) NINAD THANAWALA ----- DIRECTOR	2.0 -----	✓						0	0	0
(61) NIRAV SHAH ----- DIRECTOR	2.0 -----	✓						0	0	0
(62) PATZETTA TRICE ----- DIRECTOR	2.0 -----	✓						0	0	0
(63) REBECCA LYNCH ----- DIRECTOR	2.0 -----	✓						0	0	0
(64) ROD COTTON ----- DIRECTOR (PARTIAL YEAR)	2.0 -----	✓						0	0	0
(65) SAM ODLE ----- DIRECTOR	2.0 -----	✓						0	0	0

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (Check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(66) SCOTT BEIER ----- DIRECTOR	2.0 -----	✓					0	0	0
(67) SCOTT LUC ----- DIRECTOR	2.0 -----	✓					0	0	0
(68) STEPHANIE KIM ----- DIRECTOR	2.0 -----	✓					0	0	0
(69) SUSANNE WASSON ----- DIRECTOR	2.0 -----	✓					0	0	0
(70) TEKIAH TUNSTALL ----- DIRECTOR	2.0 -----	✓					0	0	0
(71) TORY CASTOR ----- DIRECTOR	2.0 -----	✓					0	0	0
(72) TROY GILSTORF ----- DIRECTOR	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 for instructions and the latest information.

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization UNITED WAY OF CENTRAL INDIANA, INC.	Employer identification number 35-1007590
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Part I 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)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box 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)						
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	55,967,663	48,411,936	73,513,522	78,838,234	49,065,269	305,796,624
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	55,967,663	48,411,936	73,513,522	78,838,234	49,065,269	305,796,624
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						94,665,241
6 Public support. Subtract line 5 from line 4						211,131,383

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	55,967,663	48,411,936	73,513,522	78,838,234	49,065,269	305,796,624
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,958,012	3,093,324	3,049,697	3,847,276	9,207,345	23,155,654
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0	0	0	0	0	0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	112,889	100,612	76,055	40,395	237,815	567,766
11 Total support. Add lines 7 through 10						329,520,044
12 Gross receipts from related activities, etc. (see instructions)					12	3,177,363
13 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	64.07 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	59.45 %
16a 33 1/3% support test—2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 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

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2021. 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—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 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? 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.		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
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)? If "Yes," describe in Part VI when and how the organization made the determination.		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.		
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)? 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.		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? 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).		
5b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
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? If "Yes," complete Part I of Schedule L (Form 990).		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).		
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))? If "Yes," provide detail in Part VI .		
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? If "Yes," provide detail in Part VI .		
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? If "Yes," provide detail in Part VI .		
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)? If "Yes," answer line 10b below.		
10b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
	11a		
b	A family member of a person described on line 11a above?		
	11b		
c	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 Part VI .		
	11c		

Section B. Type I Supporting Organizations

		Yes	No
1	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 Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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.		
	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
	2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Schedule A (Form 990) 2021

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

Section D—Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Part VI

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

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

Return Reference - Identifier	Explanation						
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	Description	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	(1) OTHER INCOME	75,050	72,845	26,244	36,964	193,456	404,559
	(2) FUNDRAISING REVENUE	37,839	27,767	49,811	3,431	44,359	163,207
	Total	112,889	100,612	76,055	40,395	237,815	567,766

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

2021

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 15,835,550	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 6,699,639	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ 5,658,738	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

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

2021

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Open to Public Inspection

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

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

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

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

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)	29,224													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	100,897													
c	Total lobbying expenditures (add lines 1a and 1b)	130,121													
d	Other exempt purpose expenditures	59,973,318													
e	Total exempt purpose expenditures (add lines 1c and 1d)	60,103,439													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000
c Total lobbying expenditures	114,217	108,341	168,108	130,121	520,787
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	9,662	11,887	38,102	29,224	88,875

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

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

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

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

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

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

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

Part IV Supplemental Information

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

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization UNITED WAY OF CENTRAL INDIANA, INC.	Employer identification number 35-1007590
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	
4 Number of states where property subject to conservation easement is located ▶	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	131,210,681	102,172,799	102,326,977	98,651,103	91,624,966
b Contributions	33,998	748,753	200,349	52,793	368,830
c Net investment earnings, gains, and losses	(14,306,923)	32,303,456	2,488,719	7,012,739	7,597,082
d Grants or scholarships					
e Other expenditures for facilities and programs	5,980,869	4,014,327	2,843,246	3,389,658	939,775
f Administrative expenses					
g End of year balance	110,956,887	131,210,681	102,172,799	102,326,977	98,651,103

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

- a** Board designated or quasi-endowment 2.79 %
- b** Permanent endowment 82.21 %
- c** Term endowment 15.00 %

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
3a(i)	✓	
3a(ii)		✓
3b		

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,191,914	651,433	540,481
d Equipment		2,577,085	2,227,901	349,184
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				889,665

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 59,941,831.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 60,103,440.

Part XIII Supplemental Information.

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

SEE STATEMENT

Dashed lines for providing supplemental information.

Part XIII

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

Return Reference - Identifier	Explanation	
SCHEDULE D, PART XI, LINE 2(D) - OTHER REVENUES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description	(b) Amount
	ADJUSTMENT TO PRIOR YEAR UNCOLLECTIBLE PLEDGES	228,194
	DIRECT EXPENSES FROM FUNDRAISING	274,155
SCHEDULE D, PART XI, LINE 4(B) - OTHER REVENUE	(a) Description	(b) Amount
	PLEDGES DESIGNATED FOR OTHER ORGANIZATIONS	6,453,591
SCHEDULE D, PART XII, LINE 2(D) - OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description	(b) Amount
	DIRECT EXPENSES FROM FUNDRAISING	274,154
SCHEDULE D, PART XII, LINE 4(B) - OTHER EXPENSES	(a) Description	(b) Amount
	PLEDGES DESIGNATED FOR OTHER ORGANIZATIONS	6,453,591

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, 2022 OR 2021.</p>

**SCHEDULE G
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

UNITED WAY OF CENTRAL INDIANA, INC.

Employer identification number

35-1007590

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

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

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>UWCI EVENTS</u> (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	402,522			402,522
	2 Less: Contributions	358,163			358,163
	3 Gross income (line 1 minus line 2)	44,359	0	0	44,359
Direct Expenses	4 Cash prizes				0
	5 Noncash prizes				0
	6 Rent/facility costs	39,800			39,800
	7 Food and beverages	49,875			49,875
	8 Entertainment	6,599			6,599
	9 Other direct expenses	177,880			177,880
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				274,154
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				(229,795)	

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

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

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

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

Name ▶ _____

Address ▶ _____

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

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

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

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF CENTRAL INDIANA, INC.

Employer identification number

35-1007590

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) UNITED WAY OF SOUTHERN MAINE PO BOX 15200, PORTLAND, ME 04112	01-0241767	501(C)3	24,725				DONOR CHOICE
(2) UNITED WAY OF TRI COUNTY INC. 46 PARK ST, FRAMINGHAM, MA 01702	04-2104231	501(C)3	5,426				DONOR CHOICE
(3) (SEE STATEMENT)	04-2382233	501(C)3	14,839				DONOR CHOICE
(4) CATCH THE STARS FOUNDATION INC PO BOX 53557, INDIANAPOLIS, IN 46253	05-0604202	501(C)3	6,406				DONOR CHOICE
(5) UNITED WAY WORLDWIDE PO BOX 358086, PITTSBURGH, PA 15251-5086	13-1635294	501(C)3	7,855				DONOR CHOICE
(6) AMERICAN CANCER SOCIETY, INC. 5635 W 96TH ST STE 100, INDIANAPOLIS, IN 46278	13-1788491	501(C)3	26,040				DONOR CHOICE
(7) AMERICAN CANCER SOCIETY, INC. 5635 W 96TH ST STE 100, INDIANAPOLIS, IN 46278	13-1788491	501(C)3	50,000				(SEE STATEMENT)
(8) (SEE STATEMENT)	13-1930701	501(C)3	7,900				DONOR CHOICE
(9) UNITED WAY OF NEW YORK CITY 205 E 42ND ST, NEW YORK, NY 10017	13-2617681	501(C)3	13,693				DONOR CHOICE
(10) (SEE STATEMENT)	13-3039601	501(C)3	6,352				DONOR CHOICE
(11) DOCTORS WITHOUT BORDERS USA INC PO BOX 5030, HAGERSTOWN, MD 21741-5030	13-3433452	501(C)3	10,987				DONOR CHOICE
(12) (SEE STATEMENT)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 316

3 Enter total number of other organizations listed in the line 1 table ▶ 6

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

Cat. No. 50055P

Schedule I (Form 990) 2021

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) TEACH FOR AMERICA, INC. 2960 N MERIDIAN ST, SUITE 150, INDIANAPOLIS, IN 46208	13-3541913	501(C)3	270,000				PROGRAM AND/OR OPERATING SUPPORT
(13) CATHOLIC RELIEF SERVICES, INC. 228 W LEXINGTON ST, BALTIMORE, MD 21201	13-5563422	501(C)3	139,110				DONOR CHOICE
(14) THE LEUKEMIA & LYMPHOMA SOCIETY 4043 MAPLE RD STE 105, AMHERST, NY 14226	13-5644916	501(C)3	11,527				DONOR CHOICE
(15) UNITED WAY OF ROCHESTER AND THE FINGER LAKES 75 COLLEGE AVE, ROCHESTER, NY 14607- 1009	16-1015782	501(C)3	5,397				DONOR CHOICE
(16) FELEGE HIYWOT CENTER INC 1648 SHELDON ST, INDIANAPOLIS, IN 46218	20-0916223	501(C)3	7,784				DONOR CHOICE
(17) LIGHTHOUSE ACADEMIES OF INDIANA, INC. (VICTORY COLLEGE PREP) 1780 SLOAN AVE, INDIANAPOLIS, IN 46203	20-1738905	501(C)3	509,017				PROGRAM AND/OR OPERATING SUPPORT
(18) IMMIGRANT WELCOME CENTER 40 E. ST. CLAIR STREET, INDIANAPOLIS, IN 46204	20-3222424	501(C)3	9,575				DONOR CHOICE
(19) THE CENTER FOR THE PERFORMING ARTS INC 1 CENTER GREEN, CARMEL, IN 46032	20-3901164	501(C)3	5,218				DONOR CHOICE
(20) O CONNOR HOUSE INC PO BOX 1061, CARMEL, IN 46082-1061	20-5533460	501(C)3	5,391				DONOR CHOICE
(21) FISH OF SANIBEL-CAPTIVA INC 2430 PERIWINKLE WAY STE B, SANIBEL, FL 33957	20-8892375	501(C)3	15,000				DONOR CHOICE
(22) UNITED WAY OF NORTHERN NEW JERSEY INC. PO BOX 6835, BRIDGEWATER, NJ 08807	22-1487247	501(C)3	5,937				DONOR CHOICE
(23) UNITED WAY OF SOUTHERN CHESTER COUNTY PO BOX 362, KENNETT SQUARE, PA 19348	23-1260899	501(C)3	13,270				DONOR CHOICE
(24) UNITED WAY OF LANCASTER COUNTY 1910 HARRINGTON DR STE A, LANCASTER, PA 17601	23-1352093	501(C)3	5,802				DONOR CHOICE
(25) UNITED WAY OF GREATER PHILADELPHIA AND SOUTHERN NEW JERSEY 1709 BENJAMIN FRANKLIN PKWY, PHILADELPHIA, PA 19103	23-1556045	501(C)3	38,277				DONOR CHOICE
(26) JDRF INTERNATIONAL 225 CITY LINE AVE STE 104, BALA CYNWYD, PA 19004	23-1907729	501(C)3	5,726				DONOR CHOICE
(27) UNITED WAY OF CHESTER COUNTY 495 THOMAS JONES WAY STE 302, EXTON, PA 19341	23-2131877	501(C)3	5,425				DONOR CHOICE

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(28) MARTIN CENTER, INC. 3549 N COLLEGE AVE, INDIANAPOLIS, IN 46205	23-7058960	501(C)3	8,280				DONOR CHOICE
(29) MARTIN CENTER, INC. 3549 N COLLEGE AVE, INDIANAPOLIS, IN 46205	23-7058960	501(C)3	75,000				PROGRAM AND/OR OPERATING SUPPORT
(30) IVY TECH FOUNDATION INC 50 W FALL CREEK PKWY N DR, INDIANAPOLIS, IN 46208	23-7073977	501(C)3	6,440				DONOR CHOICE
(31) JEWISH COMMUNITY CENTER ASSOCIATION OF INDIANAPOLIS INCORPORATED 6701 HOOVER RD, INDIANAPOLIS, IN 46260	23-7099138	501(C)3	12,276				DONOR CHOICE
(32) JEWISH COMMUNITY CENTER ASSOCIATION OF INDIANAPOLIS INCORPORATED 6701 HOOVER RD, INDIANAPOLIS, IN 46260	23-7099138	501(C)3	85,553				PROGRAM AND/OR OPERATING SUPPORT
(33) UNITED WAY OF SOUTHWEST COLORADO PO BOX 3040, DURANGO, CO 81302-3040	23-7113221	501(C)3	24,675				DONOR CHOICE
(34) HARBOR BEACH UNITED COMMUNITY FUND PO BOX 161, HARBOR BEACH, MI 48441	23-7140880	501(C)3	5,522				DONOR CHOICE
(35) THE JOHN H. BONER COMMUNITY CENTER, INC. 2236 E 10TH ST, INDIANAPOLIS, IN 46201	23-7204495	501(C)3	8,473				DONOR CHOICE
(36) THE JOHN H. BONER COMMUNITY CENTER, INC. 2236 E 10TH ST, INDIANAPOLIS, IN 46201	23-7204495	501(C)3	1,442,305				PROGRAM AND/OR OPERATING SUPPORT
(37) UNITED WAY OF GREATER RICHMOND PO BOX 11807, RICHMOND, VA 23230	23-7375346	501(C)3	7,935				DONOR CHOICE
(38) MARTIN LUTHER KING MULTI-SERVICE CENTER INDIANAPOLIS INCORPORATED 40 W 40TH ST, INDIANAPOLIS, IN 46208	23-7415846	501(C)3	9,700				DONOR CHOICE
(39) MARTIN LUTHER KING MULTI-SERVICE CENTER INDIANAPOLIS INCORPORATED 40 W 40TH ST, INDIANAPOLIS, IN 46208	23-7415846	501(C)3	475,000				PROGRAM AND/OR OPERATING SUPPORT
(40) REACH FOR YOUTH, INC. 3505 N WASHINGTON BLVD, INDIANAPOLIS, IN 46205	23-7456842	501(C)3	3,066				DONOR CHOICE
(41) REACH FOR YOUTH, INC. 3505 N WASHINGTON BLVD, INDIANAPOLIS, IN 46205	23-7456842	501(C)3	215,000				PROGRAM AND/OR OPERATING SUPPORT
(42) UNITED WAY OF SOUTHWESTERN PENNSYLVANIA PO BOX 735, PITTSBURGH, PA 15230-0735	25-1043578	501(C)3	7,228				DONOR CHOICE
(43) IRVINGTON COMMUNITY SCHOOLS, INC. 5751 E UNIVERSITY AVE, INDIANAPOLIS, IN 46219	26-0037185	501(C)3	134,463				PROGRAM AND/OR OPERATING SUPPORT
(44) BACK ON MY FEET 100 S BROAD ST STE 2136, PHILADELPHIA, PA 19110-1022	26-2109809	501(C)3	1,725				DONOR CHOICE

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(45) BACK ON MY FEET 100 S BROAD ST STE 2136, PHILADELPHIA, PA 19110-1022	26-2109809	501(C)3	60,000				PROGRAM AND/OR OPERATING SUPPORT
(46) MEN OF MERIDIAN 2455 DR MARTIN LUTHER KING JR ST, INDIANAPOLIS, IN 46208	26-2870484	501(C)3	9,530				DONOR CHOICE
(47) THE REFUGE INC 65 AIRPORT PKWY STE 114, GREENWOOD, IN 46143	26-3072986	501(C)3	8,066				DONOR CHOICE
(48) HELP ONE NOW PO BOX 26716, RALEIGH, NC 27611	26-3618295	501(C)3	5,200				DONOR CHOICE
(49) FREEWHEELIN COMMUNITY BIKES 3355 N CENTRAL AVE, INDIANAPOLIS, IN 46205	26-3748830	501(C)3	20,843				DONOR CHOICE
(50) SOCIAL LEGENDS 601 W FRY RD, GOSPORT, IN 47433	26-4073368	501(C)3	20,000				PROGRAM AND/OR OPERATING SUPPORT
(51) GROWING PLACES INDY INC 727 N ORIENTAL ST, INDIANAPOLIS, IN 46202	27-1581799	501(C)3	200				DONOR CHOICE
(52) GROWING PLACES INDY INC 727 N ORIENTAL ST, INDIANAPOLIS, IN 46202	27-1581799	501(C)3	95,500				PROGRAM AND/OR OPERATING SUPPORT
(53) EMILY THOMAS ENDOWMENT FUND INC 1480 CHATTAHOOCHEE RUN, SUWANEE, GA 30024	27-1695503	501(C)3	14,815				DONOR CHOICE
(54) ZIONSVILLE EDUCATION FOUNDATION INC 900 MULBERRY ST, ZIONSVILLE, IN 46077	30-0024279	501(C)3	6,550				DONOR CHOICE
(55) LA PLAZA INC. 8902 E 38TH ST, INDIANAPOLIS, IN 46226-6073	30-0029575	501(C)3	11,091				DONOR CHOICE
(56) LA PLAZA INC. 8902 E 38TH ST, INDIANAPOLIS, IN 46226-6073	30-0029575	501(C)3	187,500				PROGRAM AND/OR OPERATING SUPPORT
(57) KIPP INDIANAPOLIS INC 1740 E 30TH ST, INDIANAPOLIS, IN 46218	30-0145826	501(C)3	240,000				PROGRAM AND/OR OPERATING SUPPORT
(58) UNITED WAY OF METROPOLITAN CHICAGO 75 REMITTANCE DR STE 5828, CHICAGO, IL 60675	30-0200478	501(C)3	90,834				DONOR CHOICE
(59) UNITED WAY OF THE GREATER DAYTON AREA 33 W 3RD ST STE 500, DAYTON, OH 45402	31-0536658	501(C)3	6,871				DONOR CHOICE
(60) UNITED WAY OF GREATER CINCINNATI PO BOX 3465, LAWRENCEBURG, IN 47025	31-0537502	501(C)3	10,611				DONOR CHOICE
(61) YOUTH CONNECTIONS 1195 N MORTON ST STE A, FRANKLIN, IN 46131	31-0900601	501(C)3	466				DONOR CHOICE
(62) YOUTH CONNECTIONS 1195 N MORTON ST STE A, FRANKLIN, IN 46131	31-0900601	501(C)3	30,000				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
(63) HEAR INDIANA 4740 KINGSWAY DR STE 33, INDIANAPOLIS, IN 46205	31-0921774	501(C)3	7,450				DONOR CHOICE
(64) HANCOCK COUNTY SENIOR SERVICES INC 1870 FIELDS BLVD, GREENFIELD, IN 46140	31-0936007	501(C)3	5,960				DONOR CHOICE
(65) HANCOCK COUNTY SENIOR SERVICES INC 1870 FIELDS BLVD, GREENFIELD, IN 46140	31-0936007	501(C)3	50,000				PROGRAM AND/OR OPERATING SUPPORT
(66) PUTNAM COUNTY FAMILY SUPPORT SERVICES INC 16 S JACKSON ST, GREENCASTLE, IN 46135	31-0985812	501(C)3	50,000				PROGRAM AND/OR OPERATING SUPPORT
(67) ALTERNATIVES INCORPORATED OF MADISON COUNTY PO BOX 1302, ANDERSON, IN 46015-1302	31-0986769	501(C)3	6,203				DONOR CHOICE
(68) ALTERNATIVES INCORPORATED OF MADISON COUNTY PO BOX 1302, ANDERSON, IN 46015-1302	31-0986769	501(C)3	120,000				PROGRAM AND/OR OPERATING SUPPORT
(69) INDIANA COALITION AGAINST DOMESTIC VIOLENCE INC 1915 W 18TH ST, INDIANAPOLIS, IN 46202	31-1009769	501(C)3	5,730				DONOR CHOICE
(70) MERCHANTS AFFORDABLE HOUSING CORP 410 MONON TRAIL SUITE 350, SUITE, CARMEL, IN 46032	31-1013632	501(C)3	36,000				PROGRAM AND/OR OPERATING SUPPORT
(71) LIFE CENTERS, INC. 3901 W 86TH ST STE 111, INDIANAPOLIS, IN 46268	31-1059740	501(C)3	6,685				DONOR CHOICE
(72) INDIANAPOLIS PUBLIC SCHOOLS EDUCATION FOUNDATION 5150 W 76TH ST, INDIANAPOLIS, IN 46268	31-1103966	501(C)3	8,893				DONOR CHOICE
(73) THE SHEPHERD'S CENTER OF HAMILTON COUNTY 1250 CONNER ST, NOBLESVILLE, IN 46060	31-1131854	501(C)3	369				DONOR CHOICE
(74) THE SHEPHERD'S CENTER OF HAMILTON COUNTY 1250 CONNER ST, NOBLESVILLE, IN 46060	31-1131854	501(C)3	136,172				PROGRAM AND/OR OPERATING SUPPORT
(75) THE PUTNAM COUNTY COMMUNITY FOUNDATION INC 2 S JACKSON ST, GREENCASTLE, IN 46135	31-1159916	501(C)3	69,271				PROGRAM AND/OR OPERATING SUPPORT
(76) GREATER INDIANAPOLIS LITERACY LEAGUE INC 40 E ST CLAIR ST, INDIANAPOLIS, IN 46204	31-1227489	501(C)3	10,338				DONOR CHOICE
(77) GREATER INDIANAPOLIS LITERACY LEAGUE INC 40 E ST CLAIR ST, INDIANAPOLIS, IN 46204	31-1227489	501(C)3	102,499				PROGRAM AND/OR OPERATING SUPPORT
(78) BOSMA INDUSTRIES FOR THE BLIND INC 6270 CORPORATE DR, INDIANAPOLIS, IN 46278	31-1246086	501(C)3	7,858				DONOR CHOICE

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(79) BOSMA INDUSTRIES FOR THE BLIND INC 6270 CORPORATE DR, INDIANAPOLIS, IN 46278	31-1246086	501(C)3	74,037				PROGRAM AND/OR OPERATING SUPPORT
(80) COALITION FOR HOMELESSNESS INTERVENTION AND PREVENTION OF GREATER INDIANAPOLIS 1014 PROSPECT STREET, INDIANAPOLIS, IN 46203	31-1254018	501(C)3	960				DONOR CHOICE
(81) COALITION FOR HOMELESSNESS INTERVENTION AND PREVENTION OF GREATER INDIANAPOLIS 1014 PROSPECT STREET, INDIANAPOLIS, IN 46203	31-1254018	501(C)3	139,185				PROGRAM AND/OR OPERATING SUPPORT
(82) COMMUNITY SERVICE CENTER OF MORGAN COUNTY INC 301 W HARRISON ST, MARTINSVILLE, IN 46151	31-1255091	501(C)3	13,715				DONOR CHOICE
(83) COMMUNITY SERVICE CENTER OF MORGAN COUNTY INC 301 W HARRISON ST, MARTINSVILLE, IN 46151	31-1255091	501(C)3	59,099				PROGRAM AND/OR OPERATING SUPPORT
(84) MATTHEW 25 MINISTRIES 11060 KENWOOD RD, BLUE ASH, OH 45242	31-1348100	501(C)3	8,883				DONOR CHOICE
(85) UNITED WAY OF CENTRAL OHIO 395 E BROAD ST STE 320, COLUMBUS, OH 43215-3844	31-4393712	501(C)3	6,471				DONOR CHOICE
(86) FRIENDS OF INDIANAPOLIS ANIMAL CARE & CONTROL FOUNDATION INC 7399 N SHADELAND AVE STE 17, INDIANAPOLIS, IN 46250	32-0099654	501(C)3	5,845				DONOR CHOICE
(87) MT. CARMEL COMMUNITY ACADEMY (DAYCARE) 9610 E. 42ND STREET, INDIANAPOLIS, IN 46235	32-0110716		31,049				PROGRAM AND/OR OPERATING SUPPORT
(88) FATHER JOE'S VILLAGES 3350 E ST, SAN DIEGO, CA 92102-3332	33-0492302	501(C)3	20,390				DONOR CHOICE
(89) BUILD A MIRACLE 10755 SCRIPPS POWAY PKWY STE 490, SAN DIEGO, CA 92131	33-0971124	501(C)3	6,961				DONOR CHOICE
(90) VOLUNTEERS OF AMERICA OHIO & INDIANA 4181 EAST 56TH ST, SUITE 280, INDIANAPOLIS, IN 46240	34-0861121	501(C)3	13,724				DONOR CHOICE
(91) VOLUNTEERS OF AMERICA OHIO & INDIANA 4181 EAST 56TH ST, SUITE 280, INDIANAPOLIS, IN 46240	34-0861121	501(C)3	750,000				PROGRAM AND/OR OPERATING SUPPORT
(92) UNITED WAY OF GREATER TOLEDO 424 JACKSON ST, TOLEDO, OH 43604	34-4427947	501(C)3	6,426				DONOR CHOICE
(93) BOOTH TARKINGTON CIVIC THEATRE 3 CARTER GREEN STE 300, CARMEL, IN 46032-3809	35-0230360	501(C)3	5,818				DONOR CHOICE

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(94) CONCORD CENTER ASSOCIATION INC 1310 S MERIDIAN ST, INDIANAPOLIS, IN 46225	35-0817149	501(C)3	7,299				DONOR CHOICE
(95) CONCORD CENTER ASSOCIATION INC 1310 S MERIDIAN ST, INDIANAPOLIS, IN 46225	35-0817149	501(C)3	281,847				PROGRAM AND/OR OPERATING SUPPORT
(96) UNITED WAY OF ALLEN COUNTY, INC. PO BOX 11784, FORT WAYNE, IN 46860	35-0867932	501(C)3	24,063				DONOR CHOICE
(97) CROSSROADS OF AMERICA COUNCIL, BSA 7125 FALL CREEK RD N, INDIANAPOLIS, IN 46256	35-0867962	501(C)3	76,016				DONOR CHOICE
(98) CROSSROADS OF AMERICA COUNCIL, BSA 7125 FALL CREEK RD N, INDIANAPOLIS, IN 46256	35-0867962	501(C)3	19,564				PROGRAM AND/OR OPERATING SUPPORT
(99) CATHOLIC YOUTH ORGANIZATION OF THE ARCHDIOCESE OF INDIANAPOLIS INC 580 E STEVENS ST, INDIANAPOLIS, IN 46203	35-0867983	501(C)3	18,418				DONOR CHOICE
(100) SS PETER AND PAUL CATHEDRAL INDIANAPOLIS INC 1347 N MERIDIAN ST, INDIANAPOLIS, IN 46202	35-0868029	501(C)3	22,000				DONOR CHOICE
(101) UNITED WAY OF SOUTHWESTERN INDIANA INC 318 MAIN ST, SUITE 504, EVANSVILLE, IN 47708	35-0868069	501(C)3	70,972				DONOR CHOICE
(102) LUTHERAN CHILD & FAMILY SERVICES OF INDIANA 1525 N RITTER AVE, INDIANAPOLIS, IN 46219	35-0868123	501(C)3	48,256				DONOR CHOICE
(103) LUTHERAN CHILD & FAMILY SERVICES OF INDIANA 1525 N RITTER AVE, INDIANAPOLIS, IN 46219	35-0868123	501(C)3	1,483,894				PROGRAM AND/OR OPERATING SUPPORT
(104) JAMES WHITCOMB RILEY MEMORIAL ASSOCIATION 30 S MERIDIAN ST STE 200, INDIANAPOLIS, IN 46204-3509	35-0868147	501(C)3	48,687				DONOR CHOICE
(105) YMCA OF GREATER INDIANAPOLIS 5736 LEE RD, INDIANAPOLIS, IN 46216	35-0868211	501(C)3	51,011				DONOR CHOICE
(106) YMCA OF GREATER INDIANAPOLIS 6610 N SHADELAND AVE, INDIANAPOLIS, IN 46220	35-0868211	501(C)3	287,283				PROGRAM AND/OR OPERATING SUPPORT
(107) MARY RIGG NEIGHBORHOOD CENTER INCORPORATED 1920 W MORRIS ST, INDIANAPOLIS, IN 46221	35-0868954	501(C)3	49,467				DONOR CHOICE
(108) MARY RIGG NEIGHBORHOOD CENTER INCORPORATED 1920 W MORRIS ST, INDIANAPOLIS, IN 46221	35-0868954	501(C)3	501,800				PROGRAM AND/OR OPERATING SUPPORT

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(109) SOCIAL HEALTH ASSOCIATION D.B.A. LIFESMART YOUTH 615 N ALABAMA ST STE 228, INDIANAPOLIS, IN 46204	35-0869056	501(C)3	1,550				DONOR CHOICE
(110) SOCIAL HEALTH ASSOCIATION D.B.A. LIFESMART YOUTH 615 N ALABAMA ST STE 228, INDIANAPOLIS, IN 46204	35-0869056	501(C)3	21,792				PROGRAM AND/OR OPERATING SUPPORT
(111) CROSSROADS REHABILITATION CENTER INC 4740 KINGSWAY DR, INDIANAPOLIS, IN 46205	35-0869058	501(C)3	21,598				DONOR CHOICE
(112) CROSSROADS REHABILITATION CENTER INC 4740 KINGSWAY DR, INDIANAPOLIS, IN 46205	35-0869058	501(C)3	601,620				PROGRAM AND/OR OPERATING SUPPORT
(113) MUNCIE BOYS AND GIRLS CLUB, INC. PO BOX 820, MUNCIE, IN 47308-0820	35-0869060	501(C)3	10,160				DONOR CHOICE
(114) HAWTHORNE SOCIAL SERVICE ASSOCIATION INC 2440 W OHIO ST, INDIANAPOLIS, IN 46222	35-0874274	501(C)3	10,408				DONOR CHOICE
(115) HAWTHORNE SOCIAL SERVICE ASSOCIATION INC 2440 W OHIO ST, INDIANAPOLIS, IN 46222	35-0874274	501(C)3	890,370				PROGRAM AND/OR OPERATING SUPPORT
(116) PLANNED PARENTHOOD OF INDIANA AND KENTUCKY, INC. PO BOX 397, INDIANAPOLIS, IN 46206-0397	35-0874276	501(C)3	39,993				DONOR CHOICE
(117) GIRL SCOUTS OF CENTRAL INDIANA, INC. 7201 GIRL SCOUT LN, INDIANAPOLIS, IN 46214	35-0876381	501(C)3	39,647				DONOR CHOICE
(118) GIRL SCOUTS OF CENTRAL INDIANA, INC. 7201 GIRL SCOUT LN, INDIANAPOLIS, IN 46214	35-0876381	501(C)3	26,944				PROGRAM AND/OR OPERATING SUPPORT
(119) HUMANE SOCIETY OF INDIANAPOLIS INC 7929 MICHIGAN RD, INDIANAPOLIS, IN 46268	35-0876385	501(C)3	48,881				DONOR CHOICE
(120) UNITED WAY OF HOWARD COUNTY INC 210 W WALNUT ST, KOKOMO, IN 46901	35-0877579	501(C)3	5,318				DONOR CHOICE
(121) CHRISTAMORE HOUSE INC 502 N TREMONT ST, INDIANAPOLIS, IN 46222	35-0885588	501(C)3	7,251				DONOR CHOICE
(122) CHRISTAMORE HOUSE INC 502 N TREMONT ST, INDIANAPOLIS, IN 46222	35-0885588	501(C)3	127,417				PROGRAM AND/OR OPERATING SUPPORT
(123) JEWISH FEDERATION OF GREATER INDIANAPOLIS, INC. 6705 HOOVER RD, INDIANAPOLIS, IN 46260	35-0888017	501(C)3	10,250				DONOR CHOICE

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(124) BOYS & GIRLS CLUBS OF INDIANAPOLIS, INC. 615 N ALABAMA ST STE 400, INDIANAPOLIS, IN 46204	35-0888754	501(C)3	71,710				DONOR CHOICE
(125) BOYS & GIRLS CLUBS OF INDIANAPOLIS, INC. 615 N ALABAMA ST STE 400, INDIANAPOLIS, IN 46204	35-0888754	501(C)3	417,986				PROGRAM AND/OR OPERATING SUPPORT
(126) EARLY LEARNING INDIANA 1776 N MERIDIAN ST STE A, INDIANAPOLIS, IN 46202	35-0888763	501(C)3	131,305				DONOR CHOICE
(127) EARLY LEARNING INDIANA 1776 N MERIDIAN ST STE A, INDIANAPOLIS, IN 46202	35-0888763	501(C)3	1,011,282				PROGRAM AND/OR OPERATING SUPPORT
(128) WHEELER MISSION 205 E NEW YORK ST, INDIANAPOLIS, IN 46204	35-0888771	501(C)3	66,947				DONOR CHOICE
(129) WHEELER MISSION 205 E NEW YORK ST, INDIANAPOLIS, IN 46204	35-0888771	501(C)3	20,000				PROGRAM AND/OR OPERATING SUPPORT
(130) UNITED WAY OF GREATER LAFAYETTE & TIPPECANOE COUNTY PO BOX 257, DELPHI, IN 46923-0257	35-0891621	501(C)3	98,602				DONOR CHOICE
(131) GOODWILL OF CENTRAL & SOUTHERN INDIANA 1635 W MICHIGAN ST, INDIANAPOLIS, IN 46222	35-0893506	501(C)3	62,031				DONOR CHOICE
(132) GOODWILL OF CENTRAL & SOUTHERN INDIANA 1635 W MICHIGAN ST, INDIANAPOLIS, IN 46222	35-0893506	501(C)3	686,000				PROGRAM AND/OR OPERATING SUPPORT
(133) ORCHARD SCHOOL FOUNDATION INC 615 W 64TH ST, INDIANAPOLIS, IN 46260	35-0909975	501(C)3	5,000				DONOR CHOICE
(134) PARK TUDOR FOUNDATION INC 7200 N COLLEGE AVE, INDIANAPOLIS, IN 46240	35-0909976	501(C)3	8,210				DONOR CHOICE
(135) LITTLE RED DOOR CANCER AGENCY, INC. 1801 N MERIDIAN ST, INDIANAPOLIS, IN 46202	35-0914096	501(C)3	69,402				DONOR CHOICE
(136) LITTLE RED DOOR CANCER AGENCY, INC. 1801 N MERIDIAN ST, INDIANAPOLIS, IN 46202	35-0914096	501(C)3	211,936				PROGRAM AND/OR OPERATING SUPPORT
(137) SAINT LAWRENCE CATHOLIC CHURCH 6944 E 46TH STREET, INDIANAPOLIS, IN 46226	35-0919344	501(C)3	6,563				PROGRAM AND/OR OPERATING SUPPORT
(138) NOBLE, INC. 7701 E 21ST ST, INDIANAPOLIS, IN 46219	35-0924720	501(C)3	54,568				DONOR CHOICE
(139) NOBLE, INC. 7701 E 21ST ST, INDIANAPOLIS, IN 46219	35-0924720	501(C)3	314,756				PROGRAM AND/OR OPERATING SUPPORT

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(140) FLANNER HOUSE OF INDIANAPOLIS INC 2424 DR MARTIN LUTHER KING JR ST, INDIANAPOLIS, IN 46208	35-0942628	501(C)3	19,190				DONOR CHOICE
(141) FLANNER HOUSE OF INDIANAPOLIS INC 2424 DR MARTIN LUTHER KING JR ST, INDIANAPOLIS, IN 46208	35-0942628	501(C)3	1,759,675				PROGRAM AND/OR OPERATING SUPPORT
(142) HAPPY HOLLOW CHILDREN'S CAMP, INC. 3049 HAPPY HOLLOW RD, NASHVILLE, IN 47448	35-0942648	501(C)3	9,211				DONOR CHOICE
(143) HAPPY HOLLOW CHILDREN'S CAMP, INC. 3049 HAPPY HOLLOW RD, NASHVILLE, IN 47448	35-0942648	501(C)3	3,000				PROGRAM AND/OR OPERATING SUPPORT
(144) CHRIST TEMPLE APOSTOLIC FAITH ASSEMBLY INC 430 W FALL CREEK PKWY N DR, INDIANAPOLIS, IN 46208	35-0953428	501(C)3	31,500				PROGRAM AND/OR OPERATING SUPPORT
(145) ENGLEWOOD CHRISTIAN CHURCH 57 N RURAL ST, INDIANAPOLIS, IN 46201	35-0953434	501(C)3	3,300				DONOR CHOICE
(146) ENGLEWOOD CHRISTIAN CHURCH 57 N RURAL ST, INDIANAPOLIS, IN 46201	35-0953434	501(C)3	7,500				PROGRAM AND/OR OPERATING SUPPORT
(147) SHELBY COUNTY UNITED FUND INC 126 N HARRISON ST, SHELBYVILLE, IN 46176	35-0953458	501(C)3	7,058				DONOR CHOICE
(148) BOYS & GIRLS CLUB OF HANCOCK CITY PO BOX 115, GREENFIELD, IN 46140	35-0979327	501(C)3	10,124				DONOR CHOICE
(149) BOYS & GIRLS CLUB OF HANCOCK CITY PO BOX 115, GREENFIELD, IN 46140	35-0979327	501(C)3	30,000				PROGRAM AND/OR OPERATING SUPPORT
(150) UNITED WAY OF MONROE COUNTY INC 431 S COLLEGE AVE, BLOOMINGTON, IN 47403	35-0985959	501(C)3	34,101				DONOR CHOICE
(151) WITHERSPOON PRESBYTERIAN CHURCH 5136 N. MICHIGAN ROAD, INDIANAPOLIS, IN 46228	35-0996126	501(C)3	42,031				PROGRAM AND/OR OPERATING SUPPORT
(152) HEART OF INDIANA UNITED WAY PO BOX 968, MUNCIE, IN 47308	35-0996148	501(C)3	50,020				DONOR CHOICE
(153) GOOD NEWS MISSION INC PO BOX 1871, INDIANAPOLIS, IN 46206	35-0999233	501(C)3	8,198				DONOR CHOICE
(154) LITTLE SISTERS OF THE POOR OF INDIANA INC 2345 W 86TH ST, INDIANAPOLIS, IN 46260	35-1007734	501(C)3	7,933				DONOR CHOICE
(155) UNITED WAY OF THE WABASH VALLEY INC 2901 OHIO BLVD STE 215, TERRE HAUTE, IN 47803-2239	35-1008531	501(C)3	27,846				DONOR CHOICE

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(156) ARCHDIOCESE OF INDIANAPOLIS 1400 N MERIDIAN ST, INDIANAPOLIS, IN 46202	35-1018460	501(C)3	27,704				DONOR CHOICE
(157) VILLA MISSIONARY BAPTIST CHURCH OF INDIANAPOLIS INDIANA 2650 VILLA AVE, INDIANAPOLIS, IN 46203	35-1041618	501(C)3	7,500				PROGRAM AND/OR OPERATING SUPPORT
(158) INDIANAPOLIS LEGAL AID SOCIETY 615 N ALABAMA ST STE 122, INDIANAPOLIS, IN 46204	35-1045153	501(C)3	25,515				DONOR CHOICE
(159) INDIANAPOLIS LEGAL AID SOCIETY 615 N ALABAMA ST STE 122, INDIANAPOLIS, IN 46204	35-1045153	501(C)3	115,000				PROGRAM AND/OR OPERATING SUPPORT
(160) BOYS & GIRLS CLUB OF NOBLESVILLE, INC. 1448 CONNER ST, NOBLESVILLE, IN 46060	35-1054426	501(C)3	29,763				DONOR CHOICE
(161) BOYS & GIRLS CLUB OF NOBLESVILLE, INC. 1448 CONNER ST, NOBLESVILLE, IN 46060	35-1054426	501(C)3	50,000				PROGRAM AND/OR OPERATING SUPPORT
(162) CHILDREN'S BUREAU, INC. 1575 DR MARTIN LUTHER KING JR ST, INDIANAPOLIS, IN 46202	35-1061264	501(C)3	52,163				DONOR CHOICE
(163) CHILDREN'S BUREAU, INC. 1575 DR MARTIN LUTHER KING JR ST, INDIANAPOLIS, IN 46202	35-1061264	501(C)3	619,597				PROGRAM AND/OR OPERATING SUPPORT
(164) PUBLIC ADVOCATES IN COMMUNITY RE-ENTRY 2855 N KEYSTONE AVE STE 170, INDIANAPOLIS, IN 46218	35-1062235	501(C)3	6,812				DONOR CHOICE
(165) PUBLIC ADVOCATES IN COMMUNITY RE-ENTRY 2855 N KEYSTONE AVE STE 170, INDIANAPOLIS, IN 46218	35-1062235	501(C)3	323,672				PROGRAM AND/OR OPERATING SUPPORT
(166) BREBEUF JESUIT PREPARATORY SCHOOL INC 2801 W 86TH ST, INDIANAPOLIS, IN 46268	35-1062640	501(C)3	5,382				DONOR CHOICE
(167) BLACKFORD UNITED WAY INC PO BOX 67, HARTFORD CITY, IN 47348	35-1062867	501(C)3	9,075				DONOR CHOICE
(168) UNITED WAY OF ST JOSEPH COUNTY INC PO BOX 6396, SOUTH BEND, IN 46660-6396	35-1063368	501(C)3	13,107				DONOR CHOICE
(169) SYCAMORE REHABILITATION SERVICES HENDRICKS COUNTY ARC, INC. PO BOX 369, DANVILLE, IN 46122	35-1064235	501(C)3	582				DONOR CHOICE
(170) SYCAMORE REHABILITATION SERVICES HENDRICKS COUNTY ARC, INC. PO BOX 369, DANVILLE, IN 46122	35-1064235	501(C)3	175,203				PROGRAM AND/OR OPERATING SUPPORT
(171) EDNA MARTIN CHRISTIAN CENTER PO BOX 18388, INDIANAPOLIS, IN 46218	35-1072577	501(C)3	9,629				DONOR CHOICE
(172) EDNA MARTIN CHRISTIAN CENTER PO BOX 18388, INDIANAPOLIS, IN 46218	35-1072577	501(C)3	1,733,799				PROGRAM AND/OR OPERATING SUPPORT

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(173) UNITED WAY OF JOHNSON COUNTY INC PO BOX 153, FRANKLIN, IN 46131	35-1082600	501(C)3	338,536				DONOR CHOICE
(174) METROPOLITAN SCHOOL DISTRICT OF DECATUR TOWNSHIP 5275 KENTUCKY AVE, INDIANAPOLIS, IN 46221	35-1097820	SECTION 115	754,181				PROGRAM AND/OR OPERATING SUPPORT
(175) GREENFIELD-CENTRAL COMMUNITY SCHOOL CORP 110 W NORTH ST, GREENFIELD, IN 46140	35-1100181	SECTION 115	8,600				PROGRAM AND/OR OPERATING SUPPORT
(176) UNITED WAY OF BARTHOLOMEW COUNTY, INC. 1531 13TH ST STE 1100, COLUMBUS, IN 47201	35-1132860	501(C)3	9,925				DONOR CHOICE
(177) ST MARYS CHILD CENTER INC 901 DR MARTIN LUTHER KING JR ST, INDIANAPOLIS, IN 46202	35-1141484	501(C)3	72,316				DONOR CHOICE
(178) ST MARYS CHILD CENTER INC 901 DR MARTIN LUTHER KING JR ST, INDIANAPOLIS, IN 46202	35-1141484	501(C)3	317,500				PROGRAM AND/OR OPERATING SUPPORT
(179) CENTERSTONE 645 S ROGERS ST, BLOOMINGTON, IN 47403	35-1147323	501(C)3	47,362				PROGRAM AND/OR OPERATING SUPPORT
(180) METROPOLITAN INDIANAPOLIS PUBLIC BROADCASTING, INC. 1630 N MERIDIAN ST, INDIANAPOLIS, IN 46202	35-1147600	501(C)3	6,034				DONOR CHOICE
(181) JAMESON INC 2001 BRIDGEPORT RD, INDIANAPOLIS, IN 46231	35-1156756	501(C)3	24,344				DONOR CHOICE
(182) JAMESON INC 2001 BRIDGEPORT RD, INDIANAPOLIS, IN 46231	35-1156756	501(C)3	19,388				PROGRAM AND/OR OPERATING SUPPORT
(183) MEALS ON WHEELS, INC. PO BOX 40969, INDIANAPOLIS, IN 46240	35-1182075	501(C)3	13,537				DONOR CHOICE
(184) MEALS ON WHEELS, INC. PO BOX 40969, INDIANAPOLIS, IN 46240	35-1182075	501(C)3	125,063				PROGRAM AND/OR OPERATING SUPPORT
(185) INDIANA SPECIAL OLYMPICS, INC. 6200 TECHNOLOGY CENTER DR STE 105, INDIANAPOLIS, IN 46278	35-1262574	501(C)3	8,342				DONOR CHOICE
(186) CICOA AGING & IN HOME SOLUTIONS, INC. 8440 WOODFIELD CROSSING BLVD, STE 175, INDIANAPOLIS, IN 46240	35-1310387	501(C)3	5,280				DONOR CHOICE
(187) SOUTHEAST COMMUNITY SERVICES INC 901 SHELBY ST, INDIANAPOLIS, IN 46203	35-1318068	501(C)3	2,095				DONOR CHOICE
(188) SOUTHEAST COMMUNITY SERVICES INC 901 SHELBY ST, INDIANAPOLIS, IN 46203	35-1318068	501(C)3	743,750				PROGRAM AND/OR OPERATING SUPPORT

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(189) BIG BROTHERS BIG SISTERS OF CENTRAL INDIANA, INC. 2960 N MERIDIAN ST STE 150, INDIANAPOLIS, IN 46208	35-1323831	501(C)3	31,676				DONOR CHOICE
(190) BIG BROTHERS BIG SISTERS OF CENTRAL INDIANA, INC. 1433 N MERIDIAN ST, INDIANAPOLIS, IN 46202	35-1323831	501(C)3	148,366				PROGRAM AND/OR OPERATING SUPPORT
(191) THE ARC OF GREATER BOONE COUNTY 900 W MAIN ST, LEBANON, IN 46052	35-1333698	501(C)3	3,991				DONOR CHOICE
(192) THE ARC OF GREATER BOONE COUNTY 900 W MAIN ST, LEBANON, IN 46052	35-1333698	501(C)3	126,002				PROGRAM AND/OR OPERATING SUPPORT
(193) GIRLS INCORPORATED OF GREATER INDIANAPOLIS 3935 N MERIDIAN ST, INDIANAPOLIS, IN 46208	35-1337205	501(C)3	64,596				DONOR CHOICE
(194) GIRLS INCORPORATED OF GREATER INDIANAPOLIS 3935 N MERIDIAN ST, INDIANAPOLIS, IN 46208	35-1337205	501(C)3	6,318				PROGRAM AND/OR OPERATING SUPPORT
(195) JULIAN CENTER, INC. 2011 N MERIDIAN ST, INDIANAPOLIS, IN 46202	35-1346514	501(C)3	65,816				DONOR CHOICE
(196) JULIAN CENTER, INC. 2011 N MERIDIAN ST, INDIANAPOLIS, IN 46202	35-1346514	501(C)3	58,903				PROGRAM AND/OR OPERATING SUPPORT
(197) CENTER FOR LEADERSHIP DEVELOPMENT INC 2425 DR MARTIN LUTHER KING JR ST, INDIANAPOLIS, IN 46208-5546	35-1389882	501(C)3	56,708				DONOR CHOICE
(198) PRIMELIFE ENRICHMENT, INC. 1078 THIRD AVE SW, CARMEL, IN 46032	35-1411017	501(C)3	75				DONOR CHOICE
(199) PRIMELIFE ENRICHMENT, INC. 1078 THIRD AVE SW, CARMEL, IN 46032	35-1411017	501(C)3	113,889				PROGRAM AND/OR OPERATING SUPPORT
(200) ICE SKATING CLUB OF INDIANAPOLIS INC CARMEL ICE STADIUM 1040 3RD AVE SW, CARMEL, IN 46032	35-1434256	501(C)3	5,592				DONOR CHOICE
(201) HENDRICKS COUNTY SENIOR SERVICES INC PO BOX 448, DANVILLE, IN 46122	35-1445497	501(C)3	8,751				DONOR CHOICE
(202) HENDRICKS COUNTY SENIOR SERVICES INC PO BOX 448, DANVILLE, IN 46122	35-1445497	501(C)3	284,458				PROGRAM AND/OR OPERATING SUPPORT
(203) BOONE COUNTY SENIOR SERVICES, INC. 515 CROWNPOINTE DR, LEBANON, IN 46052	35-1445498	501(C)3	8,843				DONOR CHOICE
(204) BOONE COUNTY SENIOR SERVICES, INC. 515 CROWNPOINTE DR, LEBANON, IN 46052	35-1445498	501(C)3	50,000				PROGRAM AND/OR OPERATING SUPPORT

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(205) GLEANERS FOOD BANK OF INDIANA, INC. 3737 WALDEMERE AVE, INDIANAPOLIS, IN 46241	35-1483868	501(C)3	56,743				DONOR CHOICE
(206) SECOND HELPINGS 1121 SOUTHEASTERN AVE, INDIANAPOLIS, IN 46202	35-1484281	501(C)3	84,770				DONOR CHOICE
(207) SECOND HELPINGS 1121 SOUTHEASTERN AVE, INDIANAPOLIS, IN 46202	35-1484281	501(C)3	300,000				PROGRAM AND/OR OPERATING SUPPORT
(208) RONALD MCDONALD HOUSE CHARITIES OF CENTRAL INDIANA 435 LIMESTONE ST, INDIANAPOLIS, IN 46202	35-1497202	501(C)3	9,910				DONOR CHOICE
(209) HEALTHNET INC 3403 E RAYMOND ST, INDIANAPOLIS, IN 46203	35-1579827	501(C)3	840				DONOR CHOICE
(210) HEALTHNET INC 3403 E RAYMOND ST, INDIANAPOLIS, IN 46203	35-1579827	501(C)3	35,000				PROGRAM AND/OR OPERATING SUPPORT
(211) NORTHSIDE NEW ERA BAPTIST CHURCH, INC. 517 WEST 30TH STREET, INDIANAPOLIS, IN 46208	35-1598148	501(C)3	26,694				PROGRAM AND/OR OPERATING SUPPORT
(212) HAMILTON COUNTY HUMANE SOCIETY 10501 HAGUE RD, FISHERS, IN 46038	35-1610723	501(C)3	6,617				DONOR CHOICE
(213) CHURCH OF GOD AT SOUTH EMERSON 3939 S EMERSON AVE, INDIANAPOLIS, IN 46203	35-1623783	501(C)3	8,000				DONOR CHOICE
(214) KIDS VOICE OF INDIANA INC 127 E MICHIGAN ST STE 500, INDIANAPOLIS, IN 46204	35-1656579	501(C)3	4,229				DONOR CHOICE
(215) KIDS VOICE OF INDIANA INC 127 E MICHIGAN ST STE 500, INDIANAPOLIS, IN 46204	35-1656579	501(C)3	26,904				PROGRAM AND/OR OPERATING SUPPORT
(216) TANGRAM, INC. 5155 PENNWOOD DR, INDIANAPOLIS, IN 46205	35-1661813	501(C)3	968				DONOR CHOICE
(217) TANGRAM, INC. 5155 PENNWOOD DR, INDIANAPOLIS, IN 46205	35-1661813	501(C)3	203,538				PROGRAM AND/OR OPERATING SUPPORT
(218) VILLAGES OF INDIANA, INC. 3833 N MERIDIAN ST STE 101, INDIANAPOLIS, IN 46208	35-1708240	501(C)3	20,290				DONOR CHOICE
(219) VILLAGES OF INDIANA, INC. 3833 N MERIDIAN ST STE 101, INDIANAPOLIS, IN 46208	35-1708240	501(C)3	280,000				PROGRAM AND/OR OPERATING SUPPORT
(220) DAMIEN CENTER 26 N ARSENAL AVE, INDIANAPOLIS, IN 46201	35-1711878	501(C)3	35,080				DONOR CHOICE

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(221) DAMIEN CENTER 26 N ARSENAL AVE, INDIANAPOLIS, IN 46201	35-1711878	501(C)3	430,000				PROGRAM AND/OR OPERATING SUPPORT
(222) HABITAT FOR HUMANITY OF GREATER INDIANAPOLIS 3135 N MERIDIAN ST, INDIANAPOLIS, IN 46208-4717	35-1715910	501(C)3	24,191				DONOR CHOICE
(223) FAY BICCARD GLICK NEIGHBORHOOD CENTER AT CROOKED CREEK 2990 W 71ST ST, INDIANAPOLIS, IN 46268-2239	35-1738809	501(C)3	4,382				DONOR CHOICE
(224) FAY BICCARD GLICK NEIGHBORHOOD CENTER AT CROOKED CREEK 2990 W 71ST ST, INDIANAPOLIS, IN 46268-2239	35-1738809	501(C)3	418,908				PROGRAM AND/OR OPERATING SUPPORT
(225) ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION GREATER INDIANA CHAPTER 50 E 91ST ST STE 100, INDIANAPOLIS, IN 46240	35-1747836	501(C)3	8,120				DONOR CHOICE
(226) BOYS & GIRLS CLUB OF ZIONSVILLE, INC. 1575 MULBERRY ST, ZIONSVILLE, IN 46077	35-1750659	501(C)3	21,880				DONOR CHOICE
(227) BOYS & GIRLS CLUB OF ZIONSVILLE, INC. 1575 MULBERRY ST, ZIONSVILLE, IN 46077	35-1750659	501(C)3	93,920				PROGRAM AND/OR OPERATING SUPPORT
(228) HORIZON HOUSE INC 1033 E WASHINGTON ST, INDIANAPOLIS, IN 46202	35-1759503	501(C)3	30,498				DONOR CHOICE
(229) HORIZON HOUSE INC 1033 E WASHINGTON ST, INDIANAPOLIS, IN 46202	35-1759503	501(C)3	311,983				PROGRAM AND/OR OPERATING SUPPORT
(230) INDIANA YOUTH GROUP, INC. PO BOX 20716, INDIANAPOLIS, IN 46220	35-1760451	501(C)3	52,074				DONOR CHOICE
(231) INDIANA YOUTH GROUP, INC. PO BOX 20716, INDIANAPOLIS, IN 46220	35-1760451	501(C)3	75,000				PROGRAM AND/OR OPERATING SUPPORT
(232) MOUNT ZION DAY CARE CENTER INC 3549 BOULEVARD PL, INDIANAPOLIS, IN 46208	35-1765002	501(C)3	5,870				PROGRAM AND/OR OPERATING SUPPORT
(233) SHEPHERD COMMUNITY, INC. 4107 E WASHINGTON ST, INDIANAPOLIS, IN 46201	35-1765846	501(C)3	27,687				DONOR CHOICE
(234) SHEPHERD COMMUNITY, INC. 4107 E WASHINGTON ST, INDIANAPOLIS, IN 46201	35-1765846	501(C)3	384,672				PROGRAM AND/OR OPERATING SUPPORT
(235) CHILD ADVOCATES INC 8200 HAVERSTICK RD STE 240, INDIANAPOLIS, IN 46240	35-1788240	501(C)3	29,437				DONOR CHOICE
(236) WESTSIDE MISSIONARY BAPTIST CHURCH 6321 LA PAS TRAIL, INDIANAPOLIS, IN 46268	35-1813244	501(C)3	31,237				PROGRAM AND/OR OPERATING SUPPORT

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(237) 100 BLACK MEN OF INDIANAPOLIS, INC. 1500 EAST MICHIGAN STREET ROOM 8, INDIANAPOLIS, IN 46201	35-1813852	501(C)3	2,967				DONOR CHOICE
(238) 100 BLACK MEN OF INDIANAPOLIS, INC. 1500 EAST MICHIGAN STREET ROOM 8, INDIANAPOLIS, IN 46201	35-1813852	501(C)3	211,136				PROGRAM AND/OR OPERATING SUPPORT
(239) VILLAGES OF INDIANA FOUNDATION INC, THE 3833 N MERIDIAN ST STE 101, INDIANAPOLIS, IN 46208	35-1818697	501(C)3	26,065				PROGRAM AND/OR OPERATING SUPPORT
(240) CICOA FOUNDATION INC 8440 WOODFIELD CROSSING BLVD, STE 175, INDIANAPOLIS, IN 46240	35-1859069	501(C)3	100				DONOR CHOICE
(241) CICOA FOUNDATION INC 8440 WOODFIELD CROSSING BLVD, STE 175, INDIANAPOLIS, IN 46240	35-1859069	501(C)3	275,000				PROGRAM AND/OR OPERATING SUPPORT
(242) MARTINDALE BRIGHTWOOD COMMUNITY DEV CORP 2855 N KEYSTONE AVE, SUITE 130, INDIANAPOLIS, IN 46218	35-1870982	501(C)3	30,000				PROGRAM AND/OR OPERATING SUPPORT
(243) HVAF OF INDIANA INC 964 N PENNSYLVANIA ST, INDIANAPOLIS, IN 46204	35-1890547	501(C)3	14,868				DONOR CHOICE
(244) HVAF OF INDIANA INC 964 N PENNSYLVANIA ST, INDIANAPOLIS, IN 46204	35-1890547	501(C)3	112,420				PROGRAM AND/OR OPERATING SUPPORT
(245) EXODUS REFUGEE IMMIGRATION, INC. 2457 E WASHINGTON ST STE A, INDIANAPOLIS, IN 46201	35-1900090	501(C)3	5,466				DONOR CHOICE
(246) MARION COUNTY COMMISSION ON YOUTH INC 1375 W 16TH ST, INDIANAPOLIS, IN 46202-2111	35-1900516	501(C)3	6,440				DONOR CHOICE
(247) MARION COUNTY COMMISSION ON YOUTH INC 1375 W 16TH ST, INDIANAPOLIS, IN 46202-2111	35-1900516	501(C)3	23,175				PROGRAM AND/OR OPERATING SUPPORT
(248) CANCER SUPPORT COMMUNITY - CENTRAL INDIANA INC 5150 W 71ST ST, INDIANAPOLIS, IN 46268	35-1902427	501(C)3	6,666				DONOR CHOICE
(249) INDIANAPOLIS NEIGHBORHOOD RESOURCE CENTER INC 708 E MICHIGAN ST, INDIANAPOLIS, IN 46202	35-1909230	501(C)3	880				DONOR CHOICE
(250) INDIANAPOLIS NEIGHBORHOOD RESOURCE CENTER INC 708 E MICHIGAN ST, INDIANAPOLIS, IN 46202	35-1909230	501(C)3	17,063				PROGRAM AND/OR OPERATING SUPPORT

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(251) NEIGHBORHOOD CHRISTIAN LEGAL CLINIC INC 3333 N MERIDIAN ST STE 201, INDIANAPOLIS, IN 46208	35-1916572	501(C)3	7,907				DONOR CHOICE
(252) NEIGHBORHOOD CHRISTIAN LEGAL CLINIC INC 3333 N MERIDIAN ST STE 201, INDIANAPOLIS, IN 46208	35-1916572	501(C)3	60,000				PROGRAM AND/OR OPERATING SUPPORT
(253) CHARITY CHURCH MINISTRY, INC. 959 N HOLMES AVE, INDIANAPOLIS, IN 46222	35-1927248	501(C)3	77,901				PROGRAM AND/OR OPERATING SUPPORT
(254) MINORITY ENGINEERING PROGRAM OF INDIANA 8909 PURDUE RD STE 130, INDIANAPOLIS, IN 46268	35-1929560	501(C)3	20,819				DONOR CHOICE
(255) EARLY LEARNING CENTERS INC 1315 S SHERMAN DRIVE, INDIANAPOLIS, IN 46203	35-1955574	501(C)3	250,000				PROGRAM AND/OR OPERATING SUPPORT
(256) FLETCHER PLACE COMMUNITY CENTER PO BOX 825, INDIANAPOLIS, IN 46206-0825	35-1966882	501(C)3	6,895				DONOR CHOICE
(257) FLETCHER PLACE COMMUNITY CENTER PO BOX 825, INDIANAPOLIS, IN 46206-0825	35-1966882	501(C)3	7,370				PROGRAM AND/OR OPERATING SUPPORT
(258) EAST TENTH UNITED METHODIST CHILDREN & YOUTH CENTER 2327 E 10TH ST, INDIANAPOLIS, IN 46201	35-1976975	501(C)3	7,500				PROGRAM AND/OR OPERATING SUPPORT
(259) OUTREACH OF INDIANAPOLIS 2416 E NEW YORK ST, INDIANAPOLIS, IN 46201	35-1989358	501(C)3	7,504				DONOR CHOICE
(260) OUTREACH OF INDIANAPOLIS 2416 E NEW YORK ST, INDIANAPOLIS, IN 46201	35-1989358	501(C)3	14,434				PROGRAM AND/OR OPERATING SUPPORT
(261) ENGLEWOOD COMMUNITY DEVELOPMENT CORPORATION 57 N RURAL ST, INDIANAPOLIS, IN 46201	35-2003744	501(C)3	467,117				PROGRAM AND/OR OPERATING SUPPORT
(262) COMMUNITY ALLIANCE OF THE FAR EASTSIDE INC 8902 E 38TH ST, INDIANAPOLIS, IN 46226	35-2018453	501(C)3	703				DONOR CHOICE
(263) COMMUNITY ALLIANCE OF THE FAR EASTSIDE INC 8902 E 38TH ST, INDIANAPOLIS, IN 46226	35-2018453	501(C)3	1,537,733				PROGRAM AND/OR OPERATING SUPPORT
(264) BARBARA C. JORDAN YMCA 2039 E MORGAN ST, MARTINSVILLE, IN 46151	35-2019312	501(C)3	6,352				DONOR CHOICE
(265) BARBARA C. JORDAN YMCA 2039 E MORGAN ST, MARTINSVILLE, IN 46151	35-2019312	501(C)3	155,000				PROGRAM AND/OR OPERATING SUPPORT
(266) THE ALS ASSOCIATION INDIANA CHAPTER 7202 E 87TH ST STE 102, INDIANAPOLIS, IN 46256-1200	35-2029321	501(C)3	5,575				DONOR CHOICE

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(267) OAKS ACADEMY INC 1301 E 16TH ST, INDIANAPOLIS, IN 46202	35-2050595	501(C)3	6,941				DONOR CHOICE
(268) CHRISTEL HOUSE INTERNATIONAL, INC. 10 W MARKET ST STE 1990, INDIANAPOLIS, IN 46204-2973	35-2051932	501(C)3	22,080				DONOR CHOICE
(269) FATHERS AND FAMILIES RESOURCE-RESEARCH CENTER INC 2835 N ILLINOIS ST, INDIANAPOLIS, IN 46208	35-2069047	501(C)3	9,472				DONOR CHOICE
(270) FATHERS AND FAMILIES RESOURCE-RESEARCH CENTER INC 2835 N ILLINOIS ST, INDIANAPOLIS, IN 46208	35-2069047	501(C)3	477,600				PROGRAM AND/OR OPERATING SUPPORT
(271) BROTHERS UNITED 3737 N MERIDIAN ST STE 505, INDIANAPOLIS, IN 46208	35-2072935	501(C)3	200				DONOR CHOICE
(272) BROTHERS UNITED 3737 N MERIDIAN ST STE 505, INDIANAPOLIS, IN 46208	35-2072935	501(C)3	95,000				PROGRAM AND/OR OPERATING SUPPORT
(273) SHELTERING WINGS CENTER FOR WOMEN INC PO BOX 92, DANVILLE, IN 46122-0092	35-2077713	501(C)3	32,126				DONOR CHOICE
(274) SHELTERING WINGS CENTER FOR WOMEN INC PO BOX 92, DANVILLE, IN 46122-0092	35-2077713	501(C)3	248,397				PROGRAM AND/OR OPERATING SUPPORT
(275) TMP ENTERPRISES INC 2028 E BROAD RIPPLE AVE, INDIANAPOLIS, IN 46220	35-2083290	501(C)3	12,142				DONOR CHOICE
(276) LIFE CHOICES CARE CENTER INC PO BOX 584, GREENFIELD, IN 46140	35-2101283	501(C)3	5,620				DONOR CHOICE
(277) MEALS ON WHEELS OF HANCOCK COUNTY INC 630 N STATE ST, GREENFIELD, IN 46140	35-2117913	501(C)3	3,235				DONOR CHOICE
(278) MEALS ON WHEELS OF HANCOCK COUNTY INC 630 N STATE ST, GREENFIELD, IN 46140	35-2117913	501(C)3	30,000				PROGRAM AND/OR OPERATING SUPPORT
(279) DOVE RECOVERY HOUSE FOR WOMEN 3351 NN MERIDIAN ST STE 110, INDIANAPOLIS, IN 46208	35-2120680	501(C)3	5,826				DONOR CHOICE
(280) THE CHILDREN'S THERAPLAY FOUNDATION, INC. 9919 TOWNE RD, CARMEL, IN 46032	35-2121568	501(C)3	10,141				DONOR CHOICE
(281) THE CHILDREN'S THERAPLAY FOUNDATION, INC. 9919 TOWNE RD, CARMEL, IN 46032	35-2121568	501(C)3	5,087				PROGRAM AND/OR OPERATING SUPPORT
(282) EASTERN STAR JEWEL HUMAN SERVICES CORPORATION 5719 MASSACHUSETTS AVE, INDIANAPOLIS, IN 46218	35-2124772	501(C)3	8,400				DONOR CHOICE
(283) MEPHIBOSHETH MINISTRIES INC 1715 STRINGTOWN PIKE, CICERO, IN 46034	35-2135547	501(C)3	5,200				DONOR CHOICE

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(284) SCHOOL ON WHEELS CORP 2605 E 62ND ST STE 2005, INDIANAPOLIS, IN 46220	35-2151003	501(C)3	14,943				DONOR CHOICE
(285) SCHOOL ON WHEELS CORP 2605 E 62ND ST STE 2005, INDIANAPOLIS, IN 46220	35-2151003	501(C)3	198,388				PROGRAM AND/OR OPERATING SUPPORT
(286) TINDLEY ACCELERATED SCHOOLS INC 3960 MEADOWS DRIVE, INDIANAPOLIS, IN 46205	35-2151971	501(C)3	511,219				PROGRAM AND/OR OPERATING SUPPORT
(287) WARM HEART WARM HOME FOUNDATION INC 2020 N MERIDIAN ST, INDIANAPOLIS, IN 46202	35-2202401	501(C)3	5,117				DONOR CHOICE
(288) PURDUE UNIVERSITY 155 S GRANT ST, WEST LAFAYETTE, IN 47907	35-6002041	501(C)3	5,125				DONOR CHOICE
(289) BOARD OF SCHOOL COMMISSIONERS OF THE CITY OF INDIANAPOLIS 120 E WALNUT ST, INDIANAPOLIS, IN 46204	35-6002486	SECTION 115	136,278				PROGRAM AND/OR OPERATING SUPPORT
(290) UNITED WAY OF PORTER COUNTY INC PO BOX 2028, VALPARAISO, IN 46384-2028	35-6006484	501(C)3	6,175				DONOR CHOICE
(291) BETHEL EARLY CHILDHOOD ACADEMY 5252 W 52ND ST, INDIANAPOLIS, IN 46254	35-6006778		7,500				PROGRAM AND/OR OPERATING SUPPORT
(292) INDIANA UNIVERSITY FOUNDATION PO BOX 500, BLOOMINGTON, IN 47402	35-6018940	501(C)3	151,447				DONOR CHOICE
(293) MOUNT PLEASANT CHRISTIAN CHURCH 381 N BLUFF RD, GREENWOOD, IN 46142	35-6020009	501(C)3	16,250				DONOR CHOICE
(294) BOONE COUNTY CANCER SOCIETY INC 117 W ELM ST, LEBANON, IN 46052	35-6044450	501(C)3	7,071				DONOR CHOICE
(295) SOUTH CENTRAL COMMUNITY ACTION PROGRAM 1500 W 15TH ST, BLOOMINGTON, IN 47404	35-6050163	501(C)3	7,500				PROGRAM AND/OR OPERATING SUPPORT
(296) INDIANA LEGAL SERVICES, INC. 1200 MADISON AVE STE 300, INDIANAPOLIS, IN 46225	35-6059654	501(C)3	3,911				DONOR CHOICE
(297) INDIANA LEGAL SERVICES, INC. 1200 MADISON AVE STE 300, INDIANAPOLIS, IN 46225	35-6059654	501(C)3	70,198				PROGRAM AND/OR OPERATING SUPPORT
(298) INDIANAPOLIS URBAN LEAGUE, INC. 777 INDIANA AVE, INDIANAPOLIS, IN 46202	35-6060655	501(C)3	46,583				DONOR CHOICE
(299) INDIANAPOLIS URBAN LEAGUE, INC. 777 INDIANA AVE, INDIANAPOLIS, IN 46202	35-6060655	501(C)3	724,698				PROGRAM AND/OR OPERATING SUPPORT
(300) SALVATION ARMY DIVISIONAL HEADQUARTERS INDIANA DIVISION PO BOX 88517, INDIANAPOLIS, IN 46208	36-2167910	501(C)3	52,939				DONOR CHOICE

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(301) SALVATION ARMY DIVISIONAL HEADQUARTERS INDIANA DIVISION PO BOX 88517, INDIANAPOLIS, IN 46208	36-2167910	501(C)3	419,037				PROGRAM AND/OR OPERATING SUPPORT
(302) MISERICORDIA HOME 6300 N RIDGE AVE, CHICAGO, IL 60660	36-2170153	501(C)3	10,000				DONOR CHOICE
(303) ASPIRE 3235 W MONTROSE, CHICAGO, IL 60618	36-2654558	501(C)3	7,500				DONOR CHOICE
(304) COBURN PLACE 604 E 38TH ST, INDIANAPOLIS, IN 46205	37-1421922	501(C)3	6,699				DONOR CHOICE
(305) ST. VINCENT DE PAUL INDIANAPOLIS 3001 E 30TH ST, INDIANAPOLIS, IN 46218	37-1507632	501(C)3	22,359				DONOR CHOICE
(306) UNITED WAY OF SAGINAW COUNTY 100 S JEFFERSON AVE 3RD FL, SAGINAW, MI 48607	38-1358215	501(C)3	8,396				DONOR CHOICE
(307) UNITED WAY OF THE BATTLE CREEK AND KALAMAZOO REGION 709 S WESTNEDGE AVE, KALAMAZOO, MI 49007	38-1359193	501(C)3	12,820				DONOR CHOICE
(308) HEART OF WEST MICHIGAN UNITED WAY 118 COMMERCE AVE SW STE 100, GRAND RAPIDS, MI 49503-4106	38-1360923	501(C)3	6,158				DONOR CHOICE
(309) UNITED WAY OF MIDLAND COUNTY 115 JEROME ST, MIDLAND, MI 48640	38-1434224	501(C)3	51,572				DONOR CHOICE
(310) PATHWAY RESOURCE CENTER 10119 JOHN MARSHALL DR, INDIANAPOLIS, IN 46235	38-3681150	501(C)3	143,000				PROGRAM AND/OR OPERATING SUPPORT
(311) UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY INC BOX 88110, MILWAUKEE, WI 53288-0110	39-0806190	501(C)3	18,705				DONOR CHOICE
(312) UNITED WAY FOX CITIES INC 1455 MIDWAY RD, MENASHA, WI 54952	39-0912895	501(C)3	8,346				DONOR CHOICE
(313) GREATER TWIN CITIES UNITED WAY PO BOX 2949, MINNEAPOLIS, MN 55402	41-1973442	501(C)3	19,448				DONOR CHOICE
(314) MIDWEST FOOD BANK NFP 6450 S BELMONT AVE, INDIANAPOLIS, IN 46217	41-2120170	501(C)3	7,597				DONOR CHOICE
(315) AUTISM CARES FOUNDATION 816 SECOND STREET PIKE, SOUTHAMPTON, PA 18966	41-2252110	501(C)3	6,868				DONOR CHOICE
(316) UNITED WAY OF SIOUXLAND 701 STEUBEN ST, SIOUX CITY, IA 51101	42-0680395	501(C)3	5,182				DONOR CHOICE
(317) UNITED WAY OF CENTRAL IOWA 1111 NINTH ST STE 100, DES MOINES, IA 50314-2527	42-0680425	501(C)3	310,448				DONOR CHOICE
(318) CATHOLIC COUNCIL FOR SOCIAL CONCERN INC 601 GRAND AVE, DES MOINES, IA 50309	42-0680464	501(C)3	10,390				DONOR CHOICE
(319) LUTHERAN SERVICES IN IOWA 3125 COTTAGE GROVE, DES MOINES, IA 50311	42-0698267	501(C)3	7,574				DONOR CHOICE

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(320) GREATER DES MOINES HABITAT FOR HUMANITY 2200 E EUCLID, DES MOINES, IA 50317	42-1275330	501(C)3	5,224				DONOR CHOICE
(321) DOWLING CATHOLIC HIGH SCHOOL 1400 BUFFALO RD, WEST DES MOINES, IA 50265	42-6284173	501(C)3	9,009				DONOR CHOICE
(322) UNITED WAY OF GREATER KANSAS CITY 801 W 47TH ST STE 500, KANSAS CITY, MO 64112-1239	44-0545812	501(C)3	8,544				DONOR CHOICE
(323) BURMESE AMERICAN COMMUNITY INSTITUTE 4925 SHELBY ST STE 200, INDIANAPOLIS, IN 46227	45-2377550	501(C)3	209				DONOR CHOICE
(324) BURMESE AMERICAN COMMUNITY INSTITUTE 4925 SHELBY ST STE 200, INDIANAPOLIS, IN 46227	45-2377550	501(C)3	178,000				PROGRAM AND/OR OPERATING SUPPORT
(325) CHAPEL GLEN EARLY LEARNING ACADEMY 9101 W 10TH ST, INDIANAPOLIS, IN 46234	45-4825001		7,500				PROGRAM AND/OR OPERATING SUPPORT
(326) BEYOND HOMELESS INC 309 E FRANKLIN ST, GREENCASTLE, IN 46135	45-5034954	501(C)3	362				DONOR CHOICE
(327) BEYOND HOMELESS INC 309 E FRANKLIN ST, GREENCASTLE, IN 46135	45-5034954	501(C)3	50,000				PROGRAM AND/OR OPERATING SUPPORT
(328) INDIANA CONNECTED BY 25 INC 546 E 17TH ST STE 206, INDIANAPOLIS, IN 46202	45-5056874	501(C)3	2,481				DONOR CHOICE
(329) INDIANA CONNECTED BY 25 INC 546 E 17TH ST STE 206, INDIANAPOLIS, IN 46202	45-5056874	501(C)3	47,804				PROGRAM AND/OR OPERATING SUPPORT
(330) FREEDOM ACADEMY I INC. (RESET CENTER) 4330 N POST RD, INDIANAPOLIS, IN 46226	46-0822237	501(C)3	5,823				PROGRAM AND/OR OPERATING SUPPORT
(331) FIGHT FOR LIFE FOUNDATION 1300 E 86TH ST STE 40426, INDIANAPOLIS, IN 46240	46-1377821	501(C)3	143,000				PROGRAM AND/OR OPERATING SUPPORT
(332) FAMILY PROMISE OF HENDRICKS COUNTY INC 238 N VINE ST, PLAINFIELD, IN 46168	46-1733831	501(C)3	12,209				DONOR CHOICE
(333) FAMILY PROMISE OF HENDRICKS COUNTY INC 238 N VINE ST, PLAINFIELD, IN 46168	46-1733831	501(C)3	100,000				PROGRAM AND/OR OPERATING SUPPORT
(334) TEENWORKS, INC. 2820 N MERIDIAN ST, INDIANAPOLIS, IN 46208	46-2047309	501(C)3	1,602				DONOR CHOICE
(335) TEENWORKS, INC. 2820 N MERIDIAN ST, INDIANAPOLIS, IN 46208	46-2047309	501(C)3	180,000				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
(336) WESTMINSTER NEIGHBORHOOD SERVICES INC 2325 E NEW YORK ST, INDIANAPOLIS, IN 46201	46-3757511	501(C)3	940				DONOR CHOICE
(337) WESTMINSTER NEIGHBORHOOD SERVICES INC 2325 E NEW YORK ST, INDIANAPOLIS, IN 46201	46-3757511	501(C)3	41,350				PROGRAM AND/OR OPERATING SUPPORT
(338) THE STEM CONNECTION 8407 MOORE RD, INDIANAPOLIS, IN 46278	46-5647562	501(C)3	7,066				DONOR CHOICE
(339) OVERDOSE-LIFELINE INC 1100 W 42ND ST, STE 240, INDIANAPOLIS, IN 46208	47-1333720	501(C)3	6,610				DONOR CHOICE
(340) OVERDOSE-LIFELINE INC 1100 W 42ND ST, STE 240, INDIANAPOLIS, IN 46208	47-1333720	501(C)3	60,000				PROGRAM AND/OR OPERATING SUPPORT
(341) CATHOLIC CHARITIES INDIANAPOLIS 1400 N MERIDIAN ST, INDIANAPOLIS, IN 46202	47-3062508	501(C)3	123,928				DONOR CHOICE
(342) CATHOLIC CHARITIES INDIANAPOLIS 1400 N MERIDIAN ST, INDIANAPOLIS, IN 46202	47-3062508	501(C)3	825,000				PROGRAM AND/OR OPERATING SUPPORT
(343) UNITED WAY OF DELAWARE, INC. 625 N ORANGE ST, WILMINGTON, DE 19801-2247	51-0073399	501(C)3	96,400				DONOR CHOICE
(344) AMERICAN RED CROSS PO BOX 73857, CHICAGO, IL 60673-7857	53-0196605	501(C)3	41,685				DONOR CHOICE
(345) AMERICAN RED CROSS PO BOX 73857, CHICAGO, IL 60673-7857	53-0196605	501(C)3	530,000				PROGRAM AND/OR OPERATING SUPPORT
(346) UNITED WAY OF THE NATIONAL CAPITAL AREA 1577 SPRING HILL RD STE 420, VIENNA, VA 22182-2223	53-0234290	501(C)3	41,623				DONOR CHOICE
(347) UNITED WAY OF CENTRAL CAROLINAS INC 601 EAST 5TH STREET SUITE 350, CHARLOTTE, NC 28202-2317	56-0529948	501(C)3	6,771				DONOR CHOICE
(348) UNITED WAY OF THE MID-SOUTH 1005 TILLMAN ST, MEMPHIS, TN 38112	56-1010742	501(C)3	6,244				DONOR CHOICE
(349) HIGH COUNTRY UNITED WAY PO BOX 247, BOONE, NC 28607	56-1218079	501(C)3	6,300				DONOR CHOICE
(350) UNITED WAY OF THE GREATER TRIANGLE 2400 PERIMETER PARK DR STE 150, MORRISVILLE, NC 27560	56-1949103	501(C)3	26,364				DONOR CHOICE
(351) STARFISH, INC. 2955 N MERIDIAN ST STE 101, INDIANAPOLIS, IN 46208	56-2442758	501(C)3	28,816				DONOR CHOICE
(352) STARFISH, INC. 2955 N MERIDIAN ST STE 101, INDIANAPOLIS, IN 46208	56-2442758	501(C)3	145,470				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
(353) TRIDENT UNITED WAY, INC. 6296 RIVERS AVE, NORTH CHARLESTON, SC 29406	57-0314378	501(C)3	10,277				DONOR CHOICE
(354) UNITED WAY OF GREATER ATLANTA, INC. 100 EDGEWOOD AVE NE, ATLANTA, GA 30303	58-0566194	501(C)3	27,200				DONOR CHOICE
(355) UNITED WAY OF CHATHAM COUNTY INC PO BOX 1066, PITTSBORO, NC 27312	58-1897275	501(C)3	21,950				DONOR CHOICE
(356) HEART OF FLORIDA UNITED WAY 1940 TRAYLOR BLVD, ORLANDO, FL 32804-4714	59-0808854	501(C)3	9,647				DONOR CHOICE
(357) UNITED WAY MIAMI, INC. 3250 SW THIRD AVE, MIAMI, FL 33129-2712	59-0830840	501(C)3	36,715				DONOR CHOICE
(358) UNITED WAY OF LEE COUNTY INC 7273 CONCOURSE DR, FORT MYERS, FL 33908-2644	59-1005169	501(C)3	35,130				DONOR CHOICE
(359) UNITED WAY OF COLLIER AND THE KEYS 9015 STRADA STELL CT STE 204, NAPLES, FL 34109	59-1026096	501(C)3	9,106				DONOR CHOICE
(360) UNITED WAY OF SOUTH SARASOTA COUNTY 4242 S TAMIAMI TRAIL, VENICE, FL 34293	59-1100846	501(C)3	17,320				DONOR CHOICE
(361) UNITED WAY OF LAKE AND SUMTER COUNTIES INC. 32644 BLOSSOM LN, LEESBURG, FL 34788	59-1143758	501(C)3	5,220				DONOR CHOICE
(362) FOOD FOR THE POOR, INC. 6401 LYONS RD, COCONUT CREEK, FL 33073	59-2174510	501(C)3	5,862				DONOR CHOICE
(363) UNITED WAY SUNCOAST INC. 5201 W KENNEDY BLVD STE 600, TAMPA, FL 33609	59-3725701	501(C)3	34,585				DONOR CHOICE
(364) UNITED WAY OF THE BLUEGRASS INC 651 PERIMETER DR STE 510, LEXINGTON, KY 40517	61-0444679	501(C)3	23,549				DONOR CHOICE
(365) METRO UNITED WAY INC 334 EAST BROADWAY, LOUISVILLE, KY 40202	61-0444680	501(C)3	19,414				DONOR CHOICE
(366) VISUALLY IMPAIRED PRESCHOOL SERVICES, INC. 1906 GOLDSMITH LN, LOUISVILLE, KY 40218	61-1061973	501(C)3	104,440				DONOR CHOICE
(367) VISUALLY IMPAIRED PRESCHOOL SERVICES, INC. 1906 GOLDSMITH LN, LOUISVILLE, KY 40218	61-1061973	501(C)3	80,500				PROGRAM AND/OR OPERATING SUPPORT
(368) UNITED WAY OF GREATER KNOXVILLE 1301 HANNAH AVE, KNOXVILLE, TN 37921	62-0475748	501(C)3	11,012				DONOR CHOICE

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(369) UNITED WAY OF GREATER NASHVILLE 250 VENTURE CIR, NASHVILLE, TN 37228-1604	62-0533104	501(C)3	17,704				DONOR CHOICE
(370) UNITED WAY OF MONROE COUNTY INC PO BOX 21, MONROEVILLE, AL 36461	63-0707034	501(C)3	7,957				DONOR CHOICE
(371) EQUAL JUSTICE INITIATIVE 122 COMMERCE ST, MONTGOMERY, AL 36104	63-1135091	501(C)3	7,123				DONOR CHOICE
(372) LOVE4SATOS ANIMAL RESCUE INC 1353 AVE LUIS VIGOREAUX PMB 440, GUAYNABO, PR 00966-2715	66-0886544	501(C)3	6,240				DONOR CHOICE
(373) SBC DEVELOPMENT CORP (PURPOSE OF LIFE ACADEMY) 3705 KESSLER BLVD N DR, INDIANAPOLIS, IN 46222	68-0558032	501(C)3	7,499				PROGRAM AND/OR OPERATING SUPPORT
(374) UNITED WAY OF CENTRAL OKLAHOMA PO BOX 248919, OKLAHOMA CITY, OK 73124	73-0589829	501(C)3	6,545				DONOR CHOICE
(375) UNITED WAY OF GREATER HOUSTON PO BOX 3247, HOUSTON, TX 77253-3247	74-1167964	501(C)3	9,329				DONOR CHOICE
(376) UNITED WAY FOR GREATER AUSTIN 2000 E MARTIN LUTHER KING JR BLVD, AUSTIN, TX 78702	74-1193439	501(C)3	9,158				DONOR CHOICE
(377) UNITED WAY OF THE COASTAL BEND 711 N CARANCAHUA ST STE 302, CORPUS CHRISTI, TX 78401	74-1207552	501(C)3	5,528				DONOR CHOICE
(378) UNITED WAY OF TARRANT COUNTY PO BOX 4448, FORT WORTH, TX 76164- 0448	75-0858360	501(C)3	10,265				DONOR CHOICE
(379) PRESBYTERIAN NIGHT SHELTER OF TARRANT COUNTY PO BOX 2645, FORT WORTH, TX 76113	75-1985591	501(C)3	7,500				DONOR CHOICE
(380) UNITED WAY OF METROPOLITAN DALLAS, INC. 1800 N LAMAR, DALLAS, TX 75202	75-6005352	501(C)3	10,542				DONOR CHOICE
(381) GARY SINISE FOUNDATION PO BOX 368, WOODLAND HILLS, CA 91365	80-0587086	501(C)3	5,260				DONOR CHOICE
(382) BROOKSIDE COMMUNITY DEVELOPMENT CORPORATION 1035 N OLNEY ST, INDIANAPOLIS, IN 46201	81-1534304	501(C)3	61,928				PROGRAM AND/OR OPERATING SUPPORT
(383) URBAN ACT ACADEMY 1250 E MARKET ST, INDIANAPOLIS, IN 46202	82-3036207	501(C)3	6,233				DONOR CHOICE
(384) LATINAS WELDING GUILD 4910 E 23RD ST, INDIANAPOLIS, IN 46218	82-3129392	501(C)3	143,000				PROGRAM AND/OR OPERATING SUPPORT
(385) TRINITY HAVEN INC 3561 N PENNSYLVANIA ST, INDIANAPOLIS, IN 46205	82-5358554	501(C)3	6,268				DONOR CHOICE
(386) HOPE HEALTHCARE SERVICES 107 PARK PLACE BLVD, AVON, IN 46123	83-0404310	501(C)3	9,226				DONOR CHOICE

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(387) BE NIMBLE FOUNDATION 520 EAST WASHINGTON ST #503, INDIANAPOLIS, IN 46204	83-1276599	501(C)3	118,000				PROGRAM AND/OR OPERATING SUPPORT
(388) GLICK RESIDENT SUCCESS CENTER, LLC PO BOX 40177, INDIANAPOLIS, IN 46240	83-2523314		27,500				PROGRAM AND/OR OPERATING SUPPORT
(389) SANKOFA SCHOOL OF SUCCESS, INC. 5801 EAST 30TH STREET, INDIANAPOLIS, IN 46218	83-2922025	501(C)3	117,062				PROGRAM AND/OR OPERATING SUPPORT
(390) BELIEVE SCHOOLS INC 2540 N CAPITOL AVE, INDIANAPOLIS, IN 46208	83-3062439	501(C)3	390				DONOR CHOICE
(391) BELIEVE SCHOOLS INC 2540 N CAPITOL AVE, INDIANAPOLIS, IN 46208	83-3062439	501(C)3	205,914				PROGRAM AND/OR OPERATING SUPPORT
(392) PATH SCHOOL, THE 653 N. SOMERSET AVENUE, INDIANAPOLIS, IN 46222	83-3099267	501(C)3	209,541				PROGRAM AND/OR OPERATING SUPPORT
(393) ROOTED SCHOOL, INC. 5750 E 30TH ST, INDIANAPOLIS, IN 46218	83-3795565	501(C)3	84,723				PROGRAM AND/OR OPERATING SUPPORT
(394) MILE HIGH UNITED WAY, INC. 711 PARK AVE W, DENVER, CO 80205	84-0404235	501(C)3	27,372				DONOR CHOICE
(395) HOPE ACADEMY INC 3919 MADISON AVE STE 100, INDIANAPOLIS, IN 46227	84-2099551	501(C)3	990				DONOR CHOICE
(396) HOPE ACADEMY INC 3919 MADISON AVE STE 100, INDIANAPOLIS, IN 46227	84-2099551	501(C)3	25,000				PROGRAM AND/OR OPERATING SUPPORT
(397) MILLER MINISTRIES 7404 ROCKVILLE ROAD, INDIANAPOLIS, IN 46214	84-2522046	501(C)3	31,711				PROGRAM AND/OR OPERATING SUPPORT
(398) PROJECT AZUL 5628 W 74TH ST, INDIANAPOLIS, IN 46278	84-3859092	501(C)3	85,000				PROGRAM AND/OR OPERATING SUPPORT
(399) FRIENDS OF THE HANCOCK COUNTY CASA PROGRAM INC 98 EAST NORTH STREET, GREENFIELD, IN 46140	85-1056794	501(C)3	50				DONOR CHOICE
(400) FRIENDS OF THE HANCOCK COUNTY CASA PROGRAM INC 98 EAST NORTH STREET, GREENFIELD, IN 46140	85-1056794	501(C)3	10,000				PROGRAM AND/OR OPERATING SUPPORT
(401) NIKKI BLAINE LEARNING CENTER 2415 DR. ANDREW J. BROWN, INDIANAPOLIS, IN 46205	85-3986602		9,446				PROGRAM AND/OR OPERATING SUPPORT
(402) UNITED WAY OF TUCSON AND SOUTHERN ARIZONA PO BOX 86750, TUCSON, AZ 85754	86-0098932	501(C)3	26,590				DONOR CHOICE
(403) VALLEY OF THE SUN UNITED WAY 3200 E CAMELBACK RD STE 375, PHOENIX, AZ 85018	86-0104419	501(C)3	41,078				DONOR CHOICE

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(404) CATHOLIC YOUTH ORGANIZATION CAMP 580 E STEVENS ST, INDIANAPOLIS, IN 46203-1781	90-0657156	501(C)3	43,421				DONOR CHOICE
(405) CATHOLIC YOUTH ORGANIZATION CAMP 580 E STEVENS ST, INDIANAPOLIS, IN 46203-1781	90-0657156	501(C)3	104,151				PROGRAM AND/OR OPERATING SUPPORT
(406) UNITED WAY OF KING COUNTY 720 2ND AVE, SEATTLE, WA 98104-1702	91-0565555	501(C)3	23,635				DONOR CHOICE
(407) UNITED WAY OF THE COLUMBIA-WILLAMETTE 619 SW 11TH AVE STE 300, PORTLAND, OR 97205-2646	93-0582124	501(C)3	27,680				DONOR CHOICE
(408) UNITED WAY OF THE BAY AREA 550 KEARNEY ST STE 1000, SAN FRANCISCO, CA 94108-2524	94-1312348	501(C)3	16,530				DONOR CHOICE
(409) EMMANUEL FAITH COMMUNITY CHURCH INC 639 E 17TH AVE, ESCONDIDO, CA 92025	95-1816013	501(C)3	7,020				DONOR CHOICE
(410) UNITED WAY OF SAN DIEGO COUNTY 4699 MURPHY CANYON RD, SAN DIEGO, CA 92123	95-2213995	501(C)3	48,413				DONOR CHOICE
(411) THE TREVOR PROJECT PO BOX 69232, WEST HOLLYWOOD, CA 90069	95-4681287	501(C)3	6,021				DONOR CHOICE
(412) UNITED WAY OF SUMMIT COUNTY 37 NORTH HIGH ST, AKRON, OH 44308	34-1169257	501(C)3	9,776				DONOR CHOICE
(413) ST. JUDE CHILDREN'S RESEARCH HOSPITAL 501 ST JUDE PL, MEMPHIS, TN 38105	35-1044585	501(C)3	13,342				DONOR CHOICE
(414) ADELANTE SCHOOLS INC 1202 E TROY AVE, INDIANAPOLIS, IN 46203	84-3574341	501(C)3	75,000				PROGRAM AND/OR OPERATING SUPPORT
(415) FIRST SAMUEL MISSIONARY BAPTIST CHURCH 1402 N BELLEVIEW PLACE, INDIANAPOLIS, IN 46222	35-1853259	501(C)3	14,000				PROGRAM AND/OR OPERATING SUPPORT
(416) GLOBAL PREPARATORY ACADEMY 2033 SUGAR GROVE AVE, INDIANAPOLIS, IN 46202	47-2593404	501(C)3	40,000				PROGRAM AND/OR OPERATING SUPPORT
(417) CENTERS OF WELLNESS FOR URBAN WOMEN 2424 DR MARTIN LUTHER KING JR ST, INDIANAPOLIS, IN 46208	20-4788681	501(C)3	45,000				PROGRAM AND/OR OPERATING SUPPORT
(418) CIRCLE CITY PREPARATORY INC 4002 N FRANKLIN RD, INDIANAPOLIS, IN 46226	81-0741071	501(C)3	19,500				PROGRAM AND/OR OPERATING SUPPORT
(419) ASPIRE INDIANA, INC 5321 E 42ND ST, INDIANAPOLIS, IN 46226	87-3518892		49,350				PROGRAM AND/OR OPERATING SUPPORT
(420) A LEARNING BEE STEM PRE-K ACADEMY 802 EDMONT AVE, INDIANAPOLIS, IN 46208	82-1551884	501(C)3	14,000				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
(421) JUDAH MINISTRIES INC (PRIDE ACADEMY) 9052 FOREST WILLOW DR, INDIANAPOLIS, IN 46234	16-1616713	501(C)3	46,200				PROGRAM AND/OR OPERATING SUPPORT
(422) CHRIST CHURCH HOLINESS USA, INC 968 N BELMONT AVE, INDIANAPOLIS, IN 46222	27-5056630	501(C)3	21,000				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>
(10) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION, INC. 910 PIERREMONT RD STE 410, SHREVEPORT, LA 71106</p>
(3) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>UNITED WAY OF MASSACHUSETTS BAY AND MERRIMACK VALLEY 51 SLEEPER ST, BOSTON, MA 02210</p>
(8) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	<p>CYSTIC FIBROSIS FOUNDATION 4550 MONTGOMERY AVE STE 350N, BETHESDA, MD 20814</p>
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	<p>AMERICAN CANCER SOCIETY, INC.: 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 for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number

35-1007590

Part I Questions Regarding Compensation

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC 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				
1	ANN D MURTLOW PRESIDENT AND CHIEF EXECUTIVE OFFICER	(i) 335,857	95,750	17,184	17,400	26,806	492,997	0
	(ii)	0	0	0	0	0	0	0
2	GINA A MILLER CHIEF OPERATING OFFICER AND CHIEF FINANCIAL OFFICER, ASSISTANT TREASURER	(i) 220,817	34,394	1,152	14,149	26,557	297,069	0
	(ii)	0	0	0	0	0	0	0
3	SARA VANSLAMBROOK CHIEF IMPACT OFFICER	(i) 160,610	60,209	956	10,132	24,479	256,386	0
	(ii)	0	0	0	0	0	0	0
4	GREGORY FENNIG CHIEF MARKETING, COMMUNICATION & COMMUNITY RELATIONS OFFICER	(i) 168,142	19,738	2,184	11,069	21,207	222,340	0
	(ii)	0	0	0	0	0	0	0
5	MEHELLE CALLEN CHIEF TALENT & CULTURE OFFICER	(i) 157,293	19,571	1,632	11,167	26,459	216,122	0
	(ii)	0	0	0	0	0	0	0
6	JULIANNE BURNS CEO, JUMPIN	(i) 174,399	0	9,684	10,500	16,031	210,614	0
	(ii)	0	0	0	0	0	0	0
7	PENNY KELLER CHIEF FUNDRAISING AND ENGAGEMENT OFFICER	(i) 153,385	18,988	1,152	10,415	24,717	208,657	0
	(ii)	0	0	0	0	0	0	0
8		(i)						
	(ii)							
9		(i)						
	(ii)							
10		(i)						
	(ii)							
11		(i)						
	(ii)							
12		(i)						
	(ii)							
13		(i)						
	(ii)							
14		(i)						
	(ii)							
15		(i)						
	(ii)							
16		(i)						
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
- ▶ **Attach to Form 990.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	✓	87	1,232,573	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

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

Part II

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

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

**SCHEDULE O
(Form 990)**

Department of Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2021

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	ORGANIZATIONS THROUGHOUT CENTRAL INDIANA. WE ALSO ENGAGE IN A NUMBER OF OTHER BASIC NEEDS PROGRAMS INCLUDING A HOMELESS INITIATIVE DESIGNED TO SUPPORT MARION COUNTY'S "BLUEPRINT TO END HOMELESSNESS"; BEHAVIORAL HEALTH COURTS DESIGNED TO ADDRESS THE MENTAL HEALTH AND OFTEN CO-EXISTING SUBSTANCE ABUSE OF INDIVIDUALS IN THE CRIMINAL JUSTICE SYSTEM; TRANSPORTATION SUPPORTS FOR SENIORS; AND WINTER ASSISTANCE FOR THOSE INELIGIBLE FOR THE FEDERAL ENERGY ASSISTANCE.
FORM 990, PART III, LINE 4B - PROGRAM SERVICE DESCRIPTION	ADDITION, UWCI ADMINISTERS DONOR DESIGNATED DOLLARS TO A WIDE RANGE OF UNAFFILIATED ORGANIZATIONS ACROSS THE NON-PROFIT SECTOR (\$4.2M ACROSS OVER 1,000 ORGANIZATIONS).
FORM 990, PART III, LINE 4C - PROGRAM SERVICE DESCRIPTION	(FOF). IN 2021/22, UWCI AWARDED \$7.5M IN GRANTS TO 25 CBOS THROUGH ITS FOF. THESE GRANTS SERVED 2,551 FAMILIES, ALLOWED FOR A 46% INCREASE IN WHOLE FAMILY ACCESS TO EDUCATIONAL RESOURCES AND ACTIVITIES TO SUPPORT A HOME LEARNING ENVIRONMENT, SUPPORTED 1,210 FAMILIES ENROLLED IN FINANCIAL LITERACY COACHING, AND ENSURED THAT 931 MOTHERS RECEIVED PRENATAL HEALTH SERVICES. ADDITIONALLY, AS PART OF OUR OVERALL FAMILY OPPORTUNITY STRATEGY, UWCI ADVOCATES FOR PUBLIC POLICY FOCUSED ON IMPROVING ACCESS TO QUALITY EARLY CHILDHOOD EDUCATION, STRENGTHENING WORKFORCE DEVELOPMENT PROGRAMS, AND PROMOTING THE AWARENESS AND IMPLEMENTATION OF 2GEN BEST PRACTICES. WE INVEST TIME, TALENT AND RESOURCES IN BUILDING CAPACITY FOR LOCAL 2GEN PROGRAMS, EARLY CHILDHOOD EDUCATION PROVIDERS, AND COMMUNITY ORGANIZATIONS.
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	(EXPENSES \$7,332,576 INCLUDING GRANTS OF \$1,438,381)(REVENUE \$621,039) OTHER PROGRAM SERVICES INCLUDE A NUMBER OF PROGRAMS DESIGNED TO ENSURE WE ARE MAKING DATA-DRIVEN COMMUNITY IMPACT DECISIONS, IMPLEMENTING THEM WITH FIDELITY, AND LEVERAGING ALL FINANCIAL AND HUMAN RESOURCES IN OUR COMMUNITY. THESE INCLUDE: COMMUNITY NEEDS/HUMAN SERVICES RESEARCH; PUBLIC POLICY ADVOCACY; VOLUNTEER TRAINING, DEVELOPMENT, AND DEPLOYMENT; NONPROFIT LEADERSHIP EDUCATION AND TRAINING; AND SERVING AS A CONVENER FOR COMMUNITY LEADERS AND FUNDERS TO ALIGN RESOURCES AROUND SHARED COMMUNITY GOALS. WE ALSO DEPLOYED \$1.2M TO 14 ORGANIZATIONS THROUGH OUR SOCIAL INNOVATION IMPACT FUND GRANTS. THESE FUNDS WERE USED TO COMBAT HOMELESSNESS; EXPAND A NUTRITION PROGRAM FOR BLACK PEOPLE LIVING WITH HIV; SUPPORT WOMEN IN THE WELDING INDUSTRY, PEOPLE AFFECTED BY ADDICTION AND SUBSTANCE USE DISORDER, AND NEW AND UNDERREPRESENTED FARMERS OF COLOR. UNITED WAY'S SOCIAL INNOVATION WORK SUPPORTS ORGANIZATIONS LOOKING TO INTENTIONALLY ACCELERATE THE CYCLE OF INNOVATION IN OUR SECTOR THROUGH THE TESTING OF PROMISING PRACTICES THAT ULTIMATELY IMPROVE EFFICIENCIES AND THE EFFECTIVENESS OF SERVICE DELIVERY, LEADING TO QUALITY OUTCOMES FOR INDIVIDUALS AND FAMILIES IN CENTRAL INDIANA.
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 FIVE (5) AT-LARGE MEMBERS SELECTED IN ACCORDANCE WITH ARTICLE I, SECTION 3, OF THESE BYLAWS. THE PRESIDENT AND CHIEF EXECUTIVE OFFICER SHALL SERVE AS A MEMBER OF THE EXECUTIVE COMMITTEE WITH FULL VOTING RIGHTS. THE BOARD CHAIR SHALL ACT AS CHAIR OF THE EXECUTIVE COMMITTEE AND THE PRESIDENT AND CHIEF EXECUTIVE OFFICER SHALL ACT AS THE SECRETARY OF THE EXECUTIVE COMMITTEE. DURING THE INTERVALS BETWEEN MEETINGS OF THE BOARD OF DIRECTORS AND SUBJECT TO SUCH LIMITATIONS AS MAY BE IMPOSED BY LAW, THE ARTICLES OF INCORPORATION, OR THESE BYLAWS, THE EXECUTIVE COMMITTEE SHALL HAVE AND MAY EXERCISE ALL THE AUTHORITY OF THE BOARD OF DIRECTORS IN THE MANAGEMENT OF THE CORPORATION, EXCEPT THAT NO ACTION SHALL BE TAKEN WHICH SHALL CONFLICT WITH THE EXPRESS POLICIES OF THE BOARD OF DIRECTORS.

Return Reference - Identifier	Explanation				
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 COO/CFO AND REVIEWED BY AN INDEPENDENT ACCOUNTING FIRM PRIOR TO SUBMISSION TO UWCI'S AUDIT AND FINANCE COMMITTEE. THE AUDIT AND FINANCE COMMITTEE ALL REVIEW FORM 990 IN THEIR OCTOBER MEETING EACH YEAR PRIOR TO THE OCTOBER BOARD MEETING. CHAIR OF THE AUDIT COMMITTEE PRESENTED FORM 990 INFORMATION TO THE BOARD OF DIRECTORS ON OCTOBER 26, 2022. 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 COO/CFO AND ANY CONFLICTS DISCLOSED IN THE QUESTIONNAIRES ARE REPORTED TO THE AUDIT AND FINANCE COMMITTEE AND THE GOVERNANCE COMMITTEE FOR EVALUATION AND TO DETERMINE IF THERE ARE ACTUAL OR POTENTIAL CONFLICTS OF INTEREST. INDIVIDUALS WITH A CONFLICT ABSTAIN FROM VOTING ON RELATED ISSUES. UWCI ALSO HAS ESTABLISHED AN ETHICS OFFICER. THE ETHICS OFFICER IS A MEMBER OF THE BOARD OF DIRECTORS AND ADDRESSES ANY ETHICS CONCERNS THAT MAY ARISE.				
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.				
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 ASSISTANT TREASURER & COO/CFO. COMPARABILITY DATA, INCLUDING STUDIES PROVIDED BY THE UNITED WAY OF AMERICA AND OTHER RELEVANT BENCHMARKS, IS USED TO DETERMINE COMPENSATION. THE PROCESS AND DECISIONS ARE DOCUMENTED IN THE COMMITTEE MINUTES. THIS PROCESS IS DONE ON AN ANNUAL BASIS WITH A FULL INDEPENDENT COMPENSATION STUDY EVERY TWO YEARS.				
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"> <thead> <tr> <th data-bbox="467 972 1304 999">(a) Description</th> <th data-bbox="1312 972 1513 999">(b) Amount</th> </tr> </thead> <tbody> <tr> <td data-bbox="467 1003 1304 1031">ADJUSTMENT TO PRIOR YEAR UNCOLLECTIBLE PLEDGES</td> <td data-bbox="1312 1003 1513 1031">228,195</td> </tr> </tbody> </table>	(a) Description	(b) Amount	ADJUSTMENT TO PRIOR YEAR UNCOLLECTIBLE PLEDGES	228,195
	(a) Description	(b) Amount			
ADJUSTMENT TO PRIOR YEAR UNCOLLECTIBLE PLEDGES	228,195				

**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 for instructions and the latest information.

OMB No. 1545-0047

2021

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
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	
b Gift, grant, or capital contribution to related organization(s)	1b	
c Gift, grant, or capital contribution from related organization(s)	1c	
d Loans or loan guarantees to or for related organization(s)	1d	
e Loans or loan guarantees by related organization(s)	1e	
f Dividends from related organization(s)	1f	
g Sale of assets to related organization(s)	1g	
h Purchase of assets from related organization(s)	1h	
i Exchange of assets with related organization(s)	1i	
j Lease of facilities, equipment, or other assets to related organization(s)	1j	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	
o Sharing of paid employees with related organization(s)	1o	
p Reimbursement paid to related organization(s) for expenses	1p	
q Reimbursement paid by related organization(s) for expenses	1q	
r Other transfer of cash or property to related organization(s)	1r	
s Other transfer of cash or property from related organization(s)	1s	

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

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

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

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

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