

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)

2020

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 2020 calendar year, or tax year beginning 07/01, 2020, and ending 06/30, 20 21

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

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

D Employer identification number 35-1007590

E Telephone number (317) 923-1466

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

G Gross receipts \$ 133,648,257

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

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

H(c) Group exemption number ▶

Part I Summary		Prior Year	Current Year
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	58
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	57
	5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	145
	6 Total number of volunteers (estimate if necessary)	6	5,580
	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)	73,513,522	78,838,234
	9 Program service revenue (Part VIII, line 2g)	706,311	477,513
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,127,661	7,968,806
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	19,366	205
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	79,366,860	87,284,758
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	61,400,175	40,103,176
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	12,698,537	9,444,679
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>5,064,827</u>		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	7,278,034	9,239,773
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	81,376,746	58,787,628	
19 Revenue less expenses. Subtract line 18 from line 12	(2,009,886)	28,497,130	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 185,804,127	End of Year 243,230,085
	21 Total liabilities (Part X, line 26)	18,505,817	15,594,373
	22 Net assets or fund balances. Subtract line 21 from line 20	167,298,310	227,635,712

Part II Signature Block

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

Sign Here

Signature of officer _____ Date _____
GINA A. MILLER, COO & CFO
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name KIM SCIFRES Preparer's signature *Kim Scifres* Date 11/11/2021 Check if self-employed PTIN P01316095
 Firm's name ▶ CROWE LLP Firm's EIN ▶ 35-0921680
 Firm's address ▶ 135 N PENNSYLVANIA STREET, SUITE 200, INDIANAPOLIS, IN 46204-2407 Phone no. (317) 632-1100

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

Part III Statement of Program Service Accomplishments

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

- 1 Briefly describe the organization's mission: UNITED WAY OF CENTRAL INDIANA DESIGNS, SUPPORTS AND GROWS 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 WHERE CHILDREN, (CONTINUED ON SCHEDULE O)
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No
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 \$ 15,028,311 including grants of \$ 14,590,451) (Revenue \$ 274,327)
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 2020/21 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 (\$2.5M); CAPITAL PROJECTS (\$3.1M), TECHNOLOGY (\$917K) AND FACILITIES MAINTENANCE AND COVID-19 FACILITIES MODIFICATION GRANTS (\$4.7M); AND EVALUATION, CAPACITY BUILDING, CONTINGENCY, STAFF SUPPORT, AND OTHER ACTIVITIES. IN ADDITION, UWCI ADMINISTERS DONOR DESIGNATED DOLLARS TO A WIDE (CONTINUED ON SCHEDULE O)

4b (Code:) (Expenses \$ 14,559,430 including grants of \$ 14,085,686) (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 2020/21 UWCI GRANTED \$8.8M TO 58 ORGANIZATIONS THROUGH OUR BASIC NEEDS IMPACT FUND. THESE GRANTS HELPED 17,582 STRUGGLING INDIVIDUALS ACCESS AND RETAIN AFFORDABLE HOUSING; 52,702 ACCESS HEALTHY FOOD AND NUTRITION PROGRAMS; 28,244 ACCESS PHYSICAL, MENTAL & BEHAVIORAL HEALTH SUPPORTS; AND 12,387 ACCESS TRANSPORTATION OPTIONS.
UWCI ALSO ADMINISTERS THE FEDERAL EMERGENCY FOOD & SHELTER TO PROVIDE FOOD AND SHELTER ASSISTANCE TO (CONTINUED ON SCHEDULE O)

4c (Code:) (Expenses \$ 13,656,190 including grants of \$ 10,250,734) (Revenue \$ 0)
FAMILY OPPORTUNITY INITIATIVES: OUR FAMILY OPPORTUNITY WORK SUPPORTS INTEGRATED PROGRAMS THAT IMPROVE THE EDUCATION, FINANCIAL STABILITY AND OVERALL HEALTH OF THE WHOLE FAMILY. BY INTENTIONALLY WORKING WITH PARENTS, CAREGIVERS AND CHILDREN TOGETHER, WE CREATE PATHWAYS FOR SUCCESS AND GIVE FAMILIES THE TOOLS NEEDED TO SECURE LONG-TERM STABILITY AND A BRIGHTER FUTURE.
IN 2020/21 UWCI AWARDED \$6.0M IN GRANTS TO 25 CBOS THROUGH OUR FAMILY OPPORTUNITY IMPACT FUND. THESE GRANTS SERVED 2,551 FAMILIES. THESE 2GEN PROGRAMS DON'T STOP WITH JUST INCOME, EMPLOYMENT AND BUDGETING SUPPORTS. THEY ARE MEANT TO WRAP AROUND AN ENTIRE FAMILY AND IMPROVE HEALTH AND WELL-BEING.
THIS YEAR, UWCI WRAPPED UP ITS MULTI-YEAR GREAT FAMILIES 2020 PROGRAM. FUNDED BY THE CORPORATION FOR (CONTINUED ON SCHEDULE O)

4d Other program services (Describe on Schedule O.)
(Expenses \$ 6,655,975 including grants of \$ 1,176,305) (Revenue \$ 240,150)
4e Total program service expenses 49,899,906

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"/>	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> See instructions?	<input checked="" 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 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"/>	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		<input checked="" type="checkbox"/>
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		<input checked="" type="checkbox"/>
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 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 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"/>	
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"/>	
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"/>	
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 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 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 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 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"/>	
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 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"/>	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?		<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 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 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 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 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"/>	
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 checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<input checked="" 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"/>	
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"/>	
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 checked="" type="checkbox"/>
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		<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 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 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 checked="" type="checkbox"/>
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		<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 checked="" type="checkbox"/>
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		<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"/>	
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 checked="" type="checkbox"/>
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		<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 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"/>	
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 checked="" type="checkbox"/>
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<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>		
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 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 checked="" type="checkbox"/>
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	<input checked="" 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 in 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"/>	

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 145		
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)	✓	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
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)?		✓
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?		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		✓
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		✓
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?	✓	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	✓	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		✓
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?		✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
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 instructions and file Form 4720, Schedule N.	15	✓
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	✓

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed ► IN
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records ►
GINA A. MILLER, 2955 NORTH MERIDIAN STREET, INDIANAPOLIS, IN 46208, (317) 921-1245

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANN MURTLOW PRESIDENT & CEO	40.0	✓		✓			414,334	0	47,175	
(2) GINA MILLER CHIEF OPERATING OFFICER & CHIEF FINANCIAL OFFICER	40.0			✓			247,689	0	16,652	
(3) JULIANNE BURNS JUMPIN CEO	40.0					✓	184,084	0	34,258	
(4) GREGORY FENNIG CHIEF MARKETING, COMMUNICATIONS & COMMUNITY RELATIONS OFFICER	40.0					✓	184,712	0	28,659	
(5) PENNY LEE CHIEF FUNDRAISING AND ENGAGEMENT OFFICER	40.0					✓	176,020	0	21,414	
(6) SARA VANSLAMBROOK CHIEF IMPACT OFFICER	40.0					✓	167,648	0	26,363	
(7) MECHELLE CALLEN CHIEF TALENT & CULTURE OFFICER	40.0					✓	157,507	0	32,539	
(8) DEBORAH DANIELS DIRECTOR AND SECRETARY	2.0	✓		✓			0	0	0	
(9) RAFAEL SANCHEZ DIRECTOR AND BOARD CHAIR	2.0	✓		✓			0	0	0	
(10) SCOTT BRUNS DIRECTOR AND TREASURER	2.0	✓		✓			0	0	0	
(11) ABBE HOHMANN DIRECTOR	2.0	✓					0	0	0	
(12) ANDRE FRANKLIN DIRECTOR	2.0	✓					0	0	0	
(13) ANN MERKEL DIRECTOR	2.0	✓					0	0	0	
(14) BRIAN GARRISON DIRECTOR	2.0	✓					0	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) BRYAN MILLS DIRECTOR	2.0	<input checked="" type="checkbox"/>						0	0	0
(16) CHRIS RIGSBEE DIRECTOR	2.0	<input checked="" type="checkbox"/>						0	0	0
(17) CLAIRE FIDDIAN-GREEN DIRECTOR	2.0	<input checked="" type="checkbox"/>						0	0	0
(18) CLAUDETTE EINHORN DIRECTOR	2.0	<input checked="" type="checkbox"/>						0	0	0
(19) CONNIE BOND STUART DIRECTOR	2.0	<input checked="" type="checkbox"/>						0	0	0
(20) DARRIN ORR DIRECTOR	2.0	<input checked="" type="checkbox"/>						0	0	0
(21) DENNIS SPONSEL DIRECTOR	2.0	<input checked="" type="checkbox"/>						0	0	0
(22) GEOFFREY GAILEY DIRECTOR	2.0	<input checked="" type="checkbox"/>						0	0	0
(23) GEORGIANA REYNAL DIRECTOR	2.0	<input checked="" type="checkbox"/>						0	0	0
(24) GRACE FINDLEY DIRECTOR	2.0	<input checked="" type="checkbox"/>						0	0	0
(25) (SEE STATEMENT)										
1b Subtotal								1,531,994	0	207,060
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								1,531,994	0	207,060

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 **▶** 13

	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
HAGERMAN CONSTRUCTION, 510 W WASHINGTON BLVD, FORT WAYNE, IN 46802	CBO CAPITAL PROJECTS - ARCHITECT/CONSTRUCTION	1,272,773
RESULTANT LLC, 800 E 96TH ST, INDIANAPOLIS, IN 46240	IMPACT DATA STRATEGIES, TOOLS AND INFRASTRUCTURE	1,221,652
INDIANA UNIVERSITY RESEARCH ADMINISTRATION, 509 E 3RD ST, BLOOMINGTON, IN 47401	PROGRAM EVALUATION AND COMMUNITY DATABASE SUPPORT	635,138
JOHN H BONER COMMUNITY CENTER, 2236 E 10TH ST, INDIANAPOLIS, IN 46201	ENERGY ASSISTANCE ADMINISTRATION SERVICES	593,792
STRATUSLIVE LLC, 6465 COLLEGE PARK SQ, STE 400, VIRGINIA BEACH, VA 43464	CRM DATABASE HOSTING AND SERVICES	398,783

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 **▶** 7

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514		
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 0					
	b	Membership dues	1b 0					
	c	Fundraising events	1c 156,293					
	d	Related organizations	1d 0					
	e	Government grants (contributions)	1e 4,845,507					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 73,836,434					
	g	Noncash contributions included in lines 1a-1f	1g \$ 1,150,289					
	h	Total. Add lines 1a-1f ▶		78,838,234				
	Program Service Revenue	2a	DONOR DESIGNATION FEES	900099	274,327	274,327	0	
b		AGENCY DATA COLLECTION	900099	138,290	138,290	0		
c		COMMUNITY AWARENESS AND LEADERSHIP DEVELOPMENT	900099	64,896	64,896	0		
d				0	0	0		
e				0	0	0		
f		All other program service revenue		0	0	0		
g		Total. Add lines 2a-2f ▶		477,513				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		3,847,726	0	0	3,847,726	
	4	Income from investment of tax-exempt bond proceeds ▶		0	0	0	0	
	5	Royalties ▶		0	0	0	0	
	6a	Gross rents	(i) Real	0				
			(ii) Personal	0				
			6b	Less: rental expenses	0			
			6c	Rental income or (loss)	0			
	d	Net rental income or (loss) ▶		0	0	0	0	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	50,444,390				
			(ii) Other	0				
			7b	Less: cost or other basis and sales expenses	46,323,309			
			7c	Gain or (loss)	4,121,081			
	d	Net gain or (loss) ▶		4,121,080	0	0	4,121,080	
	8a	Gross income from fundraising events (not including \$ 156,293 of contributions reported on line 1c). See Part IV, line 18	8a	3,431				
			8b	Less: direct expenses	40,190			
c			Net income or (loss) from fundraising events ▶		(36,759)	0	(36,759)	
9a	Gross income from gaming activities. See Part IV, line 19	9a	0					
		9b	Less: direct expenses	0				
		c	Net income or (loss) from gaming activities ▶		0	0	0	
10a	Gross sales of inventory, less returns and allowances	10a	0					
		10b	Less: cost of goods sold	0				
		c	Net income or (loss) from sales of inventory ▶		0	0	0	
Miscellaneous Revenue	11a	MISCELLANEOUS	900099	36,964	36,964	0		
	b			0	0	0		
	c			0	0	0		
	d	All other revenue	900099	0	0	0		
	e	Total. Add lines 11a-11d ▶		36,964				
12	Total revenue. See instructions ▶		87,284,758	514,477	0	7,932,047		

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	39,824,064	39,824,064		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	279,112	279,112		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0	0		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	726,866	118,776	469,820	138,270
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	7,429,327	3,244,876	1,369,762	2,814,689
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	(281,395)	(84,201)	(97,370)	(99,824)
9	Other employee benefits	1,021,087	407,684	235,121	378,282
10	Payroll taxes	548,794	225,602	116,653	206,539
11	Fees for services (nonemployees):				
a	Management	0	0	0	0
b	Legal	56,556	33,348	22,688	520
c	Accounting	117,706	0	117,706	0
d	Lobbying	0	0	0	0
e	Professional fundraising services. See Part IV, line 17	0			0
f	Investment management fees	337,995	0	337,995	0
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	3,258,074	2,952,999	245,957	59,118
12	Advertising and promotion	360,571	102,620	252,031	5,920
13	Office expenses	563,483	222,816	112,341	228,326
14	Information technology	1,349,776	588,287	231,166	530,323
15	Royalties	0	0	0	0
16	Occupancy	743,029	323,816	123,365	295,848
17	Travel	4,381	2,475	1,243	663
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19	Conferences, conventions, and meetings	76,051	38,902	28,686	8,463
20	Interest	0	0	0	0
21	Payments to affiliates	695,734	291,640	120,556	283,538
22	Depreciation, depletion, and amortization	443,626	190,916	74,154	178,556
23	Insurance	89,229	31,962	27,374	29,893
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	CLASSROOM BOOKS AND SUPPLIES	1,096,622	1,096,622	0	0
b	-----				
c	-----	0	0	0	0
d	-----	0	0	0	0
e	All other expenses	46,940	7,590	33,647	5,703
25	Total functional expenses. Add lines 1 through 24e	58,787,628	49,899,906	3,822,895	5,064,827
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)	0	0	0	0

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	928	1	1,029
	2 Savings and temporary cash investments	29,885,148	2	48,172,128
	3 Pledges and grants receivable, net	12,355,428	3	11,316,167
	4 Accounts receivable, net	3,669,744	4	6,512,831
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0	6	0
	7 Notes and loans receivable, net	400,000	7	300,000
	8 Inventories for sale or use	20,033	8	15,631
	9 Prepaid expenses and deferred charges	505,686	9	894,705
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,811,602		
	b Less: accumulated depreciation	10b 2,556,804	1,698,424	10c 1,254,798
	11 Investments—publicly traded securities	137,268,736	11	174,152,842
	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	0	15	609,954
16 Total assets. Add lines 1 through 15 (must equal line 33)	185,804,127	16	243,230,085	
Liabilities	17 Accounts payable and accrued expenses	11,294,284	17	3,488,517
	18 Grants payable	6,318,610	18	10,203,845
	19 Deferred revenue	119,785	19	196,493
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	773,138	21	1,705,518
	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	18,505,817	26	15,594,373
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	32,275,484	27	66,861,023
	28 Net assets with donor restrictions	135,022,826	28	160,774,689
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds	0	29	0
	30 Paid-in or capital surplus, or land, building, or equipment fund	0	30	0
	31 Retained earnings, endowment, accumulated income, or other funds	0	31	0
32 Total net assets or fund balances	167,298,310	32	227,635,712	
33 Total liabilities and net assets/fund balances	185,804,127	33	243,230,085	

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	87,284,758
2	Total expenses (must equal Part IX, column (A), line 25)	2	58,787,628
3	Revenue less expenses. Subtract line 2 from line 1	3	28,497,130
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	167,298,310
5	Net unrealized gains (losses) on investments	5	28,246,069
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain on Schedule O)	9	3,594,203
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	227,635,712

Part XII Financial Statements and Reporting

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

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

Part VII

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.**

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 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives (1) more than 33¹/₃% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33¹/₃% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	68,880,633	55,967,663	48,411,936	73,513,522	78,838,234	325,611,988
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	68,880,633	55,967,663	48,411,936	73,513,522	78,838,234	325,611,988
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)						121,601,039
6 Public support. Subtract line 5 from line 4						204,010,949

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	68,880,633	55,967,663	48,411,936	73,513,522	78,838,234	325,611,988
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,147,400	3,958,012	3,093,324	3,049,697	3,847,276	17,095,709
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.)	117,701	112,889	100,612	76,055	40,395	447,652
11 Total support. Add lines 7 through 10						343,155,349
12 Gross receipts from related activities, etc. (see instructions)					12	3,341,469
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 2020 (line 6, column (f), divided by line 11, column (f))	14	59.45 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	65.31 %
16a 33 1/3% support test—2020. 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—2019. 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—2020. 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—2019. 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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 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 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests—2020. 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—2019. 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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
3b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
4b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
10b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in 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 in 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.		
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.	Yes	No
2a		
b Did the activities described in 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 or 990-EZ) 2020

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 2020 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-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016 . . .			
b Excess from 2017 . . .			
c Excess from 2018 . . .			
d Excess from 2019 . . .			
e Excess from 2020 . . .			

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	OTHER INCOME	55,873	75,050	72,845	26,244	36,964	266,976
	FUNDRAISING REVENUE	61,828	37,839	27,767	49,811	3,431	180,676
	Total	117,701	112,889	100,612	76,055	40,395	447,652

Schedule of Contributors

2020

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

Name of the organization UNITED WAY OF CENTRAL INDIANA, INC.	Employer identification number 35-1007590
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Organization type (check one):

Filers of:

Section:

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

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

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

General Rule

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

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (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, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization UNITED WAY OF CENTRAL INDIANA, INC.	Employer identification number 35-1007590
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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	----- ----- -----	\$ 25,000,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	----- ----- -----	\$ 15,722,259	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	----- ----- -----	\$ 7,348,389	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	----- ----- -----	\$ 2,900,667	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	----- ----- -----	\$ 1,801,162	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.)

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 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

- ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**
- ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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

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

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

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

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

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

Name of organization UNITED WAY OF CENTRAL INDIANA, INC.	Employer identification number 35-1007590
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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)	38,102													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	130,006													
c	Total lobbying expenditures (add lines 1a and 1b)	168,108													
d	Other exempt purpose expenditures	58,619,520													
e	Total exempt purpose expenditures (add lines 1c and 1d)	58,787,628													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
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) 2017	(b) 2018	(c) 2019	(d) 2020	(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	68,997	114,217	108,341	168,108	459,663
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	9,568	9,662	11,887	38,102	69,219

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)

Supplemental Financial Statements

OMB No. 1545-0047

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.

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees... Yes No

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

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

	Amount
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	102,172,799	102,326,977	98,651,103	91,624,966	81,441,536
b Contributions	748,753	200,349	52,793	368,830	859,076
c Net investment earnings, gains, and losses	32,303,456	2,488,719	7,012,739	7,597,082	9,679,496
d Grants or scholarships					
e Other expenditures for facilities and programs	4,014,327	2,843,246	3,389,658	939,775	355,142
f Administrative expenses					
g End of year balance	131,210,681	102,172,799	102,326,977	98,651,103	91,624,966

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

- a** Board designated or quasi-endowment 2.64 %
- b** Permanent endowment 68.61 %
- c** Term endowment 28.75 %

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		0		0
b Buildings		0	0	0
c Leasehold improvements		1,191,914	532,242	659,672
d Equipment		2,619,688	2,024,562	595,126
e Other		0	0	0
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				1,254,798

Part VII Investments—Other Securities.

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

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

Part VIII Investments—Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	112,562,113
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	28,246,069
b	Donated services and use of facilities	2b	0
c	Recoveries of prior year grants	2c	0
d	Other (Describe in Part XIII.)	2d	2,951,703
e	Add lines 2a through 2d	2e	31,197,772
3	Subtract line 2e from line 1	3	81,364,341
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	337,995
b	Other (Describe in Part XIII.)	4b	5,582,422
c	Add lines 4a and 4b	4c	5,920,417
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	87,284,758

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

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

1	Total expenses and losses per audited financial statements	1	52,907,402
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	0
b	Prior year adjustments	2b	0
c	Other losses	2c	0
d	Other (Describe in Part XIII.)	2d	40,191
e	Add lines 2a through 2d	2e	40,191
3	Subtract line 2e from line 1	3	52,867,211
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	337,995
b	Other (Describe in Part XIII.)	4b	5,582,422
c	Add lines 4a and 4b	4c	5,920,417
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	58,787,628

Part XIII Supplemental Information.

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

[SEE STATEMENT](#)

Part XIII

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

Return Reference - Identifier	Explanation	
SCHEDULE D, PART XI, LINE 2(D) - OTHER REVENUES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description	(b) Amount
	DIRECT EXPENSES FROM FUNDRAISING	40,191
	ADJUSTMENT TO PRIOR YEAR UNCOLLECTIBLE PLEDGES	2,911,512
SCHEDULE D, PART XI, LINE 4(B) - OTHER REVENUE	(a) Description	(b) Amount
	PLEDGES DESIGNATED FOR OTHER ORGANIZATINS	5,582,422
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	40,191
SCHEDULE D, PART XII, LINE 4(B) - OTHER EXPENSES	(a) Description	(b) Amount
	PLEDGES DESIGNATED FOR OTHER ORGANIZATIONS	5,582,422

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, 2021 OR 2020.</p>

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

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

▶ Attach to Form 990 or Form 990-EZ.

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

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF CENTRAL INDIANA, INC.

Employer identification number

35-1007590

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

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

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		<u>ELEVATE & OVER THE EDGE</u> (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	159,724			159,724
	2 Less: Contributions	156,293			156,293
	3 Gross income (line 1 minus line 2)	3,431	0	0	3,431
Direct Expenses	4 Cash prizes				0
	5 Noncash prizes				0
	6 Rent/facility costs	20,746			20,746
	7 Food and beverages				0
	8 Entertainment	1,195			1,195
	9 Other direct expenses	18,249			18,249
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				40,190
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				(36,759)	

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

2020

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF CENTRAL INDIANA, INC.

Employer identification number

35-1007590

Part I General Information on Grants and Assistance

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) (SEE STATEMENT)	35-1813852	501(C)3	3,609				DONOR CHOICE
(2) (SEE STATEMENT)	35-1813852	501(C)3	37,971				(SEE STATEMENT)
(3) A KID AGAIN INC 777-G DEARBORN PARK LN, COLUMBUS, OH 43085	31-1440073	501(C)3	4,700				DONOR CHOICE
(4) A KID AGAIN INC 777-G DEARBORN PARK LN, COLUMBUS, OH 43085	31-1440073	501(C)3	2,800				(SEE STATEMENT)
(5) ACADEMY FOR YOUNG ACHIEVERS LLC 6601 GRANDVIEW DR, INDIANAPOLIS, IN 46260	84-3206779	501(C)3	6,000				(SEE STATEMENT)
(6) (SEE STATEMENT)	31-1193132	501(C)3	5,666				DONOR CHOICE
(7) (SEE STATEMENT)	81-3719222	501(C)3	12,990				(SEE STATEMENT)
(8) (SEE STATEMENT)	35-2029321	501(C)3	5,529				DONOR CHOICE
(9) ALTERNATIVES INC PO BOX 1302, ANDERSON, IN 46015-1302	31-0986769	501(C)3	3,673				DONOR CHOICE
(10) ALTERNATIVES INC PO BOX 1302, ANDERSON, IN 46015-1302	31-0986769	501(C)3	108,695				(SEE STATEMENT)
(11) ALZHEIMER'S ASSOCIATION 50 E 91ST ST STE 100, INDIANAPOLIS, IN 46240	35-1747836	501(C)3	6,606				DONOR CHOICE
(12) (SEE STATEMENT)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 362

3 Enter total number of other organizations listed in the line 1 table ▶ 2

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

Cat. No. 50055P

Schedule I (Form 990) 2020

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 WINTER ASSISTANCE FUND	236	203,564			
2 HUMAN SERVICE RENEWAL	9	75,548			
3					
4					
5					
6					
7					

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

(SEE STATEMENT)

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) ALZHEIMER'S DISEASE AND RELATED DISORDERS ASSOCIATION P O BOX 96011, WASHINGTON, DC 20090-6011	54-1263555	501(C)3	10,816				DONOR CHOICE
(13) AMERICAN CANCER SOCIETY, INC 1851 OLD CUTHBERT RD, CHERRY HILL, NJ 08034	13-1788491	501(C)3	24,083				DONOR CHOICE
(14) AMERICAN RED CROSS 431 18TH ST NW, WASHINGTON, DC 20006	53-0196605	501(C)3	54,774				DONOR CHOICE
(15) AMERICAN RED CROSS 431 18TH ST NW, WASHINGTON, DC 20006	53-0196605	501(C)3	502,085				PROGRAM AND/OR OPERATING SUPPORT
(16) ARC OF GREATER BOONE COUNTY, THE 900 W MAIN ST, LEBANON, IN 46052	35-1333698	501(C)3	3,228				DONOR CHOICE
(17) ARC OF GREATER BOONE COUNTY, THE 900 W MAIN ST, LEBANON, IN 46052	35-1333698	501(C)3	57,230				PROGRAM AND/OR OPERATING SUPPORT
(18) AVIVE INC 6137 CRAWFORDSVILLE RD STE F 131, SPEEDWAY, IN 46224	47-2400948	501(C)3	50,000				PROGRAM AND/OR OPERATING SUPPORT
(19) AVON EDUCATION FOUNDATION 7203 E US HWY 36, AVON, IN 46123	20-4452079	501(C)3	105,000				PROGRAM AND/OR OPERATING SUPPORT
(20) AYS INC 4701 N KEYSTONE AVE STE 475, INDIANAPOLIS, IN 46205	31-0989270	501(C)3	5,200				DONOR CHOICE
(21) AYS INC 4701 N KEYSTONE AVE STE 475, INDIANAPOLIS, IN 46205	31-0989270	501(C)3	102,558				PROGRAM AND/OR OPERATING SUPPORT
(22) B4UFALL 1234 W 26TH ST, INDIANAPOLIS, IN 46208	83-4327687	501(C)3	100,000				PROGRAM AND/OR OPERATING SUPPORT
(23) BARBARA B. JORDAN YMCA 2039 E MORGAN ST, MARTINSVILLE, IN 46151	35-2019312	501(C)3	6,268				DONOR CHOICE
(24) BARBARA B. JORDAN YMCA 2039 E MORGAN ST, MARTINSVILLE, IN 46151	35-2019312	501(C)3	170,148				PROGRAM AND/OR OPERATING SUPPORT
(25) BETHEL UNITED METHODIST CHURCH 5252 W 52ND ST, INDIANAPOLIS, IN 46254	35-6006778	501(C)3	8,481				PROGRAM AND/OR OPERATING SUPPORT
(26) BIG BROTHERS BIG SISTERS OF CENTRAL INDIANA 2960 N MERIDIAN ST STE 150, INDIANAPOLIS, IN 46208	35-1323831	501(C)3	35,911				DONOR CHOICE
(27) BIG BROTHERS BIG SISTERS OF CENTRAL INDIANA 2960 N MERIDIAN ST STE 150, INDIANAPOLIS, IN 46208	35-1323831	501(C)3	109,839				PROGRAM AND/OR OPERATING SUPPORT
(28) BLACKFORD UNITED WAY, INC. PO BOX 67, HARTFORD CITY, IN 47348	35-1062867	501(C)3	9,796				DONOR CHOICE

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(29) BOONE COUNTY CANCER SOCIETY 117 W ELM ST, LEBANON, IN 46052	35-6044450	501(C)3	8,429				DONOR CHOICE
(30) BOONE COUNTY CHILD ADVOCACY CENTER 218 E WASHINGTON ST, LEBANON, IN 46052	37-1607071	501(C)3	437				DONOR CHOICE
(31) BOONE COUNTY CHILD ADVOCACY CENTER 218 E WASHINGTON ST, LEBANON, IN 46052	37-1607071	501(C)3	56,250				PROGRAM AND/OR OPERATING SUPPORT
(32) BOONE COUNTY MENTORING PARTNERSHIP INC 404 W CAMP ST, LEBANON, IN 46052	47-5012451	501(C)3	83,000				PROGRAM AND/OR OPERATING SUPPORT
(33) BOONE COUNTY SENIOR SERVICES, INC 515 CROWNPOINTE DR, LEBANON, IN 46052	35-1445498	501(C)3	3,311				DONOR CHOICE
(34) BOONE COUNTY SENIOR SERVICES, INC 515 CROWNPOINTE DR, LEBANON, IN 46052	35-1445498	501(C)3	95,024				PROGRAM AND/OR OPERATING SUPPORT
(35) BOOTH TARKINGTON CIVIC THEATRE 3 CENTER GREEN STE 300, CARMEL, IN 46032-3809	35-0230360	501(C)3	6,100				DONOR CHOICE
(36) BOSMA ENTERPRISES 6270 CORPORATE DR, INDIANAPOLIS, IN 46278	31-1246086	501(C)3	7,135				DONOR CHOICE
(37) BOSMA ENTERPRISES 6270 CORPORATE DR, INDIANAPOLIS, IN 46278	31-1246086	501(C)3	221,125				PROGRAM AND/OR OPERATING SUPPORT
(38) BOYS & GIRLS CLUB OF BOONE COUNTY 1575 MULBERRY ST, ZIONSVILLE, IN 46077	35-1750659	501(C)3	20,346				DONOR CHOICE
(39) BOYS & GIRLS CLUB OF BOONE COUNTY 1575 MULBERRY ST, ZIONSVILLE, IN 46077	35-1750659	501(C)3	170,000				PROGRAM AND/OR OPERATING SUPPORT
(40) BOYS & GIRLS CLUB OF MORGAN COUNTY 31 INDIANAPOLIS RD, MOORESVILLE, IN 46158	36-4541410	501(C)3	650				DONOR CHOICE
(41) BOYS & GIRLS CLUB OF MORGAN COUNTY 31 INDIANAPOLIS RD, MOORESVILLE, IN 46158	36-4541410	501(C)3	45,000				PROGRAM AND/OR OPERATING SUPPORT
(42) BOYS & GIRLS CLUB OF NOBLESVILLE 1448 CONNER ST, NOBLESVILLE, IN 46060	35-1054426	501(C)3	38,090				DONOR CHOICE
(43) BOYS & GIRLS CLUB OF NOBLESVILLE 1448 CONNER ST, NOBLESVILLE, IN 46060	35-1054426	501(C)3	146,142				PROGRAM AND/OR OPERATING SUPPORT
(44) BOYS & GIRLS CLUBS OF HANCOCK COUNTY 715 E LINCOLN ST, PO BOX 115, GREENFIELD, IN 46140	35-0979327	501(C)3	11,266				DONOR CHOICE

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(45) BOYS & GIRLS CLUBS OF HANCOCK COUNTY 715 E LINCOLN ST, PO BOX 115, GREENFIELD, IN 46140	35-0979327	501(C)3	21,193				PROGRAM AND/OR OPERATING SUPPORT
(46) BOYS & GIRLS CLUBS OF INDIANAPOLIS, INC 3909 N MERIDIAN ST STE 100, INDIANAPOLIS, IN 46208	35-0888754	501(C)3	67,807				DONOR CHOICE
(47) BOYS & GIRLS CLUBS OF INDIANAPOLIS, INC 3909 N MERIDIAN ST STE 100, INDIANAPOLIS, IN 46208	35-0888754	501(C)3	553,528				PROGRAM AND/OR OPERATING SUPPORT
(48) BRANDYWINE COMMUNITY CHURCH 1551 E NEW RD, GREENFIELD, IN 46140	35-1848249	501(C)3	15,000				PROGRAM AND/OR OPERATING SUPPORT
(49) BREBEUF JESUIT PREPARATORY SCHOOL INC 2801 W 86TH ST, INDIANAPOLIS, IN 46268-1926	35-1062640	501(C)3	50				DONOR CHOICE
(50) BREBEUF JESUIT PREPARATORY SCHOOL INC 2801 W 86TH ST, INDIANAPOLIS, IN 46268-1926	35-1062640	501(C)3	5,000				PROGRAM AND/OR OPERATING SUPPORT
(51) BROOKE'S PLACE FOR GRIEVING YOUNG PEOPLE 8935 N MERIDIAN ST STE 200, INDIANAPOLIS, IN 46260	35-2045122	501(C)3	3,458				DONOR CHOICE
(52) BROOKE'S PLACE FOR GRIEVING YOUNG PEOPLE 8935 N MERIDIAN ST STE 200, INDIANAPOLIS, IN 46260	35-2045122	501(C)3	3,489				PROGRAM AND/OR OPERATING SUPPORT
(53) BROOKSIDE COMMUNITY DEVELOPMENT CORPORATION 1035 N OLNEY ST, INDIANAPOLIS, IN 46201	81-1534304	501(C)3	5,200				DONOR CHOICE
(54) BROOKSIDE COMMUNITY DEVELOPMENT CORPORATION 1035 N OLNEY ST, INDIANAPOLIS, IN 46201	81-1534304	501(C)3	10,000				PROGRAM AND/OR OPERATING SUPPORT
(55) BROWNSBURG EDUCATION FOUNDATION 310 STADIUM DR, BROWNSBURG, IN 46112	31-1228189	501(C)3	96				DONOR CHOICE
(56) BROWNSBURG EDUCATION FOUNDATION 310 STADIUM DR, BROWNSBURG, IN 46112	31-1228189	501(C)3	85,000				PROGRAM AND/OR OPERATING SUPPORT
(57) BUDDHIST TZU CHI FOUNDATION 1100 S VALLEY CENTER AVE, SAN DIMAS, CA 91773	94-2952782	501(C)3	5,820				DONOR CHOICE
(58) BUILD A MIRACLE 10755 SCRIPPS POWAY PKWY STE 490, SAN DIEGO, CA 92131	33-0971124	501(C)3	13,454				DONOR CHOICE
(59) BUTLER UNIVERSITY 3330 N PENNSYLVANIA ST, INDIANAPOLIS, IN 46205	35-0867977	501(C)3	200				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
(60) BUTLER UNIVERSITY 3330 N PENNSYLVANIA ST, INDIANAPOLIS, IN 46205	35-0867977	501(C)3	6,772				PROGRAM AND/OR OPERATING SUPPORT
(61) CABIN COUNSELING & RESOURCE CENTER INC 220 S ELM ST, ZIONSVILLE, IN 46077	27-1134733	501(C)3	15,000				PROGRAM AND/OR OPERATING SUPPORT
(62) CALVARY TEMPLE ASSEMBLY OF GOD 2901 N POST RD, INDIANAPOLIS, IN 46219	35-1181579	501(C)3	38,044				PROGRAM AND/OR OPERATING SUPPORT
(63) CANCER SUPPORT COMMUNITY-CENTRAL INDIANA INC 5150 W 71ST ST, INDIANAPOLIS, IN 46268	35-1902427	501(C)3	4,413				DONOR CHOICE
(64) CANCER SUPPORT COMMUNITY-CENTRAL INDIANA INC 5150 W 71ST ST, INDIANAPOLIS, IN 46268	35-1902427	501(C)3	1,355				PROGRAM AND/OR OPERATING SUPPORT
(65) CARMEL CLAY EDUCATIONAL FOUNDATION INC 515 E MAIN ST STE 124, CARMEL, IN 46033-8393	35-6066912	501(C)3	1,067				DONOR CHOICE
(66) CARMEL CLAY EDUCATIONAL FOUNDATION INC 515 E MAIN ST STE 124, CARMEL, IN 46033-8393	35-6066912	501(C)3	55,000				PROGRAM AND/OR OPERATING SUPPORT
(67) CASTLETON UNITED METHODIST CHURCH 7101 N SHADELAND AVE, INDIANAPOLIS, IN 46250	35-1149228	501(C)3	8,108				PROGRAM AND/OR OPERATING SUPPORT
(68) CATCH THE STARS FOUNDATION, INC. PO BOX 53557, INDIANAPOLIS, IN 46253	05-0604202	501(C)3	5,520				DONOR CHOICE
(69) CATHEDRAL HIGH SCHOOL 5225 E 56TH ST, INDIANAPOLIS, IN 46226	35-6254955	501(C)3	1,350				DONOR CHOICE
(70) CATHEDRAL HIGH SCHOOL 5225 E 56TH ST, INDIANAPOLIS, IN 46226	35-6254955	501(C)3	5,000				PROGRAM AND/OR OPERATING SUPPORT
(71) CATHOLIC CHARITIES OF INDIANAPOLIS 907 N HOLMES AVE, INDIANAPOLIS, IN 46222	47-3062508	501(C)3	113,656				DONOR CHOICE
(72) CATHOLIC CHARITIES OF INDIANAPOLIS 907 N HOLMES AVE, INDIANAPOLIS, IN 46222	47-3062508	501(C)3	800,000				PROGRAM AND/OR OPERATING SUPPORT
(73) CATHOLIC RELIEF SERVICES (USCCB) 228 W LEXINGTON ST, BALTIMORE, MD 21201	13-5563422	501(C)3	128,283				DONOR CHOICE
(74) CATHOLIC YOUTH ORGANIZATION OF THE ARCHDIOCESE OF INDIANAPOLIS INC 580 E STEVENS ST, INDIANAPOLIS, IN 46203	35-0867983	501(C)3	20,326				DONOR CHOICE
(75) CATHOLIC YOUTH ORGANIZATION OF THE ARCHDIOCESE OF INDIANAPOLIS INC 580 E STEVENS ST, INDIANAPOLIS, IN 46203	35-0867983	501(C)3	178,970				PROGRAM AND/OR OPERATING SUPPORT

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(76) CENTER FOR LEADERSHIP DEVELOPMENT 2425 DR MARTIN LUTHER KING JR ST, INDIANAPOLIS, IN 46208-5546	35-1389882	501(C)3	26,423				DONOR CHOICE
(77) CENTER FOR LEADERSHIP DEVELOPMENT 2425 DR MARTIN LUTHER KING JR ST, INDIANAPOLIS, IN 46208-5546	35-1389882	501(C)3	5,000				PROGRAM AND/OR OPERATING SUPPORT
(78) CENTER FOR THE PERFORMING ARTS - CARMEL, THE 1 CENTER GREEN, CARMEL, IN 46032	20-3901164	501(C)3	5,500				DONOR CHOICE
(79) CENTERSTONE 645 S ROGERS ST, BLOOMINGTON, IN 47403	35-1147323	501(C)3	48,171				PROGRAM AND/OR OPERATING SUPPORT
(80) CENTRAL INDIANA COMMUNITY FOUNDATION INC 615 N ALABAMA ST STE 119, INDIANAPOLIS, IN 46204	35-1793680	501(C)3	5,562				DONOR CHOICE
(81) CENTRAL INDIANA COMMUNITY FOUNDATION INC 615 N ALABAMA ST STE 119, INDIANAPOLIS, IN 46204	35-1793680	501(C)3	25,000				PROGRAM AND/OR OPERATING SUPPORT
(82) CENTRAL INDIANA POLICE FOUNDATION 1525 S SHELBY ST, INDIANAPOLIS, IN 46203	46-2417255	501(C)3	630				DONOR CHOICE
(83) CENTRAL INDIANA POLICE FOUNDATION 1525 S SHELBY ST, INDIANAPOLIS, IN 46203	46-2417255	501(C)3	5,000				PROGRAM AND/OR OPERATING SUPPORT
(84) CHAPEL GLEN EARLY LEARNING ACADEMY 9101 W 10TH ST, INDIANAPOLIS, IN 46234	45-4825001		7,500				PROGRAM AND/OR OPERATING SUPPORT
(85) CHARITY CHURCH MINISTRY, INC. 959 N HOLMES AVE, INDIANAPOLIS, IN 46222	35-1927248	501(C)3	19,875				PROGRAM AND/OR OPERATING SUPPORT
(86) CHARLENE'S ANGELS 7636 TIMBER HILL N DR, INDIANAPOLIS, IN 46217	45-4204800	501(C)3	8,000				DONOR CHOICE
(87) CHILD ADVOCATES INC 8200 HAVERSTICK RD STE 240, INDIANAPOLIS, IN 46240	35-1788240	501(C)3	29,682				DONOR CHOICE
(88) CHILD ADVOCATES INC 8200 HAVERSTICK RD STE 240, INDIANAPOLIS, IN 46240	35-1788240	501(C)3	14,806				PROGRAM AND/OR OPERATING SUPPORT
(89) CHILDREN'S BUREAU, INC. 1575 DR MARTIN LUTHER KING JR ST, INDIANAPOLIS, IN 46202	35-1061264	501(C)3	43,420				DONOR CHOICE
(90) CHILDREN'S BUREAU, INC. 1575 DR MARTIN LUTHER KING JR ST, INDIANAPOLIS, IN 46202	35-1061264	501(C)3	784,853				PROGRAM AND/OR OPERATING SUPPORT

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(91) CHILDREN'S EYES ON THE GLOBE 12538 PEBBLEPOINTE PASS, CARMEL, IN 46033	83-4408668	501(C)3	6,991				DONOR CHOICE
(92) CHILDREN'S THERAPLAY FOUNDATION INC, THE 9919 TOWNE RD, CARMEL, IN 46032	35-2121568	501(C)3	11,273				DONOR CHOICE
(93) CHILDREN'S THERAPLAY FOUNDATION INC, THE 9919 TOWNE RD, CARMEL, IN 46032	35-2121568	501(C)3	3,000				PROGRAM AND/OR OPERATING SUPPORT
(94) CHRIST TEMPLE APOSTOLIC FAITH ASSEMBLY 430 W FALL CREEK PKWY N DR, INDIANAPOLIS, IN 46208	35-0953428	501(C)3	11,518				PROGRAM AND/OR OPERATING SUPPORT
(95) CHRISTAMORE HOUSE INC 502 N TREMONT ST, INDIANAPOLIS, IN 46222	35-0885588	501(C)3	6,417				DONOR CHOICE
(96) CHRISTAMORE HOUSE INC 502 N TREMONT ST, INDIANAPOLIS, IN 46222	35-0885588	501(C)3	82,200				PROGRAM AND/OR OPERATING SUPPORT
(97) CRISTEL HOUSE INTERNATIONAL, INC 10 W MARKET ST STE 1990, INDIANAPOLIS, IN 46204-2973	35-2051932	501(C)3	20,165				DONOR CHOICE
(98) CHURCHES IN MISSION 27 S INDIANA ST, MOORESVILLE, IN 46158	31-1237725	501(C)3	1,488				DONOR CHOICE
(99) CHURCHES IN MISSION 27 S INDIANA ST, MOORESVILLE, IN 46158	31-1237725	501(C)3	140,000				PROGRAM AND/OR OPERATING SUPPORT
(100) CICOA FOUNDATION 8440 WOODFIELD CROSSING BLVD , STE 175, INDIANAPOLIS, IN 46240	35-1859069	501(C)3	100				DONOR CHOICE
(101) CICOA FOUNDATION 8440 WOODFIELD CROSSING BLVD , STE 175, INDIANAPOLIS, IN 46240	35-1859069	501(C)3	265,000				PROGRAM AND/OR OPERATING SUPPORT
(102) CITY CHANGERS INDIANA CO 13118 N PADDOCK RD, CAMBY, INDIANAPOLIS, IN 46113	82-1627350	501(C)3	10,000				PROGRAM AND/OR OPERATING SUPPORT
(103) COALITION FOR HOMELESSNESS INTERVENTION & PREVENTION 1014 PROSPECT STREET, INDIANAPOLIS, IN 46203	31-1254018	501(C)3	1,864				DONOR CHOICE
(104) COALITION FOR HOMELESSNESS INTERVENTION & PREVENTION 1014 PROSPECT STREET, INDIANAPOLIS, IN 46203	31-1254018	501(C)3	241,266				PROGRAM AND/OR OPERATING SUPPORT
(105) COBURN PLACE SAFE HAVEN II INC 604 E 38TH ST, INDIANAPOLIS, IN 46205	37-1421922	501(C)3	7,298				DONOR CHOICE
(106) COBURN PLACE SAFE HAVEN II INC 604 E 38TH ST, INDIANAPOLIS, IN 46205	37-1421922	501(C)3	389				PROGRAM AND/OR OPERATING SUPPORT
(107) COMMUNITY ALLIANCE OF THE FAR EASTSIDE INC 8902 E 38TH ST, INDIANAPOLIS, IN 46226	35-2018453	501(C)3	232				DONOR CHOICE

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(108) COMMUNITY ALLIANCE OF THE FAR EASTSIDE INC 8902 E 38TH ST, INDIANAPOLIS, IN 46226	35-2018453	501(C)3	1,029,159				PROGRAM AND/OR OPERATING SUPPORT
(109) COMMUNITY FOUNDATION OF MORGAN COUNTY 56 N MAIN ST, MARTINSVILLE, IN 46151	35-1956929	501(C)3	15,000				PROGRAM AND/OR OPERATING SUPPORT
(110) COMMUNITY HEALTH NETWORK FOUNDATION 7240 SHADELAND STATION STE 125, INDIANAPOLIS, IN 46236	51-0181688	501(C)3	7,556				DONOR CHOICE
(111) CONCORD NEIGHBORHOOD CENTER 1310 S MERIDIAN ST, INDIANAPOLIS, IN 46225	35-0817149	501(C)3	8,781				DONOR CHOICE
(112) CONCORD NEIGHBORHOOD CENTER 1310 S MERIDIAN ST, INDIANAPOLIS, IN 46225	35-0817149	501(C)3	177,833				PROGRAM AND/OR OPERATING SUPPORT
(113) CROSSROADS OF AMERICA COUNCIL, BOY SCOUTS OF AMERICA 7125 FALL CREEK RD N, INDIANAPOLIS, IN 46256	35-0867962	501(C)3	76,908				DONOR CHOICE
(114) CROSSROADS OF AMERICA COUNCIL, BOY SCOUTS OF AMERICA 7125 FALL CREEK RD N, INDIANAPOLIS, IN 46256	35-0867962	501(C)3	1,164,546				PROGRAM AND/OR OPERATING SUPPORT
(115) CROSSROADS REHABILITATION CENTER INC (DBA EASTERSEALS CROSSROADS) 8302 E 33RD ST, INDIANAPOLIS, IN 46226	35-0869058	501(C)3	14,933				DONOR CHOICE
(116) CROSSROADS REHABILITATION CENTER INC (DBA EASTERSEALS CROSSROADS) 8302 E 33RD ST, INDIANAPOLIS, IN 46226	35-0869058	501(C)3	510,191				PROGRAM AND/OR OPERATING SUPPORT
(117) CWUW (CENTER OF WELLNESS FOR URBAN WOMEN) 2424 DR MARTIN LUTHER KING JR ST, INDIANAPOLIS, IN 46208	20-4788681	501(C)3	8,356				PROGRAM AND/OR OPERATING SUPPORT
(118) CYO CAMP RANCHO FRAMASA, INC 580 E STEVENS ST, INDIANAPOLIS, IN 46203-1781	90-0657156	501(C)3	39,722				DONOR CHOICE
(119) CYO CAMP RANCHO FRAMASA, INC 580 E STEVENS ST, INDIANAPOLIS, IN 46203-1781	90-0657156	501(C)3	24,837				PROGRAM AND/OR OPERATING SUPPORT
(120) CYSTIC FIBROSIS FOUNDATION 1801 E EDINGER AVE STE 135, SANTA ANA, CA 92705-4734	13-1930701	501(C)3	7,582				DONOR CHOICE
(121) DAMAR SERVICES, INC. 6067 DECATUR BLVD, INDIANAPOLIS, IN 46241	35-1168048	501(C)3	1,686				DONOR CHOICE
(122) DAMAR SERVICES, INC. 6067 DECATUR BLVD, INDIANAPOLIS, IN 46241	35-1168048	501(C)3	5,000				PROGRAM AND/OR OPERATING SUPPORT

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(123) DAMIEN CENTER 26 N ARSENAL AVE, INDIANAPOLIS, IN 46201	35-1711878	501(C)3	31,766				DONOR CHOICE
(124) DAMIEN CENTER 26 N ARSENAL AVE, INDIANAPOLIS, IN 46201	35-1711878	501(C)3	365,000				PROGRAM AND/OR OPERATING SUPPORT
(125) DANVILLE COMMUNITY EDUCATION FOUNDATION 200 WARRIOR WAY, DANVILLE, IN 46122	35-2043682	501(C)3	40,000				PROGRAM AND/OR OPERATING SUPPORT
(126) DOCTORS WITHOUT BORDERS USA 40 RECTOR ST 16TH FL, NEW YORK, NY 10006	13-3433452	501(C)3	11,018				DONOR CHOICE
(127) DRESS FOR SUCCESS INDIANAPOLIS 820 N MERIDIAN ST, INDIANAPOLIS, IN 46204	35-2078412	501(C)3	4,884				DONOR CHOICE
(128) DRESS FOR SUCCESS INDIANAPOLIS 820 N MERIDIAN ST, INDIANAPOLIS, IN 46204	35-2078412	501(C)3	1,064				PROGRAM AND/OR OPERATING SUPPORT
(129) EARLY LEARNING INDIANA 1776 N MERIDIAN ST STE A, INDIANAPOLIS, IN 46202	35-0888763	501(C)3	83,608				DONOR CHOICE
(130) EARLY LEARNING INDIANA 1776 N MERIDIAN ST STE A, INDIANAPOLIS, IN 46202	35-0888763	501(C)3	217,443				PROGRAM AND/OR OPERATING SUPPORT
(131) EAST TENTH UNITED METHODIST CHILDREN & YOUTH CENTER 2327 E 10TH ST, INDIANAPOLIS, IN 46201	35-1976975	501(C)3	121,898				PROGRAM AND/OR OPERATING SUPPORT
(132) EASTER SEALS REHABILITATION CENTER 1305 NATIONAL RD, WHEELING, WV 26003	62-1266942	501(C)3	200,000				PROGRAM AND/OR OPERATING SUPPORT
(133) EASTERN HANCOCK EDUCATION FOUNDATION 10370 E 250 N, CHARLOTTEVILLE, IN 46117	45-5185867	501(C)3	20,000				PROGRAM AND/OR OPERATING SUPPORT
(134) EASTERN STAR JEWEL HUMAN SERVICES CORP 5719 MASSACHUSETTS AVE, INDIANAPOLIS, IN 46218	35-2124772	501(C)3	250				DONOR CHOICE
(135) EASTERN STAR JEWEL HUMAN SERVICES CORP 5719 MASSACHUSETTS AVE, INDIANAPOLIS, IN 46218	35-2124772	501(C)3	4,967				PROGRAM AND/OR OPERATING SUPPORT
(136) ECLECTIC SOUL VOICES CORPORATION 1415 SHELBY ST, INDIANAPOLIS, IN 46203	27-2615152	501(C)3	102,146				PROGRAM AND/OR OPERATING SUPPORT
(137) EDNA MARTIN CHRISTIAN CENTER 2605 E 25TH ST, INDIANAPOLIS, IN 46218	35-1072577	501(C)3	10,793				DONOR CHOICE
(138) EDNA MARTIN CHRISTIAN CENTER 2605 E 25TH ST, INDIANAPOLIS, IN 46218	35-1072577	501(C)3	2,389,358				PROGRAM AND/OR OPERATING SUPPORT
(139) EMILY THOMAS FOUNDATION 1480 CHATTAHOOCHEE RUN, SUWANEE, GA 30024	27-1695503	501(C)3	19,512				DONOR CHOICE

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(140) EMMANUEL FAITH COMMUNITY CHURCH 639 E 17TH AVE, ESCONDIDO, CA 92025	95-1816013	501(C)3	6,500				DONOR CHOICE
(141) ENGLEWOOD CHRISTIAN CHURCH 57 N RURAL ST, INDIANAPOLIS, IN 46201	35-0953434	501(C)3	2,170				DONOR CHOICE
(142) ENGLEWOOD CHRISTIAN CHURCH 57 N RURAL ST, INDIANAPOLIS, IN 46201	35-0953434	501(C)3	122,413				PROGRAM AND/OR OPERATING SUPPORT
(143) EPISCOPAL REFUGEE NETWORK 4265 FAIRMONT AVE STE 130, SAN DIEGO, CA 92105-6401	20-8999776	501(C)3	6,160				DONOR CHOICE
(144) EQUAL JUSTICE INITIATIVE 122 COMMERCE ST, MONTGOMERY, AL 36104	63-1135091	501(C)3	6,936				DONOR CHOICE
(145) ESKENAZI HEALTH FOUNDATION INC 720 ESKENAZI AVE, INDIANAPOLIS, IN 46202	31-1132066	501(C)3	6,130				DONOR CHOICE
(146) F.I.S.H. OF SANIBEL-CAPTIVA INC 2430 PERIWINKLE WAY STE B, SANIBEL, FL 33957	20-8892375	501(C)3	15,000				DONOR CHOICE
(147) FAIRBANKS HOSPITAL INC 8102 CLEARVISTA PKWY, INDIANAPOLIS, IN 46256	35-0811197	501(C)3	8,356				DONOR CHOICE
(148) FAMILIES FIRST 2240 N MERIDIAN ST, INDIANAPOLIS, IN 46208	35-0877572	501(C)3	584,511				PROGRAM AND/OR OPERATING SUPPORT
(149) FAMILY PROMISE OF HAMILTON COUNTY PO BOX 2073, NOBLESVILLE, IN 46061	82-1163084	501(C)3	70,000				PROGRAM AND/OR OPERATING SUPPORT
(150) FAMILY PROMISE OF HENDRICKS COUNTY 238 N VINE ST, PLAINFIELD, IN 46168	46-1733831	501(C)3	7,722				DONOR CHOICE
(151) FAMILY PROMISE OF HENDRICKS COUNTY 238 N VINE ST, PLAINFIELD, IN 46168	46-1733831	501(C)3	252,500				PROGRAM AND/OR OPERATING SUPPORT
(152) FATHERS AND FAMILIES CENTER 2835 N ILLINOIS ST, INDIANAPOLIS, IN 46208	35-2069047	501(C)3	9,840				DONOR CHOICE
(153) FATHERS AND FAMILIES CENTER 2835 N ILLINOIS ST, INDIANAPOLIS, IN 46208	35-2069047	501(C)3	430,000				PROGRAM AND/OR OPERATING SUPPORT
(154) FAY BICCARD GLICK NEIGHBORHOOD CENTER AT CROOKED CREEK 2990 W 71ST ST, INDIANAPOLIS, IN 46268-2239	35-1738809	501(C)3	4,437				DONOR CHOICE
(155) FAY BICCARD GLICK NEIGHBORHOOD CENTER AT CROOKED CREEK 2990 W 71ST ST, INDIANAPOLIS, IN 46268-2239	35-1738809	501(C)3	239,345				PROGRAM AND/OR OPERATING SUPPORT
(156) FELEGE HIYWOT CENTER INC 1648 SHELDON ST, INDIANAPOLIS, IN 46218	20-0916223	501(C)3	5,862				DONOR CHOICE
(157) FELEGE HIYWOT CENTER INC 1648 SHELDON ST, INDIANAPOLIS, IN 46218	20-0916223	501(C)3	0				PROGRAM AND/OR OPERATING SUPPORT

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(158) FELLOWSHIP OF ASSOCIATES OF MEDICAL EVANGELISM (DBA FAME) 4545 SOUTHEASTERN AVE, INDIANAPOLIS, IN 46203	23-7124787	501(C)3	1,960				DONOR CHOICE
(159) FELLOWSHIP OF ASSOCIATES OF MEDICAL EVANGELISM (DBA FAME) 4545 SOUTHEASTERN AVE, INDIANAPOLIS, IN 46203	23-7124787	501(C)3	5,000				PROGRAM AND/OR OPERATING SUPPORT
(160) FLANNER HOUSE OF INDIANAPOLIS INC 2424 DR MARTIN LUTHER KING JR ST, INDIANAPOLIS, IN 46208	35-0942628	501(C)3	22,502				DONOR CHOICE
(161) FLANNER HOUSE OF INDIANAPOLIS INC 2424 DR MARTIN LUTHER KING JR ST, INDIANAPOLIS, IN 46208	35-0942628	501(C)3	798,600				PROGRAM AND/OR OPERATING SUPPORT
(162) FLETCHER PLACE COMMUNITY CENTER 1637 PROSPECT ST, PO BOX 825, INDIANAPOLIS, IN 46206-0825	35-1966882	501(C)3	6,160				DONOR CHOICE
(163) FLETCHER PLACE COMMUNITY CENTER 1637 PROSPECT ST, PO BOX 825, INDIANAPOLIS, IN 46206-0825	35-1966882	501(C)3	7,370				PROGRAM AND/OR OPERATING SUPPORT
(164) FOOD FOR THE POOR INC 6401 LYONS RD, COCONUT CREEK, FL 33073	59-2174510	501(C)3	5,333				DONOR CHOICE
(165) FOSTER SUCCESS 546 E 17TH ST STE 206, INDIANAPOLIS, IN 46202	45-5056874	501(C)3	103,874				PROGRAM AND/OR OPERATING SUPPORT
(166) FOUNDATION AGAINST COMPANION ANIMAL EUTHANASIA INC (DBA FACE LOW-COST ANIMAL CLINIC) 1500 MASSACHUSETTS AVE, INDIANAPOLIS, IN 46201	35-1917847	501(C)3	380				DONOR CHOICE
(167) FOUNDATION AGAINST COMPANION ANIMAL EUTHANASIA INC (DBA FACE LOW-COST ANIMAL CLINIC) 1500 MASSACHUSETTS AVE, INDIANAPOLIS, IN 46201	35-1917847	501(C)3	4,992				PROGRAM AND/OR OPERATING SUPPORT
(168) FREEDOM ACADEMY I INC. (RESET CENTER) 4330 N POST RD, INDIANAPOLIS, IN 46226	46-0822237	501(C)3	26,363				PROGRAM AND/OR OPERATING SUPPORT
(169) FREEWHEELIN COMMUNITY BIKES 3355 N CENTRAL AVE, INDIANAPOLIS, IN 46205	26-3748830	501(C)3	20,993				DONOR CHOICE
(170) FRIENDS OF INDIANAPOLIS ANIMAL CARE & CONTROL FOUNDATION 7399 N SHADELAND AVE STE 17, INDIANAPOLIS, IN 46250	32-0099654	501(C)3	6,081				DONOR CHOICE
(171) GARY SINISE FOUNDATION PO BOX 368, WOODLAND HILLS, CA 91365	80-0587086	501(C)3	5,260				DONOR CHOICE

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(172) GENNESARET FREE CLINIC 615 N ALABAMA ST STE 136, INDIANAPOLIS, IN 46204	35-1776518	501(C)3	2,780				DONOR CHOICE
(173) GENNESARET FREE CLINIC 615 N ALABAMA ST STE 136, INDIANAPOLIS, IN 46204	35-1776518	501(C)3	2,538				PROGRAM AND/OR OPERATING SUPPORT
(174) GIRL SCOUTS OF CENTRAL INDIANA, INC 7201 GIRL SCOUT LN, INDIANAPOLIS, IN 46214	35-0876381	501(C)3	27,687				DONOR CHOICE
(175) GIRL SCOUTS OF CENTRAL INDIANA, INC 7201 GIRL SCOUT LN, INDIANAPOLIS, IN 46214	35-0876381	501(C)3	182,620				PROGRAM AND/OR OPERATING SUPPORT
(176) GIRLS INCORPORATED OF GREATER INDIANAPOLIS 3935 N MERIDIAN ST, INDIANAPOLIS, IN 46208	35-1337205	501(C)3	54,109				DONOR CHOICE
(177) GIRLS INCORPORATED OF GREATER INDIANAPOLIS 3935 N MERIDIAN ST, INDIANAPOLIS, IN 46208	35-1337205	501(C)3	134,895				PROGRAM AND/OR OPERATING SUPPORT
(178) GLEANERS FOOD BANK OF INDIANA INC 3737 WALDEMERE AVE, INDIANAPOLIS, IN 46241	35-1483868	501(C)3	70,935				DONOR CHOICE
(179) GLEANERS FOOD BANK OF INDIANA INC 3737 WALDEMERE AVE, INDIANAPOLIS, IN 46241	35-1483868	501(C)3	151,800				PROGRAM AND/OR OPERATING SUPPORT
(180) GOOD NEWS MINISTRIES 2716 E WASHINGTON ST, INDIANAPOLIS, IN 46201	35-0999233	501(C)3	9,000				DONOR CHOICE
(181) GOOD NEWS MINISTRIES 2716 E WASHINGTON ST, INDIANAPOLIS, IN 46201	35-0999233	501(C)3	4,968				PROGRAM AND/OR OPERATING SUPPORT
(182) GOOD SAMARITAN NETWORK 12933 PARKSIDE DR, FISHERS, IN 46038	20-4371453	501(C)3	130				DONOR CHOICE
(183) GOOD SAMARITAN NETWORK 12933 PARKSIDE DR, FISHERS, IN 46038	20-4371453	501(C)3	100,000				PROGRAM AND/OR OPERATING SUPPORT
(184) GOODWILL OF CENTRAL & SOUTHERN INDIANA 1635 W MICHIGAN ST, INDIANAPOLIS, IN 46222	35-0893506	501(C)3	59,120				DONOR CHOICE
(185) GOODWILL OF CENTRAL & SOUTHERN INDIANA 1635 W MICHIGAN ST, INDIANAPOLIS, IN 46222	35-0893506	501(C)3	913,365				PROGRAM AND/OR OPERATING SUPPORT
(186) GRACE COMMUNITY CHURCH 5504 E. 146TH ST., NOBLESVILLE, IN 46060	35-1837386	501(C)3	100,000				PROGRAM AND/OR OPERATING SUPPORT

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(187) GREATER INDIANAPOLIS ASSOCIATION FOR LUTHERAN SECONDARY EDUCATION INC 5555 S ARLINGTON AVE, INDIANAPOLIS, IN 46237	51-0143084	501(C)3	890				DONOR CHOICE
(188) GREATER INDIANAPOLIS ASSOCIATION FOR LUTHERAN SECONDARY EDUCATION INC 5555 S ARLINGTON AVE, INDIANAPOLIS, IN 46237	51-0143084	501(C)3	5,000				PROGRAM AND/OR OPERATING SUPPORT
(189) GREATER INDIANAPOLIS LITERACY LEAGUE INC (INDY READS) 40 E ST CLAIR ST, INDIANAPOLIS, IN 46204	31-1227489	501(C)3	7,460				DONOR CHOICE
(190) GREATER INDIANAPOLIS LITERACY LEAGUE INC (INDY READS) 40 E ST CLAIR ST, INDIANAPOLIS, IN 46204	31-1227489	501(C)3	2,747				PROGRAM AND/OR OPERATING SUPPORT
(191) GREENFIELD CENTRAL SCHOOL FOUNDATION 110 W NORTH ST, GREENFIELD, IN 46140	35-1769491	501(C)3	204				DONOR CHOICE
(192) GREENFIELD CENTRAL SCHOOL FOUNDATION 110 W NORTH ST, GREENFIELD, IN 46140	35-1769491	501(C)3	22,000				PROGRAM AND/OR OPERATING SUPPORT
(193) GREENFIELD-CENTRAL COMMUNITY SCHOOL CORP 1440 N FRANKLIN RD, GREENFIELD, IN 46140	35-1100181	SECTION 115	10,750				PROGRAM AND/OR OPERATING SUPPORT
(194) HABITAT FOR HUMANITY OF GREATER INDIANAPOLIS 3135 N MERIDIAN ST, INDIANAPOLIS, IN 46208-4717	35-1715910	501(C)3	20,845				DONOR CHOICE
(195) HAMILTON COUNTY AREA NEIGHBORHOOD DEVELOPMENT INC 347 S 8TH ST STE A, NOBLESVILLE, IN 46060	32-0080849	501(C)3	780				DONOR CHOICE
(196) HAMILTON COUNTY AREA NEIGHBORHOOD DEVELOPMENT INC 347 S 8TH ST STE A, NOBLESVILLE, IN 46060	32-0080849	501(C)3	240,000				PROGRAM AND/OR OPERATING SUPPORT
(197) HAMILTON COUNTY HUMANE SOCIETY 10501 HAGUE RD, FISHERS, IN 46038	35-1610723	501(C)3	6,291				DONOR CHOICE
(198) HAMILTON HEIGHTS EDUCATIONAL FOUNDATION 410 WEST MAIN ST, PO BOX 469, ARCADIA, IN 46030	31-1253618	501(C)3	25,000				PROGRAM AND/OR OPERATING SUPPORT
(199) HAMILTON SOUTHEASTERN SCHOOLS FOUNDATION 13485 CUMBERLAND RD, FISHERS, IN 46038	35-2146295	501(C)3	85,000				PROGRAM AND/OR OPERATING SUPPORT
(200) HANCOCK COUNTY CHILD ADVOCACY CENTER 953 W NORTH ST, GREENFIELD, IN 46163	47-5238920	501(C)3	33,000				PROGRAM AND/OR OPERATING SUPPORT

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(201) HANCOCK COUNTY COMMUNITY FOUNDATION 312 E MAIN ST, GREENFIELD, IN 46140	35-1837729	501(C)3	9,000				PROGRAM AND/OR OPERATING SUPPORT
(202) HANCOCK COUNTY SENIOR SERVICES INC 1870 FIELDS BLVD, GREENFIELD, IN 46140	31-0936007	501(C)3	5,740				DONOR CHOICE
(203) HANCOCK COUNTY SENIOR SERVICES INC 1870 FIELDS BLVD, GREENFIELD, IN 46140	31-0936007	501(C)3	74,000				PROGRAM AND/OR OPERATING SUPPORT
(204) HANCOCK REGIONAL HOSPITAL FOUNDATION 801 N STATE ST, GREENFIELD, IN 46140	35-1543591	501(C)3	37,500				PROGRAM AND/OR OPERATING SUPPORT
(205) HAPPY HOLLOW CHILDREN'S CAMP, INC 3049 HAPPY HOLLOW RD, NASHVILLE, IN 47448	35-0942648	501(C)3	10,727				DONOR CHOICE
(206) HAPPY HOLLOW CHILDREN'S CAMP, INC 3049 HAPPY HOLLOW RD, NASHVILLE, IN 47448	35-0942648	501(C)3	78,905				PROGRAM AND/OR OPERATING SUPPORT
(207) HASTEN HEBREW ACADEMY OF INDIANAPOLIS 6602 HOOVER RD, INDIANAPOLIS, IN 46260	35-1185540	501(C)3	7,140				PROGRAM AND/OR OPERATING SUPPORT
(208) HAWTHORNE COMMUNITY CENTER 2440 W OHIO ST, INDIANAPOLIS, IN 46222	35-0874274	501(C)3	24,498				DONOR CHOICE
(209) HAWTHORNE COMMUNITY CENTER 2440 W OHIO ST, INDIANAPOLIS, IN 46222	35-0874274	501(C)3	982,978				PROGRAM AND/OR OPERATING SUPPORT
(210) HEALTHNET INC 1835 N MERIDIAN ST, INDIANAPOLIS, IN 46202	35-1579827	501(C)3	540				DONOR CHOICE
(211) HEALTHNET INC 1835 N MERIDIAN ST, INDIANAPOLIS, IN 46202	35-1579827	501(C)3	25,664				PROGRAM AND/OR OPERATING SUPPORT
(212) HEAR INDIANA 4740 KINGSWAY DR STE 33, INDIANAPOLIS, IN 46205	31-0921774	501(C)3	5,292				DONOR CHOICE
(213) HEART OF FLORIDA UNITED WAY 1940 TRAYLOR BLVD, ORLANDO, FL 32804-4714	59-0808854	501(C)3	6,755				DONOR CHOICE
(214) HENDRICKS COUNTY CHILD ADVOCACY CENTER (DBA SUSIE'S PLACE) 7519 BEECHWOOD CENTRE RD STE 500, AVON, IN 46123	26-2132955	501(C)3	3,050				DONOR CHOICE
(215) HENDRICKS COUNTY CHILD ADVOCACY CENTER (DBA SUSIE'S PLACE) 7519 BEECHWOOD CENTRE RD STE 500, AVON, IN 46123	26-2132955	501(C)3	40,000				PROGRAM AND/OR OPERATING SUPPORT
(216) HENDRICKS COUNTY COMMUNITY FOUNDATION INC 6319 E US HWY 36 STE 211, AVON, IN 46123	35-1878973	501(C)3	338				DONOR CHOICE
(217) HENDRICKS COUNTY COMMUNITY FOUNDATION INC 6319 E US HWY 36 STE 211, AVON, IN 46123	35-1878973	501(C)3	184,500				PROGRAM AND/OR OPERATING SUPPORT

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(218) HENDRICKS COUNTY SENIOR SERVICES PO BOX 448, DANVILLE, IN 46122	35-1445497	501(C)3	8,513				DONOR CHOICE
(219) HENDRICKS COUNTY SENIOR SERVICES PO BOX 448, DANVILLE, IN 46122	35-1445497	501(C)3	184,500				PROGRAM AND/OR OPERATING SUPPORT
(220) HERITAGE PLACE OF INDIANAPOLIS INC 4550 N ILLINOIS ST, INDIANAPOLIS, IN 46208	35-1436580	501(C)3	1,960				DONOR CHOICE
(221) HERITAGE PLACE OF INDIANAPOLIS INC 4550 N ILLINOIS ST, INDIANAPOLIS, IN 46208	35-1436580	501(C)3	4,512				PROGRAM AND/OR OPERATING SUPPORT
(222) HIGH COUNTRY UNITED WAY PO BOX 247, BOONE, NC 28607	56-1218079	501(C)3	6,430				DONOR CHOICE
(223) HOPE HEALTHCARE SERVICES 107 PARK PLACE BLVD, AVON, IN 46123	83-0404310	501(C)3	6,338				DONOR CHOICE
(224) HOPE HEALTHCARE SERVICES 107 PARK PLACE BLVD, AVON, IN 46123	83-0404310	501(C)3	6,000				PROGRAM AND/OR OPERATING SUPPORT
(225) HORIZON HOUSE INC 1033 E WASHINGTON ST, INDIANAPOLIS, IN 46202	35-1759503	501(C)3	27,286				DONOR CHOICE
(226) HORIZON HOUSE INC 1033 E WASHINGTON ST, INDIANAPOLIS, IN 46202	35-1759503	501(C)3	263,167				PROGRAM AND/OR OPERATING SUPPORT
(227) HUMANE SOCIETY OF INDIANAPOLIS 7929 MICHIGAN RD, INDIANAPOLIS, IN 46268	35-0876385	501(C)3	38,648				DONOR CHOICE
(228) HUMANE SOCIETY OF INDIANAPOLIS 7929 MICHIGAN RD, INDIANAPOLIS, IN 46268	35-0876385	501(C)3	7,152				PROGRAM AND/OR OPERATING SUPPORT
(229) HUTSON SCHOOL, INC (DBA FORTUNE ACADEMY) 5626 LAWTON LOOP E DR, INDIANAPOLIS, IN 46216-1013	35-2148108	501(C)3	9,862				DONOR CHOICE
(230) HVAF OF INDIANA INC 964 N PENNSYLVANIA ST, INDIANAPOLIS, IN 46204	35-1890547	501(C)3	13,229				DONOR CHOICE
(231) HVAF OF INDIANA INC 964 N PENNSYLVANIA ST, INDIANAPOLIS, IN 46204	35-1890547	501(C)3	265,791				PROGRAM AND/OR OPERATING SUPPORT
(232) ICE SKATING CLUB OF INDIANAPOLIS 1040 3RD AVE SW, CARMEL, IN 46032	35-1434256	501(C)3	7,411				DONOR CHOICE
(233) IMMIGRANT WELCOME CENTER 40 E. ST. CLAIR STREET, INDIANAPOLIS, IN 46204	20-3222424	501(C)3	6,019				DONOR CHOICE
(234) IMMIGRANT WELCOME CENTER 40 E. ST. CLAIR STREET, INDIANAPOLIS, IN 46204	20-3222424	501(C)3	486				PROGRAM AND/OR OPERATING SUPPORT

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(235) INDIANA LEGAL SERVICES, INC 1200 MADISON AVE STE 300, INDIANAPOLIS, IN 46225	35-6059654	501(C)3	4,269				DONOR CHOICE
(236) INDIANA LEGAL SERVICES, INC 1200 MADISON AVE STE 300, INDIANAPOLIS, IN 46225	35-6059654	501(C)3	46,316				PROGRAM AND/OR OPERATING SUPPORT
(237) INDIANA SPECIAL OLYMPICS INC 6200 TECHNOLOGY CENTER DR STE 105, INDIANAPOLIS, IN 46278	35-1262574	501(C)3	5,539				DONOR CHOICE
(238) INDIANA SPECIAL OLYMPICS INC 6200 TECHNOLOGY CENTER DR STE 105, INDIANAPOLIS, IN 46278	35-1262574	501(C)3	4,975				PROGRAM AND/OR OPERATING SUPPORT
(239) INDIANA YOUTH GROUP INC 3733 N MERIDIAN ST, INDIANAPOLIS, IN 46208	35-1760451	501(C)3	40,285				DONOR CHOICE
(240) INDIANA YOUTH GROUP INC 3733 N MERIDIAN ST, INDIANAPOLIS, IN 46208	35-1760451	501(C)3	100,820				PROGRAM AND/OR OPERATING SUPPORT
(241) INDIANAPOLIS ART CENTER 820 E 67TH ST, INDIANAPOLIS, IN 46220	35-1088735	501(C)3	1,751				DONOR CHOICE
(242) INDIANAPOLIS ART CENTER 820 E 67TH ST, INDIANAPOLIS, IN 46220	35-1088735	501(C)3	5,000				PROGRAM AND/OR OPERATING SUPPORT
(243) INDIANAPOLIS CHINESE COMMUNITY CENTER, INC. 2400 PERIMETER PARK DR STE 150, INDIANAPOLIS, IN 46250	35-1961180	501(C)3	5,116				DONOR CHOICE
(244) INDIANAPOLIS LEGAL AID SOCIETY 615 N ALABAMA ST STE 122, INDIANAPOLIS, IN 46204	35-1045153	501(C)3	21,501				DONOR CHOICE
(245) INDIANAPOLIS LEGAL AID SOCIETY 615 N ALABAMA ST STE 122, INDIANAPOLIS, IN 46204	35-1045153	501(C)3	152,737				PROGRAM AND/OR OPERATING SUPPORT
(246) INDIANAPOLIS MUSEUM OF ART, INC (DBA NEWFIELDS) 4000 MICHIGAN RD, INDIANAPOLIS, IN 46208	35-0867955	501(C)3	2,000				DONOR CHOICE
(247) INDIANAPOLIS MUSEUM OF ART, INC (DBA NEWFIELDS) 4000 MICHIGAN RD, INDIANAPOLIS, IN 46208	35-0867955	501(C)3	5,000				PROGRAM AND/OR OPERATING SUPPORT
(248) INDIANAPOLIS NEIGHBORHOOD RESOURCE CENTER INC 708 E MICHIGAN ST, INDIANAPOLIS, IN 46202	35-1909230	501(C)3	252				DONOR CHOICE
(249) INDIANAPOLIS NEIGHBORHOOD RESOURCE CENTER INC 708 E MICHIGAN ST, INDIANAPOLIS, IN 46202	35-1909230	501(C)3	5,000				PROGRAM AND/OR OPERATING SUPPORT
(250) INDIANAPOLIS PARKS FOUNDATION, INC. 3001 N WHITE RIVER PARKWAY , WEST DRIVE, INDIANAPOLIS, IN 46222	35-1860468	501(C)3	6,069				DONOR CHOICE

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(251) INDIANAPOLIS PUBLIC SCHOOLS EDUCATION FOUNDATION 5150 W 76TH ST, INDIANAPOLIS, IN 46268	31-1103966	501(C)3	6,810				DONOR CHOICE
(252) INDIANAPOLIS URBAN LEAGUE, INC 777 INDIANA AVE, INDIANAPOLIS, IN 46202	35-6060655	501(C)3	40,303				DONOR CHOICE
(253) INDIANAPOLIS URBAN LEAGUE, INC 777 INDIANA AVE, INDIANAPOLIS, IN 46202	35-6060655	501(C)3	720,706				PROGRAM AND/OR OPERATING SUPPORT
(254) INDIANAPOLIS ZOOLOGICAL SOCIETY INC 1200 W WASHINGTON ST, PO BOX 22309, INDIANAPOLIS, IN 46222	35-1074747	501(C)3	981				DONOR CHOICE
(255) INDIANAPOLIS ZOOLOGICAL SOCIETY INC 1200 W WASHINGTON ST, PO BOX 22309, INDIANAPOLIS, IN 46222	35-1074747	501(C)3	5,000				PROGRAM AND/OR OPERATING SUPPORT
(256) INDY PRIDE INC 155 S GRANT ST, INDIANAPOLIS, IN 46244-0403	35-1951286	501(C)3	1,000				DONOR CHOICE
(257) INDY PRIDE INC 155 S GRANT ST, INDIANAPOLIS, IN 46244-0403	35-1951286	501(C)3	35,000				PROGRAM AND/OR OPERATING SUPPORT
(258) INTERNATIONAL SCHOOL OF INDIANA 4330 N MICHIGAN RD, INDIANAPOLIS, IN 46208	35-1887161	501(C)3	200				DONOR CHOICE
(259) INTERNATIONAL SCHOOL OF INDIANA 4330 N MICHIGAN RD, INDIANAPOLIS, IN 46208	35-1887161	501(C)3	10,000				PROGRAM AND/OR OPERATING SUPPORT
(260) JAMESON CAMP 2001 BRIDGEPORT RD, INDIANAPOLIS, IN 46231	35-1156756	501(C)3	21,155				DONOR CHOICE
(261) JEFFERSON COUNTY UNITED WAY INC PO BOX 193, MADISON, IN 47250-0193	35-6006467	501(C)3	30,020				DONOR CHOICE
(262) JEWISH COMMUNITY CENTER OF INDIANAPOLIS INC 6701 HOOVER RD, INDIANAPOLIS, IN 46260	23-7099138	501(C)3	12,497				DONOR CHOICE
(263) JEWISH COMMUNITY CENTER OF INDIANAPOLIS INC 6701 HOOVER RD, INDIANAPOLIS, IN 46260	23-7099138	501(C)3	83,374				PROGRAM AND/OR OPERATING SUPPORT
(264) JEWISH FEDERATION OF GREATER INDIANAPOLIS 6705 HOOVER RD, INDIANAPOLIS, IN 46260	35-0888017	501(C)3	15,250				DONOR CHOICE
(265) JEWISH FEDERATION OF GREATER INDIANAPOLIS 6705 HOOVER RD, INDIANAPOLIS, IN 46260	35-0888017	501(C)3	5,000				PROGRAM AND/OR OPERATING SUPPORT
(266) JOHN H BONER COMMUNITY CENTER 2236 E 10TH ST, INDIANAPOLIS, IN 46201	23-7204495	501(C)3	4,618				DONOR CHOICE
(267) JOHN H BONER COMMUNITY CENTER 2236 E 10TH ST, INDIANAPOLIS, IN 46201	23-7204495	501(C)3	1,330,756				PROGRAM AND/OR OPERATING SUPPORT
(268) JUDAH MINISTRIES (PRIDE ACADEMY) PRIDE ACADEMY, 9052 FOREST WILLOW DR, INDIANAPOLIS, IN 46234	16-1616713	501(C)3	11,858				PROGRAM AND/OR OPERATING SUPPORT

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(269) JULIAN CENTER INC, THE 2011 N MERIDIAN ST, INDIANAPOLIS, IN 46202	35-1346514	501(C)3	62,245				DONOR CHOICE
(270) JULIAN CENTER INC, THE 2011 N MERIDIAN ST, INDIANAPOLIS, IN 46202	35-1346514	501(C)3	42,864				PROGRAM AND/OR OPERATING SUPPORT
(271) KEEP INDIANAPOLIS BEAUTIFUL 1029 FLETCHER AVE STE 100, INDIANAPOLIS, IN 46203	31-1005792	501(C)3	1,950				DONOR CHOICE
(272) KEEP INDIANAPOLIS BEAUTIFUL 1029 FLETCHER AVE STE 100, INDIANAPOLIS, IN 46203	31-1005792	501(C)3	5,000				PROGRAM AND/OR OPERATING SUPPORT
(273) KIDS VOICE OF INDIANA INC 127 E MICHIGAN ST STE 500, INDIANAPOLIS, IN 46204	35-1656579	501(C)3	6,932				DONOR CHOICE
(274) KIDS VOICE OF INDIANA INC 127 E MICHIGAN ST STE 500, INDIANAPOLIS, IN 46204	35-1656579	501(C)3	34,330				PROGRAM AND/OR OPERATING SUPPORT
(275) KIPP INDIANAPOLIS INC 1740 E 30TH ST, INDIANAPOLIS, IN 46218	30-0145826	501(C)3	15,000				PROGRAM AND/OR OPERATING SUPPORT
(276) LA PLAZA INC 8902 E 38TH ST, INDIANAPOLIS, IN 46226-6073	30-0029575	501(C)3	14,266				DONOR CHOICE
(277) LA PLAZA INC 8902 E 38TH ST, INDIANAPOLIS, IN 46226-6073	30-0029575	501(C)3	145,000				PROGRAM AND/OR OPERATING SUPPORT
(278) LAKE AREA UNITED WAY 221 W RIDGE RD, GRIFFITH, IN 46319	23-7170019	501(C)3	7,836				DONOR CHOICE
(279) LAKESHORE LEARNING MATERIALS 2695 E DOMINGUEZ ST, CARSON, CA 90895	94-1525814	501(C)3	19,758				PROGRAM AND/OR OPERATING SUPPORT
(280) LAKEVIEW TEMPLE 47 BEACHWAY DR, INDIANAPOLIS, IN 46224	35-1104534	501(C)3	5,440				PROGRAM AND/OR OPERATING SUPPORT
(281) LANDING PLACE, THE 18 W SOUTH ST, GREENFIELD, IN 46140	30-0369880	501(C)3	23,500				PROGRAM AND/OR OPERATING SUPPORT
(282) LEUKEMIA & LYMPHOMA SOCIETY, THE 4043 MAPLE RD STE 105, AMHERST, NY 14226	13-5644916	501(C)3	53,835				DONOR CHOICE
(283) LIFE CENTERS, INC 3901 W 86TH ST STE 111, INDIANAPOLIS, IN 46268	31-1059740	501(C)3	5,843				DONOR CHOICE
(284) LIFE CHOICES CARE CENTER - GREENFIELD, IN 1454 N STATE ST, PO BOX 584, GREENFIELD, IN 46140	35-2101283	501(C)3	5,384				DONOR CHOICE
(285) LITTLE RED DOOR CANCER AGENCY 1801 N MERIDIAN ST, INDIANAPOLIS, IN 46202	35-0914096	501(C)3	61,212				DONOR CHOICE
(286) LITTLE RED DOOR CANCER AGENCY 1801 N MERIDIAN ST, INDIANAPOLIS, IN 46202	35-0914096	501(C)3	192,976				PROGRAM AND/OR OPERATING SUPPORT

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(287) LITTLE SISTERS OF THE POOR OF INDIANA INC 2345 W 86TH ST, INDIANAPOLIS, IN 46260	35-1007734	501(C)3	7,914				DONOR CHOICE
(288) LITTLE SISTERS OF THE POOR OF INDIANA INC 2345 W 86TH ST, INDIANAPOLIS, IN 46260	35-1007734	501(C)3	4,036				PROGRAM AND/OR OPERATING SUPPORT
(289) LOVE4SATOS ANIMAL RESCUE INC 1353 AVE LUIS VIGOREAUX PMB 440, GUAYNABO, PR 00966-2715	66-0886544	501(C)3	6,240				DONOR CHOICE
(290) LUTHERAN CHILD & FAMILY SERVICES OF IN/KY INC 1525 N RITTER AVE, INDIANAPOLIS, IN 46219	35-0868123	501(C)3	48,845				DONOR CHOICE
(291) LUTHERAN CHILD & FAMILY SERVICES OF IN/KY INC 1525 N RITTER AVE, INDIANAPOLIS, IN 46219	35-0868123	501(C)3	1,080,627				PROGRAM AND/OR OPERATING SUPPORT
(292) MARION COUNTY COMMISSION ON YOUTH INC 3901 N MERIDIAN ST, INDIANAPOLIS, IN 46208	35-1900516	501(C)3	5,070				DONOR CHOICE
(293) MARION COUNTY COMMISSION ON YOUTH INC 3901 N MERIDIAN ST, INDIANAPOLIS, IN 46208	35-1900516	501(C)3	48,779				PROGRAM AND/OR OPERATING SUPPORT
(294) MARTIN CENTER INC 3549 N COLLEGE AVE, INDIANAPOLIS, IN 46205	23-7058960	501(C)3	4,508				DONOR CHOICE
(295) MARTIN CENTER INC 3549 N COLLEGE AVE, INDIANAPOLIS, IN 46205	23-7058960	501(C)3	53,756				PROGRAM AND/OR OPERATING SUPPORT
(296) MARTIN LUTHER KING MULTI-SERVICE CENTER INDIANAPOLIS INC 40 W 40TH ST, INDIANAPOLIS, IN 46208	23-7415846	501(C)3	19,756				DONOR CHOICE
(297) MARTIN LUTHER KING MULTI-SERVICE CENTER INDIANAPOLIS INC 40 W 40TH ST, INDIANAPOLIS, IN 46208	23-7415846	501(C)3	1,448,774				PROGRAM AND/OR OPERATING SUPPORT
(298) MARY RIGG NEIGHBORHOOD CENTER 1920 W MORRIS ST, INDIANAPOLIS, IN 46221	35-0868954	501(C)3	28,003				DONOR CHOICE
(299) MARY RIGG NEIGHBORHOOD CENTER 1920 W MORRIS ST, INDIANAPOLIS, IN 46221	35-0868954	501(C)3	388,923				PROGRAM AND/OR OPERATING SUPPORT
(300) MCCORMICK CENTER FOR EARLY CHILDHOOD LEADERSHIP 1000 CAPITOL DR, WHEELING, IL 60090	36-2167804	501(C)3	6,606				PROGRAM AND/OR OPERATING SUPPORT
(301) MEALS ON WHEELS OF HANCOCK COUNTY 630 N STATE ST, GREENFIELD, IN 46140	35-2117913	501(C)3	5,585				DONOR CHOICE
(302) MEALS ON WHEELS OF HENDRICKS COUNTY PO BOX 409, DANVILLE, IN 46122	35-1789107	501(C)3	10,000				PROGRAM AND/OR OPERATING SUPPORT

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(303) MEALS ON WHEELS, INC PO BOX 40969, INDIANAPOLIS, IN 46240	35-1182075	501(C)3	16,176				DONOR CHOICE
(304) MEALS ON WHEELS, INC PO BOX 40969, INDIANAPOLIS, IN 46240	35-1182075	501(C)3	30,000				PROGRAM AND/OR OPERATING SUPPORT
(305) MENTAL HEALTH AMERICA OF BOONE COUNTY 1122 N LEBANON ST STE A, LEBANON, IN 46052	35-1078402	501(C)3	150				DONOR CHOICE
(306) MENTAL HEALTH AMERICA OF BOONE COUNTY 1122 N LEBANON ST STE A, LEBANON, IN 46052	35-1078402	501(C)3	44,500				PROGRAM AND/OR OPERATING SUPPORT
(307) MENTAL HEALTH AMERICA OF HENDRICKS COUNTY 75 QUEENSWAY DR, AVON, IN 46123	23-7038692	501(C)3	15,481				PROGRAM AND/OR OPERATING SUPPORT
(308) MENTAL HEALTH PARTNERS OF HANCOCK COUNTY 312 E MAIN ST STE E, GREENFIELD, IN 46140	35-6071251	501(C)3	18,000				PROGRAM AND/OR OPERATING SUPPORT
(309) MEPHIBOSHETH MINISTRIES, INC 1715 STRINGTOWN PIKE, CICERO, IN 46034	35-2135547	501(C)3	5,200				DONOR CHOICE
(310) METRO UNITED WAY, INC 334 EAST BROADWAY, LOUISVILLE, KY 40202	61-0444680	501(C)3	7,296				DONOR CHOICE
(311) METROPOLITAN INDIANAPOLIS PUBLIC BROADCASTING INC 1630 N MERIDIAN ST, INDIANAPOLIS, IN 46202	35-1147600	501(C)3	4,772				DONOR CHOICE
(312) METROPOLITAN INDIANAPOLIS PUBLIC BROADCASTING INC 1630 N MERIDIAN ST, INDIANAPOLIS, IN 46202	35-1147600	501(C)3	4,392				PROGRAM AND/OR OPERATING SUPPORT
(313) METROPOLITAN SCHOOL DISTRICT OF DECATUR TOWNSHIP 5275 KENTUCKY AVE, INDIANAPOLIS, IN 46221	35-1097820	SECTION 115	11,075				PROGRAM AND/OR OPERATING SUPPORT
(314) MIDWEST FOOD BANK NFP 6450 S BELMONT AVE, INDIANAPOLIS, IN 46217	41-2120170	501(C)3	7,275				DONOR CHOICE
(315) MIDWEST FOOD BANK NFP 6450 S BELMONT AVE, INDIANAPOLIS, IN 46217	41-2120170	501(C)3	0				PROGRAM AND/OR OPERATING SUPPORT
(316) MILE HIGH UNITED WAY, INC 711 PARK AVE W, DENVER, CO 80205	84-0404235	501(C)3	12,016				DONOR CHOICE
(317) MILLER MINISTRIES 7404 ROCKVILLE ROAD, INDIANAPOLIS, IN 46214	84-2522046	501(C)3	11,053				PROGRAM AND/OR OPERATING SUPPORT
(318) MINORITY ENGINEERING PROGRAM OF INDIANAPOLIS 8909 PURDUE RD STE 130, INDIANAPOLIS, IN 46268	35-1929560	501(C)3	21,200				DONOR CHOICE
(319) MISERICORDIA HOME 6300 N RIDGE AVE, CHICAGO, IL 60660	36-2170153	501(C)3	10,000				DONOR CHOICE

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(320) MORGAN COUNTY HUMANE SOCIETY 690 W MITCHELL AVE, MARTINSVILLE, IN 46151	23-7092698	501(C)3	5,205				DONOR CHOICE
(321) MORNING DOVE THERAPEUTIC RIDING INC 7444 W 96TH ST, PO BOX 721, ZIONSVILLE, IN 46077	35-2056736	501(C)3	100				DONOR CHOICE
(322) MORNING DOVE THERAPEUTIC RIDING INC 7444 W 96TH ST, PO BOX 721, ZIONSVILLE, IN 46077	35-2056736	501(C)3	20,000				PROGRAM AND/OR OPERATING SUPPORT
(323) MT VERNON EDUCATION FOUNDATION 1806 W SR 234, FORTVILLE, IN 46040	26-0893588	501(C)3	22,000				PROGRAM AND/OR OPERATING SUPPORT
(324) MT ZION APOSTOLIC CHURCH INC 4900 E 38TH ST, INDIANAPOLIS, IN 46218	23-7438282	501(C)3	12,389				PROGRAM AND/OR OPERATING SUPPORT
(325) MT ZION DAY CARE CENTER 3549 BOULEVARD PL, INDIANAPOLIS, IN 46208	35-1765002	501(C)3	8,697				PROGRAM AND/OR OPERATING SUPPORT
(326) MT. CARMEL COMMUNITY ACADEMY (DAYCARE) 9610 E. 42ND STREET, INDIANAPOLIS, IN 46235	32-0110716		35,063				PROGRAM AND/OR OPERATING SUPPORT
(327) MUNCIE BOYS AND GIRLS CLUB INC PO BOX 820, MUNCIE, IN 47308-0820	35-0869060	501(C)3	5,160				DONOR CHOICE
(328) NEIGHBORHOOD CHRISTIAN LEGAL CLINIC 3333 N MERIDIAN ST STE 201, INDIANAPOLIS, IN 46208	35-1916572	501(C)3	12,049				DONOR CHOICE
(329) NEIGHBORHOOD CHRISTIAN LEGAL CLINIC 3333 N MERIDIAN ST STE 201, INDIANAPOLIS, IN 46208	35-1916572	501(C)3	144,019				PROGRAM AND/OR OPERATING SUPPORT
(330) NEW BEGINNINGS 2132 W MICHIGAN ST, INDIANAPOLIS, IN 46222	90-0936324	501(C)3	1,580				DONOR CHOICE
(331) NEW BEGINNINGS 2132 W MICHIGAN ST, INDIANAPOLIS, IN 46222	90-0936324	501(C)3	5,500				PROGRAM AND/OR OPERATING SUPPORT
(332) NEW DIRECTION CHRISTIAN CHURCH (LITTLE DUCKLING DAYCARE) 5330 E 38TH ST, INDIANAPOLIS, IN 46218	35-1754899	501(C)3	9,312				PROGRAM AND/OR OPERATING SUPPORT
(333) NOBLE 7701 E 21ST ST, INDIANAPOLIS, IN 46219	35-0924720	501(C)3	58,847				DONOR CHOICE
(334) NOBLE 7701 E 21ST ST, INDIANAPOLIS, IN 46219	35-0924720	501(C)3	514,271				PROGRAM AND/OR OPERATING SUPPORT
(335) NOBLESVILLE SCHOOLS EDUCATION FOUNDATION INC PO BOX 724, NOBLESVILLE, IN 46061	35-1714053	501(C)3	880				DONOR CHOICE
(336) NOBLESVILLE SCHOOLS EDUCATION FOUNDATION INC PO BOX 724, NOBLESVILLE, IN 46061	35-1714053	501(C)3	70,000				PROGRAM AND/OR OPERATING SUPPORT

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(337) NOBLESVILLE YOUTH ASSISTANCE INC 17225 KRAFT CT, NOBLESVILLE, IN 46060-2250	46-1165675	501(C)3	90,000				PROGRAM AND/OR OPERATING SUPPORT
(338) OAKS ACADEMY, THE 1301 E 16TH ST, INDIANAPOLIS, IN 46202	35-2050595	501(C)3	5,260				DONOR CHOICE
(339) OAKS ACADEMY, THE 1301 E 16TH ST, INDIANAPOLIS, IN 46202	35-2050595	501(C)3	15,000				PROGRAM AND/OR OPERATING SUPPORT
(340) O'CONNOR HOUSE, THE PO BOX 1061, CARMEL, IN 46082-1061	20-5533460	501(C)3	6,260				DONOR CHOICE
(341) OLD UNION CHRISTIAN CHURCH OF JAMESTOWN 5681 SOUTH 500 WEST, JAMESTOWN, IN 46147	38-4020564	501(C)3	20,750				PROGRAM AND/OR OPERATING SUPPORT
(342) ORCHARD SCHOOL FOUNDATION, THE 615 W 64TH ST, INDIANAPOLIS, IN 46260	35-0909975	501(C)3	5,475				DONOR CHOICE
(343) OUTREACH OF INDIANAPOLIS 2416 E NEW YORK ST, INDIANAPOLIS, IN 46201	35-1989358	501(C)3	4,220				DONOR CHOICE
(344) OUTREACH OF INDIANAPOLIS 2416 E NEW YORK ST, INDIANAPOLIS, IN 46201	35-1989358	501(C)3	1,666				PROGRAM AND/OR OPERATING SUPPORT
(345) PARAMOUNT SCHOOL OF EXCELLENCE 3020 NOWLAND AVE, INDIANAPOLIS, IN 46201	26-3890401	501(C)3	14,556				PROGRAM AND/OR OPERATING SUPPORT
(346) PARTNERS IN HOUSING DEVELOPMENT CORP. 725 N PENNSYLVANIA STREET, INDIANAPOLIS, IN 46204	35-1917637	501(C)3	7,800				DONOR CHOICE
(347) PATACHOU FOUNDATION 4565 MARCY LN, INDIANAPOLIS, IN 46205	46-2741705	501(C)3	1,000				DONOR CHOICE
(348) PATACHOU FOUNDATION 4565 MARCY LN, INDIANAPOLIS, IN 46205	46-2741705	501(C)3	50,000				PROGRAM AND/OR OPERATING SUPPORT
(349) PEACE LEARNING CENTER 6040 DELONG RD, INDIANAPOLIS, IN 46254	35-2067284	501(C)3	900				DONOR CHOICE
(350) PEACE LEARNING CENTER 6040 DELONG RD, INDIANAPOLIS, IN 46254	35-2067284	501(C)3	4,643				PROGRAM AND/OR OPERATING SUPPORT
(351) PENN HILLEL 215 S 39TH ST, PHILADELPHIA, PA 19104	23-1365179	501(C)3	5,001				DONOR CHOICE
(352) PHALEN LEADERSHIP ACADEMY - IN 3920 BAKER DR, INDIANAPOLIS, IN 46235	36-4729586	501(C)3	20,000				PROGRAM AND/OR OPERATING SUPPORT
(353) PLAINFIELD COMMUNITY SCHOOLS LEGACY FOUNDATION INC 985 S LONGFELLOW LANE, PLAINFIELD, IN 46168	45-3365041	501(C)3	200				DONOR CHOICE
(354) PLAINFIELD COMMUNITY SCHOOLS LEGACY FOUNDATION INC 985 S LONGFELLOW LANE, PLAINFIELD, IN 46168	45-3365041	501(C)3	45,000				PROGRAM AND/OR OPERATING SUPPORT

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(355) PLANNED PARENTHOOD OF INDIANA AND KENTUCKY INC PO BOX 397, INDIANAPOLIS, IN 46206-0397	35-0874276	501(C)3	39,962				DONOR CHOICE
(356) PRESBYTERIAN NIGHT SHELTER OF TARRANT COUNTY PO BOX 2645, FORT WORTH, TX 76113	75-1985591	501(C)3	7,500				DONOR CHOICE
(357) PREVAIL INC 1100 S 9TH ST STE 100, NOBLESVILLE, IN 46060	35-1681864	501(C)3	2,746				DONOR CHOICE
(358) PREVAIL INC 1100 S 9TH ST STE 100, NOBLESVILLE, IN 46060	35-1681864	501(C)3	125,000				PROGRAM AND/OR OPERATING SUPPORT
(359) PRIMELIFE ENRICHMENT INC 1078 THIRD AVE SW, CARMEL, IN 46032	35-1411017	501(C)3	240				DONOR CHOICE
(360) PRIMELIFE ENRICHMENT INC 1078 THIRD AVE SW, CARMEL, IN 46032	35-1411017	501(C)3	118,002				PROGRAM AND/OR OPERATING SUPPORT
(361) PROVIDENCE CRISTO REY HIGH SCHOOL 75 N BELLEVIEW PL, INDIANAPOLIS, IN 46222	20-3585867	501(C)3	1,120				DONOR CHOICE
(362) PROVIDENCE CRISTO REY HIGH SCHOOL 75 N BELLEVIEW PL, INDIANAPOLIS, IN 46222	20-3585867	501(C)3	3,936				PROGRAM AND/OR OPERATING SUPPORT
(363) PUBLIC ADVOCATES IN COMMUNITY RE-ENTRY (DBA PACE INC) 2855 N KEYSTONE AVE STE 170, INDIANAPOLIS, IN 46218	35-1062235	501(C)3	8,571				DONOR CHOICE
(364) PUBLIC ADVOCATES IN COMMUNITY RE-ENTRY (DBA PACE INC) 2855 N KEYSTONE AVE STE 170, INDIANAPOLIS, IN 46218	35-1062235	501(C)3	334,043				PROGRAM AND/OR OPERATING SUPPORT
(365) PURDUE UNIVERSITY C/O PURDUE UNIVERSITY, WEST LAFAYETTE, IN 47907	35-6002041	501(C)3	5,125				DONOR CHOICE
(366) PURDUE UNIVERSITY C/O PURDUE UNIVERSITY, WEST LAFAYETTE, IN 47907	35-6002041	501(C)3	2,503				PROGRAM AND/OR OPERATING SUPPORT
(367) REACH OF HAYWOOD COUNTY INC P O BOX 206, WAYNESVILLE, NC 28786	58-1647862	501(C)3	5,760				DONOR CHOICE
(368) REFUGE INC, THE 65 AIRPORT PKWY STE 114, GREENWOOD, IN 46143	26-3072986	501(C)3	6,010				DONOR CHOICE
(369) RILEY CHILDREN'S FOUNDATION 30 S MERIDIAN ST STE 200, INDIANAPOLIS, IN 46204-3509	35-0868147	501(C)3	65,567				DONOR CHOICE
(370) RONALD MCDONALD HOUSE CHARITIES OF CENTRAL INDIANA 435 LIMESTONE ST, INDIANAPOLIS, IN 46202	35-1497202	501(C)3	6,663				DONOR CHOICE

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(371) RONALD MCDONALD HOUSE CHARITIES OF CENTRAL INDIANA 435 LIMESTONE ST, INDIANAPOLIS, IN 46202	35-1497202	501(C)3	5,000				PROGRAM AND/OR OPERATING SUPPORT
(372) RONCALLI HIGH SCHOOL 3300 PRAGUE RD, INDIANAPOLIS, IN 46227	35-1153685	501(C)3	8,108				DONOR CHOICE
(373) ROOTED SCHOOL, INC. 5750 E 30TH ST, INDIANAPOLIS, IN 46218	83-3795565	501(C)3	54,612				PROGRAM AND/OR OPERATING SUPPORT
(374) ROSIES TINY TOTS MINISTRY INC 3764 N LELAND AVE, INDIANAPOLIS, IN 46218	35-2135367	501(C)3	250				DONOR CHOICE
(375) ROSIES TINY TOTS MINISTRY INC 3764 N LELAND AVE, INDIANAPOLIS, IN 46218	35-2135367	501(C)3	7,710				PROGRAM AND/OR OPERATING SUPPORT
(376) SAINT LAWRENCE CATHOLIC CHURCH LAWRENCE INC 6944 E 46TH ST, INDIANAPOLIS, IN 46226	35-0919344	501(C)3	10,479				PROGRAM AND/OR OPERATING SUPPORT
(377) SALVATION ARMY 234 S 8TH ST, TERRE HAUTE, IN 47807	36-2167910	501(C)3	55,576				DONOR CHOICE
(378) SALVATION ARMY 234 S 8TH ST, TERRE HAUTE, IN 47807	36-2167910	501(C)3	627,048				PROGRAM AND/OR OPERATING SUPPORT
(379) SAN DIEGO RESCUE MISSION PO BOX 80427, SAN DIEGO, CA 92138	95-1874073	501(C)3	5,650				DONOR CHOICE
(380) SBC DEVELOPMENT CORP (PURPOSE OF LIFE ACADEMY) 3705 KESSLER BLVD N DR, INDIANAPOLIS, IN 46222	68-0558032	501(C)3	13,043				PROGRAM AND/OR OPERATING SUPPORT
(381) SCHOOL ON WHEELS CORP 2605 E 62ND ST STE 2005, INDIANAPOLIS, IN 46220	35-2151003	501(C)3	21,523				DONOR CHOICE
(382) SCHOOL ON WHEELS CORP 2605 E 62ND ST STE 2005, INDIANAPOLIS, IN 46220	35-2151003	501(C)3	137,907				PROGRAM AND/OR OPERATING SUPPORT
(383) SECOND HELPINGS 1121 SOUTHEASTERN AVE, INDIANAPOLIS, IN 46202	35-1484281	501(C)3	79,163				DONOR CHOICE
(384) SECOND HELPINGS 1121 SOUTHEASTERN AVE, INDIANAPOLIS, IN 46202	35-1484281	501(C)3	136,155				PROGRAM AND/OR OPERATING SUPPORT
(385) SECOND HELPINGS (SC) 4 NORTHRIDGE SUITE C, PO BOX 23621, HILTON HEAD ISLAND, SC 29925	57-0938469	501(C)3	153				DONOR CHOICE
(386) SECOND HELPINGS (SC) 4 NORTHRIDGE SUITE C, PO BOX 23621, HILTON HEAD ISLAND, SC 29925	57-0938469	501(C)3	210,000				PROGRAM AND/OR OPERATING SUPPORT
(387) SEEDS OF HOPE INC 1425 S MICKLEY AVE, INDIANAPOLIS, IN 46241	35-2086855	501(C)3	4,225				DONOR CHOICE
(388) SEEDS OF HOPE INC 1425 S MICKLEY AVE, INDIANAPOLIS, IN 46241	35-2086855	501(C)3	3,479				PROGRAM AND/OR OPERATING SUPPORT

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(389) SHELBY COUNTY UNITED FUND 126 N HARRISON ST, SHELBYVILLE, IN 46176	35-0953458	501(C)3	9,943				DONOR CHOICE
(390) SHELTERING WINGS CENTER FOR WOMEN INC PO BOX 92, DANVILLE, IN 46122-0092	35-2077713	501(C)3	31,710				DONOR CHOICE
(391) SHELTERING WINGS CENTER FOR WOMEN INC PO BOX 92, DANVILLE, IN 46122-0092	35-2077713	501(C)3	254,066				PROGRAM AND/OR OPERATING SUPPORT
(392) SHEPHERD COMMUNITY INC 4107 E WASHINGTON ST, INDIANAPOLIS, IN 46201	35-1765846	501(C)3	124,693				DONOR CHOICE
(393) SHEPHERD COMMUNITY INC 4107 E WASHINGTON ST, INDIANAPOLIS, IN 46201	35-1765846	501(C)3	209,070				PROGRAM AND/OR OPERATING SUPPORT
(394) SHEPHERD'S CENTER OF HAMILTON COUNTY 1250 CONNER ST, NOBLESVILLE, IN 46060	31-1131854	501(C)3	215,000				PROGRAM AND/OR OPERATING SUPPORT
(395) SHERIDAN YOUTH ASSISTANCE 24185 HINESLEY RD, SHERIDAN, IN 46069	47-5310121	501(C)3	20,000				PROGRAM AND/OR OPERATING SUPPORT
(396) SOCIAL HEALTH ASSOCIATION (DBA LIFESMART YOUTH) 615 N ALABAMA ST STE 228, INDIANAPOLIS, IN 46204	35-0869056	501(C)3	1,660				DONOR CHOICE
(397) SOCIAL HEALTH ASSOCIATION (DBA LIFESMART YOUTH) 615 N ALABAMA ST STE 228, INDIANAPOLIS, IN 46204	35-0869056	501(C)3	31,438				PROGRAM AND/OR OPERATING SUPPORT
(398) SOCIAL LEGENDS 601 W FRY RD, GOSPORT, IN 47433	26-4073368	501(C)3	60,625				PROGRAM AND/OR OPERATING SUPPORT
(399) SOCIETY OF ST. VINCENT DE PAUL 3001 E 30TH ST, INDIANAPOLIS, IN 46218	37-1507632	501(C)3	9,706				DONOR CHOICE
(400) SOUTHEAST COMMUNITY SERVICES INC 901 SHELBY ST, INDIANAPOLIS, IN 46203	35-1318068	501(C)3	2,597				DONOR CHOICE
(401) SOUTHEAST COMMUNITY SERVICES INC 901 SHELBY ST, INDIANAPOLIS, IN 46203	35-1318068	501(C)3	775,364				PROGRAM AND/OR OPERATING SUPPORT
(402) SOUTHERN HANCOCK EDUCATION FOUNDATION PO BOX 711, NEW PALESTINE, IN 46163	27-3670205	501(C)3	22,000				PROGRAM AND/OR OPERATING SUPPORT
(403) SOUTHSIDE YOUTH COUNCIL INC (DBA REACH FOR YOUTH) REACH FOR YOUTH, 3505 N WASHINGTON BLVD, INDIANAPOLIS, IN 46205	23-7456842	501(C)3	1,735				DONOR CHOICE
(404) SOUTHSIDE YOUTH COUNCIL INC (DBA REACH FOR YOUTH) REACH FOR YOUTH, 3505 N WASHINGTON BLVD, INDIANAPOLIS, IN 46205	23-7456842	501(C)3	230,744				PROGRAM AND/OR OPERATING SUPPORT

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(405) SS PETER AND PAUL CATHEDRAL INDIANAPOLIS, INC CATHEDRAL SOUP KITCHEN & FOOD PANTRY, 1347 N MERIDIAN ST, INDIANAPOLIS, IN 46202	35-0868029	501(C)3	20,010				DONOR CHOICE
(406) ST BARNABAS CATHOLIC CHURCH INDIANAPOLIS INC 8300 RAHKE RD, INDIANAPOLIS, IN 46217	35-1113504	501(C)3	500				DONOR CHOICE
(407) ST BARNABAS CATHOLIC CHURCH INDIANAPOLIS INC 8300 RAHKE RD, INDIANAPOLIS, IN 46217	35-1113504	501(C)3	4,987				PROGRAM AND/OR OPERATING SUPPORT
(408) ST JOAN OF ARC CATHOLIC CHURCH INDIANAPOLIS INC 4217 CENTRAL AVE, INDIANAPOLIS, IN 46205	35-0901290	501(C)3	1,000				DONOR CHOICE
(409) ST JOAN OF ARC CATHOLIC CHURCH INDIANAPOLIS INC 4217 CENTRAL AVE, INDIANAPOLIS, IN 46205	35-0901290	501(C)3	5,000				PROGRAM AND/OR OPERATING SUPPORT
(410) ST MARIA GORETTI PARISH DIRECTOR OF ADMINISTRATION 17102 SPRING MILL RD, WESTFIELD, IN 46074	35-1950891	501(C)3	5,560				DONOR CHOICE
(411) ST VINCENT DE PAUL VILLAGE INCE (DBA FATHER JOE'S VILLAGES) 3350 E ST, SAN DIEGO, CA 92102-3332	33-0492302	501(C)3	17,200				DONOR CHOICE
(412) ST. JUDE CHILDRENS RESEARCH HOSPITAL - TN 501 ST JUDE PL, MEMPHIS, TN 38105	62-0646012	501(C)3	9,754				DONOR CHOICE
(413) ST. MARY'S CHILD CENTER INC 901 DR MARTIN LUTHER KING JR ST, INDIANAPOLIS, IN 46202	35-1141484	501(C)3	111,274				DONOR CHOICE
(414) ST. MARY'S CHILD CENTER INC 901 DR MARTIN LUTHER KING JR ST, INDIANAPOLIS, IN 46202	35-1141484	501(C)3	346,508				PROGRAM AND/OR OPERATING SUPPORT
(415) STARFISH INITIATIVE 2955 N MERIDIAN ST STE 101, INDIANAPOLIS, IN 46208	56-2442758	501(C)3	43,522				DONOR CHOICE
(416) STARFISH INITIATIVE 2955 N MERIDIAN ST STE 101, INDIANAPOLIS, IN 46208	56-2442758	501(C)3	134,640				PROGRAM AND/OR OPERATING SUPPORT
(417) STEM CONNECTION 8407 MOORE RD, INDIANAPOLIS, IN 46278	46-5647562	501(C)3	7,790				DONOR CHOICE
(418) STEM CONNECTION 8407 MOORE RD, INDIANAPOLIS, IN 46278	46-5647562	501(C)3	1,003				PROGRAM AND/OR OPERATING SUPPORT
(419) STONE BELT ARC, INC 2815 E 10TH ST, BLOOMINGTON, IN 47408	35-1059827	501(C)3	8,000				DONOR CHOICE
(420) SYCAMORE SCHOOL 1750 W 64TH ST, INDIANAPOLIS, IN 46260	35-1627876	501(C)3	1,320				DONOR CHOICE
(421) SYCAMORE SCHOOL 1750 W 64TH ST, INDIANAPOLIS, IN 46260	35-1627876	501(C)3	4,978				PROGRAM AND/OR OPERATING SUPPORT

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(422) SYCAMORE SERVICES INC PO BOX 369, DANVILLE, IN 46122	35-1064235	501(C)3	2,631				DONOR CHOICE
(423) SYCAMORE SERVICES INC PO BOX 369, DANVILLE, IN 46122	35-1064235	501(C)3	295,042				PROGRAM AND/OR OPERATING SUPPORT
(424) TANGRAM 5155 PENNWOOD DR, INDIANAPOLIS, IN 46205	35-1661813	501(C)3	922				DONOR CHOICE
(425) TANGRAM 5155 PENNWOOD DR, INDIANAPOLIS, IN 46205	35-1661813	501(C)3	149,945				PROGRAM AND/OR OPERATING SUPPORT
(426) TMP ENTERPRISES INC (DBA JOY'S HOUSE) 2028 E BROAD RIPPLE AVE, INDIANAPOLIS, IN 46220	35-2083290	501(C)3	5,516				DONOR CHOICE
(427) TMP ENTERPRISES INC (DBA JOY'S HOUSE) 2028 E BROAD RIPPLE AVE, INDIANAPOLIS, IN 46220	35-2083290	501(C)3	2,054				PROGRAM AND/OR OPERATING SUPPORT
(428) TRIDENT UNITED WAY 6296 RIVERS AVE, NORTH CHARLESTON, SC 29406	57-0314378	501(C)3	12,912				DONOR CHOICE
(429) TRINITY HAVEN INC 3561 N PENNSYLVANIA ST, INDIANAPOLIS, IN 46205	82-5358554	501(C)3	8,344				DONOR CHOICE
(430) UNITED WAY FOR CLINTON COUNTY INC 800 MONROE ST, FLORA, IN 46929	35-0996128	501(C)3	6,092				DONOR CHOICE
(431) UNITED WAY FOR GREATER AUSTIN 2000 E MARTIN LUTHER KING JR BLVD, AUSTIN, TX 78702	74-1193439	501(C)3	7,249				DONOR CHOICE
(432) UNITED WAY FOR SOUTHEASTERN MICHIGAN 660 WOODWARD AVE STE 300, DETROIT, MI 48226	20-3099071	501(C)3	5,937				DONOR CHOICE
(433) UNITED WAY FOX CITIES INC 1455 MIDWAY RD, MENASHA, WI 54952	39-0912895	501(C)3	11,673				DONOR CHOICE
(434) UNITED WAY OF ALLEN COUNTY, INC 334 E BERRY ST, FORT WAYNE, IN 46802	35-0867932	501(C)3	18,133				DONOR CHOICE
(435) UNITED WAY OF CENTRAL ALABAMA PO BOX 320189, BIRMINGHAM, AL 35232-0189	63-0288846	501(C)3	9,532				DONOR CHOICE
(436) UNITED WAY OF CENTRAL IOWA 1111 NINTH ST STE 100, DES MOINES, IA 50314-2527	42-0680425	501(C)3	15,209				DONOR CHOICE
(437) UNITED WAY OF CENTRAL MARYLAND 1800 MONTGOMERY BLVD SUITE 340, BALTIMORE, MD 21230	52-0591543	501(C)3	7,254				DONOR CHOICE
(438) UNITED WAY OF CENTRAL OHIO 395 E BROAD ST STE 320, COLUMBUS, OH 43215-3844	31-4393712	501(C)3	8,983				DONOR CHOICE

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(439) UNITED WAY OF COLLIER AND THE KEYS 9015 STRADA STELL CT STE 204, NAPLES, FL 34109	59-1026096	501(C)3	8,526				DONOR CHOICE
(440) UNITED WAY OF DELAWARE 625 N ORANGE ST, WILMINGTON, DE 19801-2247	51-0073399	501(C)3	10,536				DONOR CHOICE
(441) UNITED WAY OF DELAWARE COUNTY PO BOX 319, DELAWARE, OH 43015-0319	31-4423899	501(C)3	7,052				DONOR CHOICE
(442) UNITED WAY OF DELAWARE, HENRY AND RANDOLPH COUNTIES PO BOX 968, MUNCIE, IN 47308	35-0996148	501(C)3	41,783				DONOR CHOICE
(443) UNITED WAY OF GREATER ATLANTA INC 40 COURTLAND STREET NE, SUITE 300, ATLANTA, GA 30303	58-0566194	501(C)3	18,569				DONOR CHOICE
(444) UNITED WAY OF GREATER CINCINNATI 2400 READING RD, CINCINNATI, OH 45202-1478	31-0537502	501(C)3	9,647				DONOR CHOICE
(445) UNITED WAY OF GREATER HOUSTON PO BOX 3247, HOUSTON, TX 77253-3247	74-1167964	501(C)3	9,843				DONOR CHOICE
(446) UNITED WAY OF GREATER KANSAS CITY 801 W 47TH ST STE 500, KANSAS CITY, MO 64112-1239	44-0545812	501(C)3	10,754				DONOR CHOICE
(447) UNITED WAY OF GREATER LAFAYETTE & TIPPECANOE COUNTY 1114 E STATE ST, LAFAYETTE, IN 47905	35-0891621	501(C)3	96,960				DONOR CHOICE
(448) UNITED WAY OF GREATER LOS ANGELES 1150 S OLIVE ST T500, LOS ANGELES, CA 90015	95-2274801	501(C)3	5,231				DONOR CHOICE
(449) UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY BOX 88110, MILWAUKEE, WI 53288-0110	39-0806190	501(C)3	24,518				DONOR CHOICE
(450) UNITED WAY OF GREATER NASHVILLE 250 VENTURE CIR, NASHVILLE, TN 37228-1604	62-0533104	501(C)3	7,848				DONOR CHOICE
(451) UNITED WAY OF GREATER PHILADELPHIA AND SOUTHERN NEW JERSEY 1709 BENJAMIN FRANKLIN PKWY, PHILADELPHIA, PA 19103	23-1556045	501(C)3	34,444				DONOR CHOICE
(452) UNITED WAY OF GREATER PORTLAND 550 FOREST AVENUE STE 100, PORTLAND, ME 04101	01-0241767	501(C)3	12,846				DONOR CHOICE
(453) UNITED WAY OF GREATER ST. LOUIS, INC 910 N 11TH ST, ST LOUIS, MO 63101	43-0714167	501(C)3	15,484				DONOR CHOICE
(454) UNITED WAY OF GREATER TOLEDO 424 JACKSON ST, TOLEDO, OH 43604	34-4427947	501(C)3	5,454				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
(455) UNITED WAY OF HAYWOOD COUNTY PO BOX 1139, WAYNESVILLE, NC 28786	23-7112548	501(C)3	5,760				DONOR CHOICE
(456) UNITED WAY OF HOWARD COUNTY INC 210 W WALNUT ST, KOKOMO, IN 46901	35-0877579	501(C)3	8,810				DONOR CHOICE
(457) UNITED WAY OF INDIAN RIVER COUNTY INC PO BOX 1960, VERO BEACH, FL 32961	59-1087090	501(C)3	6,525				DONOR CHOICE
(458) UNITED WAY OF JOHNSON COUNTY INC 594 IRONWOOD DR, FRANKLIN, IN 46131	35-1082600	501(C)3	344,769				DONOR CHOICE
(459) UNITED WAY OF KING COUNTY 720 2ND AVE, SEATTLE, WA 98104-1702	91-0565555	501(C)3	18,535				DONOR CHOICE
(460) UNITED WAY OF LEE, HENDRY, GLADES AND OKEECHOBEE COUNTIES 7273 CONCOURSE DR, FORT MYERS, FL 33908-2644	59-1005169	501(C)3	25,121				DONOR CHOICE
(461) UNITED WAY OF MADISON COUNTY INDIANA INC PO BOX 1200, ANDERSON, IN 46015	35-1052350	501(C)3	19,368				DONOR CHOICE
(462) UNITED WAY OF MASSACHUSETTS BAY AND MERRIMACK VALLEY 112 CORPORATE DR UNIT 3, PORTSMOUTH, NH 03801	04-2382233	501(C)3	27,589				DONOR CHOICE
(463) UNITED WAY OF METROPOLITAN CHICAGO 75 REMITTANCE DR STE 5828, CHICAGO, IL 60675	30-0200478	501(C)3	64,176				DONOR CHOICE
(464) UNITED WAY OF METROPOLITAN DALLAS, INC 1800 N LAMAR, DALLAS, TX 75202	75-6005352	501(C)3	12,379				DONOR CHOICE
(465) UNITED WAY OF MIAMI-DADE INC 3250 SW THIRD AVE, MIAMI, FL 33129-2712	59-0830840	501(C)3	31,427				DONOR CHOICE
(466) UNITED WAY OF MONROE COUNTY INC 431 S COLLEGE AVE, BLOOMINGTON, IN 47403	35-0985959	501(C)3	41,929				DONOR CHOICE
(467) UNITED WAY OF NEW YORK CITY 205 E 42ND ST, NEW YORK, NY 10017	13-2617681	501(C)3	12,886				DONOR CHOICE
(468) UNITED WAY OF NORTHERN NEW JERSEY 222 RIDGEDALE AVE 3RD FL, CEDAR KNOLLS, NJ 07927	22-1487247	501(C)3	6,989				DONOR CHOICE
(469) UNITED WAY OF PUTNAM COUNTY INC 2955 N MERIDIAN ST, STE 300, INDIANAPOLIS, IN 46208	35-6074100	501(C)3	11,486				DONOR CHOICE
(470) UNITED WAY OF SAN DIEGO COUNTY 4699 MURPHY CANYON RD, SAN DIEGO, CA 92123	95-2213995	501(C)3	49,334				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
(471) UNITED WAY OF SANTA CRUZ COUNTY 4450 CAPITOLA RD STE 106, CAPITOLA, CA 95010	94-1422471	501(C)3	6,000				DONOR CHOICE
(472) UNITED WAY OF SIOUXLAND 701 STEUBEN ST, SIOUX CITY, IA 51101	42-0680395	501(C)3	8,981				DONOR CHOICE
(473) UNITED WAY OF SOUTH SARASOTA COUNTY 157 HAVANA RD, VENICE, FL 34292	59-1100846	501(C)3	17,350				DONOR CHOICE
(474) UNITED WAY OF SOUTHWEST COLORADO PO BOX 3040, DURANGO, CO 81302-3040	23-7113221	501(C)3	20,400				DONOR CHOICE
(475) UNITED WAY OF SOUTHWESTERN INDIANA INC 318 MAIN ST STE 504, EVANSVILLE, IN 47708	35-0868069	501(C)3	70,242				DONOR CHOICE
(476) UNITED WAY OF SOUTHWESTERN PENNSYLVANIA 1011 OLD SALEM RD STE 101, GREENSBURG, PA 15601-1034	25-1043578	501(C)3	5,099				DONOR CHOICE
(477) UNITED WAY OF SUMMIT COUNTY C/O UNITED WAY OF SUMMIT COUNTY-OH, 90 N PROSPECT ST, AKRON, OH 44304	34-1169257	501(C)3	9,882				DONOR CHOICE
(478) UNITED WAY OF TARRANT COUNTY 1500 NORTH MAIN ST STE 200, FORT WORTH, TX 76164-0448	75-0858360	501(C)3	11,449				DONOR CHOICE
(479) UNITED WAY OF THE BATTLE CREEK AND KALAMAZOO REGION 709 S WESTNEDGE AVE, KALAMAZOO, MI 49007	38-1359193	501(C)3	11,310				DONOR CHOICE
(480) UNITED WAY OF THE BAY AREA 550 KEARNEY ST STE 1000, SAN FRANCISCO, CA 94108-2524	94-1312348	501(C)3	13,352				DONOR CHOICE
(481) UNITED WAY OF THE BLUEGRASS 100 MIDLAND AVE STE 300, LEXINGTON, KY 40508	61-0444679	501(C)3	22,540				DONOR CHOICE
(482) UNITED WAY OF THE COLUMBIA-WILLAMETTE 619 SW 11TH AVE STE 300, PORTLAND, OR 97205-2646	93-0582124	501(C)3	14,972				DONOR CHOICE
(483) UNITED WAY OF THE GREATER DAYTON AREA 33 W 3RD ST STE 500, DAYTON, OH 45402	31-0536658	501(C)3	13,720				DONOR CHOICE
(484) UNITED WAY OF THE GREATER TRIANGLE, INC C/O TRIANGLE AREA UNITED WAY, MORRISVILLE, NC 27560	56-1949103	501(C)3	35,845				DONOR CHOICE
(485) UNITED WAY OF THE NATIONAL CAPITAL AREA 1577 SPRING HILL RD STE 420, VIENNA, VA 22182-2223	53-0234290	501(C)3	37,382				DONOR CHOICE
(486) UNITED WAY OF THE OUACHITAS 233 HOBSON AVE, HOT SPRINGS, AR 71913	71-0264296	501(C)3	5,700				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
(487) UNITED WAY OF THE WABASH VALLEY, INC 2901 OHIO BLVD STE 215, TERRE HAUTE, IN 47803-2239	35-1008531	501(C)3	42,606				DONOR CHOICE
(488) UNITED WAY OF TUCSON AND SOUTHERN ARIZONA 330 N COMMERCE PARK LOOP STE 200, TUCSON, AZ 85745	86-0098932	501(C)3	15,640				DONOR CHOICE
(489) UNITED WAY OF WASHINGTON COUNTY - EAST PO BOX 305, STILLWATER, MN 55082	41-0855267	501(C)3	10,000				DONOR CHOICE
(490) UNITED WAY OF WILLIAMSON COUNTY 209 GOTHIC CT STE 107, FRANKLIN, TN 37067	62-6049469	501(C)3	8,210				DONOR CHOICE
(491) UNITED WAY OF WILLIAMSON COUNTY PO BOX 708, ROUND ROCK, TX 78680	23-7396732	501(C)3	5,535				DONOR CHOICE
(492) UNITED WAY SUNCOAST INC 5201 W KENNEDY BLVD STE 600, TAMPA, FL 33609	59-3725701	501(C)3	31,455				DONOR CHOICE
(493) UNITED WAY WORLDWIDE 701 N FAIRFAX ST, ALEXANDRIA, VA 22314	13-1635294	501(C)3	204,410				DONOR CHOICE
(494) VALLEY OF THE SUN UNITED WAY 3200 E CAMELBACK RD STE 375, PHOENIX, AZ 85018	86-0104419	501(C)3	37,098				DONOR CHOICE
(495) VILLA MISSIONARY BAPTIST CHURCH OF INDIANAPOLIS INDIANA 2650 VILLA AVE, INDIANAPOLIS, IN 46203	35-1041618	501(C)3	11,959				PROGRAM AND/OR OPERATING SUPPORT
(496) VILLAGE OF MERICI INC 5707 LAWTON LOOP E DR BOX 22, INDIANAPOLIS, IN 46216	43-2104075	501(C)3	177				DONOR CHOICE
(497) VILLAGE OF MERICI INC 5707 LAWTON LOOP E DR BOX 22, INDIANAPOLIS, IN 46216	43-2104075	501(C)3	4,983				PROGRAM AND/OR OPERATING SUPPORT
(498) VILLAGES OF INDIANA, INC 3833 N MERIDIAN ST STE 101, INDIANAPOLIS, IN 46208	35-1708240	501(C)3	20,666				DONOR CHOICE
(499) VILLAGES OF INDIANA, INC 3833 N MERIDIAN ST STE 101, INDIANAPOLIS, IN 46208	35-1708240	501(C)3	337,282				PROGRAM AND/OR OPERATING SUPPORT
(500) VOLUNTEERS OF AMERICA OHIO & INDIANA 4181 EAST 56TH ST, SUITE 280, INDIANAPOLIS, IN 46240	34-0861121	501(C)3	6,345				DONOR CHOICE
(501) VOLUNTEERS OF AMERICA OHIO & INDIANA 4181 EAST 56TH ST, SUITE 280, INDIANAPOLIS, IN 46240	34-0861121	501(C)3	770,693				PROGRAM AND/OR OPERATING SUPPORT
(502) WATCH US FARM INC 9906 EAST 200 SOUTH, ZIONSVILLE, IN 46077	83-1407459	501(C)3	10,000				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
(503) WELLSRING CENTER 301 W HARRISON ST, MARTINSVILLE, IN 46151	31-1255091	501(C)3	135				DONOR CHOICE
(504) WELLSRING CENTER 301 W HARRISON ST, MARTINSVILLE, IN 46151	31-1255091	501(C)3	281,532				PROGRAM AND/OR OPERATING SUPPORT
(505) WESTFIELD WASHINGTON EDUCATION DEVELOPMENT FOUNDATION 1143 E 181ST ST, WESTFIELD, IN 46074	35-1709318	501(C)3	45,000				PROGRAM AND/OR OPERATING SUPPORT
(506) WESTMINSTER NEIGHBORHOOD SERVICES 2325 E NEW YORK ST, INDIANAPOLIS, IN 46201	46-3757511	501(C)3	10,606				PROGRAM AND/OR OPERATING SUPPORT
(507) WHEELER MISSION MINISTRIES 205 E NEW YORK ST, INDIANAPOLIS, IN 46204	35-0888771	501(C)3	89,947				DONOR CHOICE
(508) WHEELER MISSION MINISTRIES 205 E NEW YORK ST, INDIANAPOLIS, IN 46204	35-0888771	501(C)3	24,961				PROGRAM AND/OR OPERATING SUPPORT
(509) WINDROSE HEALTH NETWORK 14 TRAFALGER SQ, TRAFALGAR, IN 46181	35-2001054	501(C)3	10,000				PROGRAM AND/OR OPERATING SUPPORT
(510) WITHAM HEALTH SERVICES FOUNDATION 2705N LEBANON ST STE 115, LEBANON, IN 46052	31-1072162	501(C)3	40,000				PROGRAM AND/OR OPERATING SUPPORT
(511) WITHERSPOON PRESBYTERIAN CHURCH 5136 N. MICHIGAN ROAD, INDIANAPOLIS, IN 46228	35-0996126	501(C)3	13,371				PROGRAM AND/OR OPERATING SUPPORT
(512) WOMEN'S RESOURCE CENTER OF HANCOCK COUNTY 312 E MAIN ST STE F, GREENFIELD, IN 46140	46-4079714	501(C)3	15,000				PROGRAM AND/OR OPERATING SUPPORT
(513) YMCA OF GREATER INDIANAPOLIS 3908 MEADOWS DR, INDIANAPOLIS, IN 46205	35-0868211	501(C)3	56,945				DONOR CHOICE
(514) YMCA OF GREATER INDIANAPOLIS 3908 MEADOWS DR, INDIANAPOLIS, IN 46205	35-0868211	501(C)3	678,231				PROGRAM AND/OR OPERATING SUPPORT
(515) YOUTH CONNECTIONS 1195 N MORTON ST STE A, FRANKLIN, IN 46131	31-0900601	501(C)3	661				DONOR CHOICE
(516) YOUTH CONNECTIONS 1195 N MORTON ST STE A, FRANKLIN, IN 46131	31-0900601	501(C)3	22,700				PROGRAM AND/OR OPERATING SUPPORT
(517) YOUTH MENTORING INITIATIVE PO BOX 743, FISHERS, IN 46038	26-2543447	501(C)3	310				DONOR CHOICE
(518) YOUTH MENTORING INITIATIVE PO BOX 743, FISHERS, IN 46038	26-2543447	501(C)3	60,000				PROGRAM AND/OR OPERATING SUPPORT

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS.	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. ALL GRANTS ARE SUPPORTED BY CONTRACTUAL AGREEMENTS THAT OUTLINE THE EXPECTATIONS IN TERMS OF GRANT MANAGEMENT AND OUTCOMES.
SCHEDULE I, PART II, LINE 1 - VARIOUS ROWS	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.
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	100 BLACK MEN OF INDIANAPOLIS INC 1500 EAST MICHIGAN STREET ROOM 8, INDIANAPOLIS, IN 46201
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	100 BLACK MEN OF INDIANAPOLIS INC 1500 EAST MICHIGAN STREET ROOM 8, INDIANAPOLIS, IN 46201
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	AGAPE THERAPEUTIC RIDING CENTER 24970 MT PLEASANT RD, PO BOX 207, CICERO, IN 46034
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	ALLEGIANT PREP ACADEMY 3125 CONCORD CT. SUITE B, INDIANAPOLIS, IN 46222
SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	ALS ASSOCIATION, THE 7202 E 87TH ST STE 102, INDIANAPOLIS, IN 46256-1200
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	100 BLACK MEN OF INDIANAPOLIS INC: PROGRAM AND/OR OPERATING SUPPORT
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	A KID AGAIN INC: PROGRAM AND/OR OPERATING SUPPORT
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	ACADEMY FOR YOUNG ACHIEVERS LLC: PROGRAM AND/OR OPERATING SUPPORT
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	ALLEGIANT PREP ACADEMY: PROGRAM AND/OR OPERATING SUPPORT
SCHEDULE I, PART II, COLUMN H - PURPOSE OF GRANT OR ASSISTANCE	ALTERNATIVES INC: PROGRAM AND/OR OPERATING SUPPORT

**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

2020

Open to Public Inspection

Employer identification number

35-1007590

Part I Questions Regarding Compensation

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

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 ANN MURTLOW PRESIDENT & CEO	(i)	331,483	65,667	17,184	24,307	22,868	461,509	0
	(ii)	0	0	0	0	0	0	0
2 GINA MILLER CHIEF OPERATING OFFICER & CHIEF FINANCIAL OFFICER	(i)	218,174	28,363	1,152	(6,504)	23,156	264,341	0
	(ii)	0	0	0	0	0	0	0
3 JULIANNE BURNS JUMPIN CEO	(i)	174,400	0	9,684	20,425	13,833	218,342	0
	(ii)	0	0	0	0	0	0	0
4 GREGORY FENNIG CHIEF MARKETING, COMMUNICATIONS & COMMUNITY RELATIONS OFFICER	(i)	163,845	18,683	2,184	9,774	18,885	213,371	0
	(ii)	0	0	0	0	0	0	0
5 PENNY LEE CHIEF FUNDRAISING AND ENGAGEMENT OFFICER	(i)	151,768	23,100	1,152	5,642	15,772	197,434	0
	(ii)	0	0	0	0	0	0	0
6 SARA VANSLAMBROOK CHIEF IMPACT OFFICER	(i)	153,274	13,600	774	4,660	21,703	194,011	0
	(ii)	0	0	0	0	0	0	0
7 MECHELLE CALLEN CHIEF TALENT & CULTURE OFFICER	(i)	142,692	13,183	1,632	9,837	22,702	190,046	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

2020

**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	✓	80	1,150,289	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 or 990-EZ)**

Department of Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

2020

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 A COMPREHENSIVE TOOLKIT THAT INCLUDES ADVOCATING FOR PUBLIC POLICIES THAT SUPPORT OUR STRATEGIES, CAPACITY BUILDING TO STRENGTHEN THE HUMAN SERVICES SECTOR, DATA & RESEARCH TO SHOW REAL OUTCOMES, GRANTMAKING & COMMUNITY INVESTMENTS TO SUPPORT THE SUCCESS OF ORGANIZATIONS WITH "BOOTS ON THE GROUND", INITIATIVES & PROGRAMS THAT COMPLIMENT THE WORK OF OUR PARTNERS AND THOUGHT LEADERSHIP & CONVENING ACROSS THE SECTOR.
FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION	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 A COMPREHENSIVE TOOLKIT THAT INCLUDES ADVOCATING FOR PUBLIC POLICIES THAT SUPPORT OUR STRATEGIES, CAPACITY BUILDING TO STRENGTHEN THE HUMAN SERVICES SECTOR, DATA & RESEARCH TO SHOW REAL OUTCOMES, GRANTMAKING & COMMUNITY INVESTMENTS TO SUPPORT THE SUCCESS OF ORGANIZATIONS WITH "BOOTS ON THE GROUND", INITIATIVES & PROGRAMS THAT COMPLIMENT THE WORK OF OUR PARTNERS AND THOUGHT LEADERSHIP & CONVENING ACROSS FIVE INITIATIVES: BASIC NEEDS, FAMILY OPPORTUNITY, SOCIAL INNOVATION, EQUITY ACTION AND SECTOR SUPPORT.
FORM 990, PART III, LINE 4A - PROGRAM SERVICE DESCRIPTION	RANGE OF UNAFFILIATED ORGANIZATIONS ACROSS THE NON-PROFIT SECTOR (\$3.0M ACROSS OVER 1,000 ORGANIZATIONS).
FORM 990, PART III, LINE 4B - PROGRAM SERVICE DESCRIPTION	<p>HUNGRY AND HOMELESS INDIVIDUALS IN CENTRAL INDIANA.</p> <p>WE ALSO ENGAGE IN A NUMBER OF OTHER BASIC NEEDS PROGRAMS INCLUDING A HOMELESS INITIATIVE DESIGNED TO SUPPORT MARION COUNTY'S "BLUEPRINT TO END HOMELESSNESS"; BEHAVIORAL HEALTH COURTS DESIGNED TO ADDRESS THE MENTAL HEALTH AND OFTEN CO-EXISTING SUBSTANCE ABUSE OF INDIVIDUALS IN THE CRIMINAL JUSTICE SYSTEM; TRANSPORTATION SUPPORTS FOR SENIORS; AND WINTER ASSISTANCE FOR THOSE INELIGIBLE FOR THE FEDERAL ENERGY ASSISTANCE.</p> <p>LAST FISCAL YEAR UWCI ADMINISTERED THE CENTRAL INDIANA COVID-19 COMMUNITY ECONOMIC RELIEF FUND (C-CERF) IN PARTNERSHIP WITH LILLY ENDOWMENT INC., CENTRAL INDIANA COMMUNITY FOUNDATION (THROUGH THE GLICK FUND AND THE INDIANAPOLIS FOUNDATION), ELI LILLY AND COMPANY FOUNDATION, RICHARD M. FAIRBANKS FOUNDATION, AND NINA MASON PULLIAM CHARITABLE TRUST. THIS FUND, LAUNCHED ON MARCH 13, 2020 RAISED AND DEPLOYED MORE THAN \$23M LAST YEAR AND ANOTHER \$3.6M THIS FISCAL YEAR TO MORE THAN 180 DIVERSE COMMUNITY ORGANIZATIONS AND NONPROFITS SERVING INDIVIDUALS AND FAMILIES AFFECTED BY THE PANDEMIC.</p>
FORM 990, PART III, LINE 4C - PROGRAM SERVICE DESCRIPTION	<p>NATIONAL AND COMMUNITY SERVICE (\$7M) PLUS A \$1:\$1 MATCH FUNDED BY UWCI AND OTHER PRIVATE FUNDERS. THIS GRANT WAS OUR ENTRY INTO THE 2GEN WORK WITH 8 PARTNERS, PROVIDING US WITH LEARNINGS AND A FRAMEWORK FOR OUR BROADER FAMILY OPPORTUNITY STRATEGIES.</p> <p>AS PART OF OUR OVERALL FAMILY OPPORTUNITY INITIATIVES, UWCI ALSO PROVIDED \$1.5M TO 11 CENTERS FOR WORKING FAMILIES (CWF). BUILT ON AN EVIDENCE-BASED MODEL DEVELOPED BY THE ANNIE E. CASEY FOUNDATION THE CWF NETWORK IS DESIGNED TO PROVIDE FAMILIES WITH THE FINANCIAL CAPABILITIES, STRATEGIES AND TOOLS NEEDED TO PUT THEM ON THE PATH TO FINANCIAL STABILITY. THESE INVESTMENTS PROVIDED 4,217 INDIVIDUALS WITH A RANGE OF SERVICES INCLUDING EMPLOYMENT COUNSELING, AND FINANCIAL COUNSELING, INCOME SUPPORTS COUNSELING RESULTING IN EMPLOYMENT OPPORTUNITIES, INCREASED NET WORK, INCREASED CREDIT SCORES, AND INCREASED NET INCOME.</p>

Return Reference - Identifier	Explanation						
FORM 990, PART III, LINE 4D - DESCRIPTION OF OTHER PROGRAM SERVICES	<p>(EXPENSES \$6,655,975 INCLUDING GRANTS OF \$1,176,305)(REVENUE \$240,150)</p> <p>OTHER PROGRAM SERVICES INCLUDE A NUMBER OF PROGRAMS DESIGNED TO ENSURE WE ARE MAKING DATA-DRIVEN COMMUNITY IMPACT DECISIONS, IMPLEMENTING THEM WITH FIDELITY, AND LEVERAGING ALL FINANCIAL AND HUMAN RESOURCES IN OUR COMMUNITY. THESE INCLUDE: COMMUNITY NEEDS/HUMAN SERVICES RESEARCH; PUBLIC POLICY ADVOCACY; VOLUNTEER TRAINING, DEVELOPMENT, AND DEPLOYMENT; NONPROFIT LEADERSHIP EDUCATION AND TRAINING; AND SERVING AS A CONVENER FOR COMMUNITY LEADERS AND FUNDERS TO ALIGN RESOURCES AROUND SHARED COMMUNITY GOALS.</p> <p>THIS YEAR, UWCI MADE SIGNIFICANT INVESTMENTS IN THE STRATEGIES AND INFRASTRUCTURE TO SUPPORT OUR AND OUR PARTNER CBO'S ABILITY TO REPORT RESULTS, PROVIDING COMPREHENSIVE DATA ACROSS ALL OF OUR IMPACT INITIATIVES, AND WORKING WITH A LOCAL CONSULTING FIRM TO IMPLEMENT A SOPHISTICATED SYSTEM THAT WILL ALLOW US TO TRACK OUR FAMILY OPPORTUNITY FUND FAMILIES OVER TIME TO SEE WHAT WORKS!</p> <p>WE ALSO DEPLOYED \$1M TO 12 ORGANIZATIONS THROUGH OUR SOCIAL INNOVATION IMPACT FUND GRANTS. MANY OF THESE ORGANIZATIONS ARE NEW PARTNERS TO UWCI AND THOSE GRASSROOTS ORGANIZATIONS WORKING CLOSEST WITH THOSE IN NEED IN OUR COMMUNITY. THIS FUND SEEKS TO DISRUPT THE WAYS WE CURRENTLY ADDRESS SOME OF OUR COMMUNITY'S OLDEST PROBLEMS BY HARNESSING CENTRAL INDIANA'S RESILIENT AND ENTREPRENEURIAL SPIRIT, CREATING SPACE FOR EXCHANGING AND INCUBATING NEW IDEAS, IMPROVING TECHNOLOGY, AND EXPANDING SUCCESSFUL SMALL-SCALE PROGRAMS. OUR INVESTMENTS THROUGH THIS FUND SERVED 273 ADULTS AND 606 CHILDREN INCREASING COMMUNITY ENGAGEMENT AND PROVIDING MENTORSHIP AND INTERNSHIP AND APPRENTICESHIP PROGRAMS TO YOUTH.</p>						
FORM 990, PART VI, LINE 1A - DELEGATE BROAD AUTHORITY TO A COMMITTEE	<p>THE EXECUTIVE COMMITTEE SHALL, FROM TIME TO TIME, CONSIST OF THE FOLLOWING MEMBERS OF THE BOARD OF DIRECTORS: THE BOARD CHAIR, CHAIR-ELECT, IMMEDIATE PAST BOARD CHAIR, SECRETARY, TREASURER, CHAIRS OF THE STANDING COMMITTEES, THE COMMUNITY ENGAGEMENT CHAIR, AND FIVE (5) AT-LARGE MEMBERS SELECTED IN ACCORDANCE WITH ARTICLE I, SECTION 3, OF THESE BYLAWS. THE PRESIDENT AND CHIEF EXECUTIVE OFFICER SHALL SERVE AS A MEMBER OF THE EXECUTIVE COMMITTEE WITH FULL VOTING RIGHTS. THE BOARD CHAIR SHALL ACT AS CHAIR OF THE EXECUTIVE COMMITTEE AND THE PRESIDENT AND CHIEF EXECUTIVE OFFICER SHALL ACT AS THE SECRETARY OF THE EXECUTIVE COMMITTEE. DURING THE INTERVALS BETWEEN MEETINGS OF THE BOARD OF DIRECTORS AND SUBJECT TO SUCH LIMITATIONS AS MAY BE IMPOSED BY LAW, THE ARTICLES OF INCORPORATION, OR THESE BYLAWS, THE EXECUTIVE COMMITTEE SHALL HAVE AND MAY EXERCISE ALL THE AUTHORITY OF THE BOARD OF DIRECTORS IN THE MANAGEMENT OF THE CORPORATION, EXCEPT THAT NO ACTION SHALL BE TAKEN WHICH SHALL CONFLICT WITH THE EXPRESS POLICIES OF THE BOARD OF DIRECTORS.</p>						
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	<p>FORM 990 IS PREPARED BY UWCI'S SENIOR DIRECTOR OF FINANCE AND ITS COO/CFO AND REVIEWED BY AN INDEPENDENT ACCOUNTING FIRM PRIOR TO SUBMISSION TO UWCI'S AUDIT AND FINANCE COMMITTEE. THE AUDIT AND FINANCE COMMITTEE ALL REVIEW FORM 990 IN THEIR OCTOBER MEETING EACH YEAR PRIOR TO THE OCTOBER BOARD MEETING. CHAIR OF THE AUDIT COMMITTEE PRESENTED FORM 990 INFORMATION TO THE BOARD OF DIRECTORS ON OCTOBER 27, 2021. THE FORM WAS ELECTRONICALLY PROVIDED TO EACH BOARD MEMBER BEFORE THE (VIRTUAL) MEETING. A REPRESENTATIVE OF THE INDEPENDENT ACCOUNTING FIRM WAS ALSO PRESENT AT THE BOARD MEETING.</p>						
FORM 990, PART VI, LINE 12C - CONFLICT OF INTEREST POLICY	<p>UNITED WAY OF CENTRAL INDIANA (UWCI) REQUIRES ALL BOARD MEMBERS, MEMBERS OF STANDING COMMITTEES, SPECIAL COMMITTEES, WORK GROUPS, OFFICERS, KEY EMPLOYEES, AND HIGHLY COMPENSATED EMPLOYEES TO COMPLETE A CONFLICT OF INTEREST QUESTIONNAIRE. THE QUESTIONNAIRES ARE REVIEWED BY THE COO/CFO AND ANY CONFLICTS DISCLOSED IN THE QUESTIONNAIRES ARE REPORTED TO THE AUDIT AND FINANCE COMMITTEE AND THE GOVERNANCE COMMITTEE FOR EVALUATION AND TO DETERMINE IF THERE ARE ACTUAL OR POTENTIAL CONFLICTS OF INTEREST. INDIVIDUALS WITH A CONFLICT ABSTAIN FROM VOTING ON RELATED ISSUES. UWCI ALSO HAS ESTABLISHED AN ETHICS OFFICER. THE ETHICS OFFICER IS A MEMBER OF THE BOARD OF DIRECTORS AND ADDRESSES ANY ETHICS CONCERNS THAT MAY ARISE.</p>						
FORM 990, PART VI, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	<p>AN EXECUTIVE COMPENSATION/EVALUATION COMMITTEE MEETS ANNUALLY TO EVALUATE THE PERFORMANCE OF THE PRESIDENT AND TO ESTABLISH ANNUAL COMPENSATION ADJUSTMENTS. COMPARABILITY DATA, INCLUDING STUDIES PROVIDED BY THE UNITED WAY OF AMERICA AND OTHER RELEVANT BENCHMARKS, ARE USED TO DETERMINE COMPENSATION. THE PROCESS AND DECISIONS ARE DOCUMENTED IN THE COMMITTEE MINUTES. A FULL INDEPENDENT COMPENSATION STUDY IS CONDUCTED EVERY TWO YEARS.</p>						
FORM 990, PART VI, LINE 15B - PROCESS TO ESTABLISH COMPENSATION OF OTHER OFFICERS OR KEY EMPLOYEES	<p>THE EXECUTIVE COMPENSATION COMMITTEE ALSO REVIEWS THE SALARIES FOR ALL SENIOR EXECUTIVES, INCLUDING THE ASSISTANT TREASURER & COO/CFO. COMPARABILITY DATA, INCLUDING STUDIES PROVIDED BY THE UNITED WAY OF AMERICA AND OTHER RELEVANT BENCHMARKS, IS USED TO DETERMINE COMPENSATION. THE PROCESS AND DECISIONS ARE DOCUMENTED IN THE COMMITTEE MINUTES. THIS PROCESS IS DONE ON AN ANNUAL BASIS WITH A FULL INDEPENDENT COMPENSATION STUDY EVERY TWO YEARS.</p>						
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	<p>THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, CODE OF ETHICS, FORM 990 AND FINANCIAL STATEMENTS ARE AVAILABLE ON OUR WEBSITE AND TO THE PUBLIC UPON REQUEST.</p>						
FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table border="1" data-bbox="467 1854 1513 1944"> <thead> <tr> <th data-bbox="467 1854 1304 1881">(a) Description</th> <th data-bbox="1312 1854 1513 1881">(b) Amount</th> </tr> </thead> <tbody> <tr> <td data-bbox="467 1885 1304 1913">MERGER WITH UNITED WAY OF PUTNAM COUNTY</td> <td data-bbox="1312 1885 1513 1913">682,691</td> </tr> <tr> <td data-bbox="467 1917 1304 1944">ADJUSTMENT TO PRIOR YEAR UNCOLLECTIBLE PLEDGES</td> <td data-bbox="1312 1917 1513 1944">2,911,512</td> </tr> </tbody> </table>	(a) Description	(b) Amount	MERGER WITH UNITED WAY OF PUTNAM COUNTY	682,691	ADJUSTMENT TO PRIOR YEAR UNCOLLECTIBLE PLEDGES	2,911,512
(a) Description	(b) Amount						
MERGER WITH UNITED WAY OF PUTNAM COUNTY	682,691						
ADJUSTMENT TO PRIOR YEAR UNCOLLECTIBLE PLEDGES	2,911,512						

**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

2020

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.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		
1b		
1c		
1d		
1e		
1f		
1g		
1h		
1i		
1j		
1k		
1l		
1m		
1n		
1o		
1p		
1q		
1r		
1s		

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

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

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

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

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