

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public

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

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018, and ending 06-30-2019

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

C Name of organization
United Way of Central Indiana Inc

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
2955 N Meridian St Suite 300

City or town, state or province, country, and ZIP or foreign postal code
Indianapolis, IN 46208

D Employer identification number
35-1007590

E Telephone number
(317) 923-1466

G Gross receipts \$ 126,758,479

F Name and address of principal officer
Ann Murtlow
2955 N Meridian St Suite 300
Indianapolis, IN 46208

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ www.uwci.org

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1921

M State of legal domicile IN

Part I Summary

1 Briefly describe the organization's mission or most significant activities
United Way fights for the education, financial stability, health and basic needs of every person in every community in Central Indiana

2 Check this box 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)	63
4 Number of independent voting members of the governing body (Part VI, line 1b)	62
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	224
6 Total number of volunteers (estimate if necessary)	20,576
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	55,967,663	48,411,937
9 Program service revenue (Part VIII, line 2g)	697,186	600,646
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,446,915	5,597,128
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	54,441	50,563
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	63,166,205	54,660,274
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	46,518,209	39,700,706
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)	10,515,436	10,454,452
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 5,283,976		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	9,122,643	8,010,688
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	66,156,288	58,165,846
19 Revenue less expenses Subtract line 18 from line 12	-2,990,083	-3,505,572
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	182,673,389	180,178,676
21 Total liabilities (Part X, line 26)	10,887,976	9,288,299
22 Net assets or fund balances Subtract line 21 from line 20	171,785,413	170,890,377

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: 2019-11-14

GINA A MILLER COO & CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date

Check if self-employed PTIN P01316095

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

Firm's address ▶ 135 N Pennsylvania Street Suite 200 Indianapolis, IN 46204 Phone no (317) 632-1100

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

For more than 100 years, United Way of Central Indiana has strived to help all Central Indiana residents achieve and maintain self-sufficiency by focusing on four key areas of community impact - Education, Financial Stability, Health and Basic Needs - in the six-county region of Boone, Hamilton, Hancock, Hendricks, Marion and Morgan counties. United Way of Central Indiana brings together compassionate people who are committed to improving lives in our community. We fight for the education, financial stability, health and basic needs of every person in our Central Indiana community. We invest in expert research and perform regular community assessments to identify the areas of greatest need and to advance the best solutions to address these needs. Then we work with strategic partners such as businesses, human services agencies, schools and philanthropic and governmental institutions to ensure your dollars do as much good as possible.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O

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

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

4a (Code) (Expenses \$ 26,760,746 including grants of \$ 26,123,762) (Revenue \$ 246,981)
See Additional Data

4b (Code) (Expenses \$ 7,766,193 including grants of \$ 6,910,461) (Revenue \$ 0)
See Additional Data

4c (Code) (Expenses \$ 8,676,383 including grants of \$ 2,765,511) (Revenue \$ 139,770)
See Additional Data

(Code) (Expenses \$ 5,043,839 including grants of \$ 3,900,972) (Revenue \$ 286,740)
UWCI helps individuals and families build strong, stable foundations through resources and programs that enable them to achieve stable employment and financial literacy. We invest in partners that offer job training and placement, financial education, free tax preparation and legal advice that help them succeed in work and in life. Our marquis financial stability initiative is the deployment of a Centers for Working Families model originally developed by the Annie E. Casey Foundation to provide people with the tools they need to increase their income (Earn it), reduce expenses through financial literacy (Keep it) and build wealth for their families (Grow it). Our CWF network is comprised of 12 neighborhood based centers that transition families from living paycheck to paycheck to investing in their future. The model provides services in three key areas: employment and career advancement, financial literacy and coaching, and access to income supports. By bundling such programs, the centers can provide a coaching approach in a one-stop convenient location for families in search of help. This year 4,489 individuals were served by the Centers for Working Families network and 949 unemployed individuals received the tools and skills they needed to achieve gainful employment. Through our Volunteer Income Tax Assistance program, we leveraged more than 200 volunteers to prepare 6,696 tax returns for Central Indiana residents at no cost, bringing \$1.1m in earned income tax credits back to those residents and the Central Indiana community.

4d Other program services (Describe in Schedule O)
(Expenses \$ 5,043,839 including grants of \$ 3,900,972) (Revenue \$ 286,740)

4e Total program service expenses ▶ 48,247,161

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 23 through 38 regarding compensation, bond issues, escrow accounts, 501(c)(3) organizations, and other IRS filings.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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	224			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		No
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O			3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a		No
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?			6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			7a	Yes	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Yes	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	Yes	
d If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8 Sponsoring organizations maintaining donor advised funds.					
Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8		
9a Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10 Section 501(c)(7) organizations. Enter					
a Initiation fees and capital contributions included on Part VIII, line 12	10a				
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11 Section 501(c)(12) organizations. Enter					
a Gross income from members or shareholders	11a				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
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		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in 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		No
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		No

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (63); 1b Enter the number of voting members included in line 1a, above, who are independent (62); 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? (Yes); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (Yes); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 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? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (Yes); 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 in Schedule O (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 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? (Yes); 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 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 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? a The organization's CEO, Executive Director, or top management official (Yes); b Other officers or key employees of the organization (Yes); 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? (Yes); 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? (Yes).

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 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 Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply (Own website, Upon request); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records (Gina A Miller 2955 North Meridian Street Indianapolis, IN 46208 (317) 921-1245).

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

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

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

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

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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			
See Additional Data Table										

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	1,428,947	0	316,728

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 10**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
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>	Yes	
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>		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Indiana University Research Administration 509 E 3rd St Bloomington, IN 47401	Community Database and Research Services	1,812,728
StratusLIVE LLC 6465 College Park Sq Ste 400 Virginia Beach, VA 23464	CRM Database Hosting and Services	517,724
John H Boner Community Center 2236 E 10th St Indianapolis, IN 46201	Energy Assistance Administration Services	488,373
Hagerman Constructions 510 W Washington Blvd Fort Wayne, IN 46802	Architect Services	459,966
Early Learning Indiana 1776 N Meridian St Suite A Indianapolis, IN 46202	Childcare Coaching and Mentoring Services	458,200

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **▶ 9**

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	0		
	b Membership dues	1b	0		
	c Fundraising events	1c	90,419		
	d Related organizations	1d	0		
	e Government grants (contributions)	1e	8,083,187		
	f All other contributions, gifts, grants, and similar amounts not included above	1f	40,238,331		
	g Noncash contributions included in lines 1a - 1f \$ _____		5,005,674		
h Total. Add lines 1a-1f		48,411,937			

Program Service Revenue			Business Code				
	2a Donor Designation Fees		900099	246,981	246,981	0	0
	b Agency Data Collection		900099	286,740	286,740	0	0
	c Community Awareness and Leadership Development		900099	66,925	66,925	0	0
	d _____						
	e _____						
	f All other program service revenue			0	0	0	0
g Total. Add lines 2a-2f			600,646				

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		3,093,324	0	0	3,093,324	
	4 Income from investment of tax-exempt bond proceeds		0	0	0	0	
	5 Royalties		0	0	0	0	
	6a Gross rents	(i) Real	(ii) Personal				
	b Less rental expenses	0	0				
	c Rental income or (loss)	0	0				
	d Net rental income or (loss)			0	0		0
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other	74,551,960	0		
	b Less cost or other basis and sales expenses	72,048,156	0				
	c Gain or (loss)	2,503,804	0				
	d Net gain or (loss)			2,503,804	0	0	2,503,804
	8a Gross income from fundraising events (not including \$ 90,419 of contributions reported on line 1c) See Part IV, line 18	a	27,767				
	b Less direct expenses	b	50,049				
	c Net income or (loss) from fundraising events			-22,282		0	-22,282
	9a Gross income from gaming activities See Part IV, line 19	a	0				
b Less direct expenses	b	0					
c Net income or (loss) from gaming activities			0	0	0	0	
10a Gross sales of inventory, less returns and allowances	a	0					
b Less cost of goods sold	b	0					
c Net income or (loss) from sales of inventory			0	0	0	0	
Miscellaneous Revenue	Business Code						
11a Miscellaneous	900099	72,845	72,845	0	0	0	
b _____							
c _____							
d All other revenue			0	0	0	0	
e Total. Add lines 11a-11d			72,845				
12 Total revenue. See Instructions			54,660,274	673,491	0	5,574,846	

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	39,342,308	39,342,308		
2 Grants and other assistance to domestic individuals See Part IV, line 22	358,398	358,398		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	674,183	86,219	458,636	129,328
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7 Other salaries and wages	7,725,707	3,226,980	1,653,957	2,844,770
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	445,771	172,379	115,827	157,565
9 Other employee benefits	1,032,831	419,791	246,802	366,238
10 Payroll taxes	575,960	231,418	136,033	208,509
11 Fees for services (non-employees)				
a Management	0	0	0	0
b Legal	60,084	447	59,637	0
c Accounting	91,365	0	91,365	0
d Lobbying	65,620	65,620	0	0
e Professional fundraising services See Part IV, line 17	0			0
f Investment management fees	366,075	0	366,075	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,652,872	2,318,813	257,273	76,786
12 Advertising and promotion	314,984	21,863	292,921	200
13 Office expenses	537,039	204,304	130,848	201,887
14 Information technology	1,122,537	462,785	250,721	409,031
15 Royalties	0	0	0	0
16 Occupancy	898,387	364,347	156,525	377,515
17 Travel	157,572	60,623	41,394	55,555
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0	0	0	0
19 Conferences, conventions, and meetings	261,404	168,251	87,711	5,442
20 Interest	0	0	0	0
21 Payments to affiliates	517,421	193,206	101,151	223,064
22 Depreciation, depletion, and amortization	450,218	167,779	87,840	194,599
23 Insurance	85,593	23,592	34,764	27,237
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Classroom books and supplies	312,110	312,110	0	0
b Loss on disposal of fixed assets	2,364	2,364	0	0
c				
d				
e All other expenses	115,043	43,564	65,229	6,250
25 Total functional expenses. Add lines 1 through 24e	58,165,846	48,247,161	4,634,709	5,283,976
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	681	1	639
	2 Savings and temporary cash investments	10,710,638	2	13,529,514
	3 Pledges and grants receivable, net	21,129,996	3	16,974,224
	4 Accounts receivable, net	5,587,400	4	3,145,769
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	400,000
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	565,507	9	2,284,250
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	3,824,790		
	b Less accumulated depreciation	1,679,059		
	11 Investments—publicly traded securities	141,791,672	11	142,045,060
	12 Investments—other securities See Part IV, line 11	0	12	
	13 Investments—program-related See Part IV, line 11	400,000	13	
	14 Intangible assets	0	14	0
	15 Other assets See Part IV, line 11	-110,817	15	-346,511
16 Total assets. Add lines 1 through 15 (must equal line 34)	182,673,389	16	180,178,676	
Liabilities	17 Accounts payable and accrued expenses	2,982,107	17	2,533,099
	18 Grants payable	7,519,081	18	6,242,782
	19 Deferred revenue	37,940	19	163,570
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability Complete Part IV of Schedule D	348,848	21	348,848
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	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	10,887,976	26	9,288,299
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	33,968,295	27	37,745,824
	28 Temporarily restricted net assets	53,205,941	28	46,905,940
	29 Permanently restricted net assets	84,611,177	29	86,238,613
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds	0	30	0
	31 Paid-in or capital surplus, or land, building or equipment fund	0	31	0
	32 Retained earnings, endowment, accumulated income, or other funds	0	32	0
	33 Total net assets or fund balances	171,785,413	33	170,890,377
	34 Total liabilities and net assets/fund balances	182,673,389	34	180,178,676

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	54,660,274
2	Total expenses (must equal Part IX, column (A), line 25)	2	58,165,846
3	Revenue less expenses Subtract line 2 from line 1	3	-3,505,572
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	171,785,413
5	Net unrealized gains (losses) on investments	5	3,654,343
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 in Schedule O)	9	-1,043,807
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	170,890,377

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual 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
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID: 18007697

Software Version: 2018v3.1

EIN: 35-1007590

Name: United Way of Central Indiana Inc

Form 990 (2018)

Form 990, Part III, Line 4a:

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 2018-19 through general support of 84 affiliated agencies across the human services spectrum. These agencies are part of a rigorous evaluation process that requires sound governance, management, financial stability, strategic planning, and progress toward demonstrating outcomes alignment with UWCI's community goals in education, financial stability, health and basic Needs. UWCI also supports these agencies' general operations through donor designated and other directed gifts (\$2.5m), unrestricted operating grants (\$15.4m), capital projects and facilities maintenance (\$4.5m), and evaluation, capacity building, contingency, staff support, and other (\$0.6m). UWCI funding to affiliated agencies supports health programs for tens of thousands of adults including meals, education, transportation and health services, education programs for hundreds of thousands of children including quality child care, reading, and youth development programs, basic needs programs for hundreds of thousands of individuals and families including food, shelter, and community center services. In addition, UWCI provides donor designated dollars to a wide range of unaffiliated organizations (\$3.7m across over 1,000 organizations).

Form 990, Part III, Line 4b:

UWCI invests significant resources, both human and financial, into education programs designed to meet our community-level education goals: 90% on-time high school graduation rate, 90% of 3rd graders at grade-level reading ability, and 80% of child care centers being high quality. These investments are in data-proven initiatives such as ReadUP third-grade tutoring and pre-k scholarships and capacity building. Through these programs we have helped child care sites reach level 1 or higher in the Indiana Paths to Quality rating system, engaged 1,235 volunteers to tutor 760 third graders across 15 central Indiana school districts participating in our ReadUP tutoring program, improving their reading skills compared to their peers not participating in ReadUP. Supported 1,593 pre-k scholarships and added high quality pre-k seats this fiscal year.

Form 990, Part III, Line 4c:

United Way administers grants and other funds to address our community's basic needs in the areas of homelessness, veterans' support, energy assistance and mental health. One such grant includes the administration of nearly \$10m in direct energy assistance federal funds not reflected in our revenues or expenses. Other program services include a number of programs designed to ensure we are making data-driven community impact decisions, implementing them with fidelity, and leveraging all financial and human resources in our community. These include community needs/human services research, public policy advocacy, volunteer training, development, and deployment, nonprofit leadership education and training, and serving as a convener for community leaders and funders to align resources around shared community goals.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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	Instructional Trustee	Officer	Key employee	Highest compensated employee	Former			
Bryan Mills Director and Board Chair	20	X		X				0	0	0
Claire Fiddian-Green Director and Secretary	20	X		X				0	0	0
Mary Boelke Director and Treasurer	20	X		X				0	0	0
Ann Murtlow Director, President & CEO	40	X		X				394,152	0	73,469
Jeb Banner Director	10	X						0	0	0
Jean Wojtowicz Director	10	X						0	0	0
Tory Callaghan-Castor Director	10	X						0	0	0
Kelley Karn Director	10	X						0	0	0
Michael Becher Director	10	X						0	0	0
Julie Singer Director	10	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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	Instructional Trustee	Officer	Key employee	Highest compensated employee	Former			
Marianne Glick Director	10	X						0	0	0
Terance Yen Director	10	X						0	0	0
Brian Garrison Director	10	X						0	0	0
Tobin Richer Director	10	X						0	0	0
Connie Bond Stuart Director	10	X						0	0	0
Dennis Sponsel Director	10	X						0	0	0
Richard Hester Director	10	X						0	0	0
Raymond Hill Director	10	X						0	0	0
Geoffrey Gailey Director	10	X						0	0	0
Ann Merkel Director	10	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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	Instructional Trustee	Officer	Key employee	Highest compensated employee	Former			
Rod Cotton Director	10	X						0	0	0
Shelly Towns Director	10	X						0	0	0
Greg Pemberton Director	10	X						0	0	0
Deborah Daniels Director	10	X						0	0	0
Edward McGruder Director	10	X						0	0	0
Joe Gilbert Director	10	X						0	0	0
Judy Okenfuss Director	10	X						0	0	0
Sam Odle Director	10	X						0	0	0
Abigail Hohmann Director	10	X						0	0	0
Patzetta Trice Director	10	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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	Instructional Trustee	Officer	Key employee	Highest compensated employee	Former			
John Mason Director	10	X						0	0	0
Georgiana Reynal Director	10	X						0	0	0
Gene Zink Director	10	X						0	0	0
Mike Langellier Director	10	X						0	0	0
Michael O'Connor Director	10	X						0	0	0
Matt Cohoat Director	10	X						0	0	0
Mike Dilts Director	10	X						0	0	0
Jeff Harrison Director	10	X						0	0	0
Andre Franklin Director	10	X						0	0	0
N Clay Robbins Director	10	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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	Instructional Trustee	Officer	Key employee	Highest compensated employee	Former			
Mark Ratekin Director	10	X						0	0	0
Natalie Guzman Director	10	X						0	0	0
Darrin Orr Director	10	X						0	0	0
Heather Willey Director	10	X						0	0	0
Mike North Director	10	X						0	0	0
Phil Kenney Director	10	X						0	0	0
Susanne Wasson Director	10	X						0	0	0
Tom Dawson Director	10	X						0	0	0
Claudette Einhorn Director	10	X						0	0	0
Rafael Sanchez Director	10	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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	Instructional Trustee	Officer	Key employee	Highest compensated employee	Former			
Scott Beier Director	10	X						0	0	0
Nasser Paydar Director	10	X						0	0	0
Donaldson Twyman Director	10	X						0	0	0
Mark Miles Director	10	X						0	0	0
Scott Bruns Director	10	X						0	0	0
Nicole Lorch Director	10	X						0	0	0
Scott Luc Director	10	X						0	0	0
Doran Moreland Director	10	X						0	0	0
Lisa Harris Director	10	X						0	0	0
Murv Enders Director	10	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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	Instructional Trustee	Officer	Key employee	Highest compensated employee	Former			
Kalen Jackson Director	10	X						0	0	0
Stephanie Kim Director	10	X						0	0	0
Mamon Powers III Director	10	X						0	0	0
Amanda Miller Director (Partial Year)	10	X						0	0	0
Kristin Steinman Director (Partial Year)	10	X						0	0	0
Mark Lemieux Director (Partial Year)	10	X						0	0	0
Tim Clark Director (Partial Year)	10	X						0	0	0
Bernice Anthony Director (Partial Year)	10	X						0	0	0
Marina Keers Director (Partial Year)	10	X						0	0	0
Craig Fenneman Director (Partial Year)	10	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
Chris Rigsbee Director (Partial Year)	10	X						0	0	0
Bruce Hetrick Director (Partial Year)	10	X						0	0	0
Josh Fleming Director (Partial Year)	10	X						0	0	0
Alfonso Gatmaitan Director (Partial Year)	10	X						0	0	0
Rebecca Jacklin Director (Partial Year)	10	X						0	0	0
Gina Miller Chief Operating and Financial Officer	40			X				207,510	0	57,419
Julianne Burns JumpIN Chief Executive Officer	40					X		183,532	0	43,576
Nancy Ahlrichs Chief Talent Officer	40					X		164,543	0	33,423
Juan Suarez Chief Community Impact Officer	40					X		161,819	0	27,124
Chris Herndon Chief Marketing and Engagement Officer	40					X		160,590	0	46,303

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
Penny Lee Chief Fundraising Officer	40 0					X		156,801	0	35,414

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

2018

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 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 **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% 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 33 1/3% 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		
Total						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	60,973,135	57,776,123	68,880,633	55,967,663	48,411,936	292,009,490
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	60,973,135	57,776,123	68,880,633	55,967,663	48,411,936	292,009,490
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)						72,667,411
6 Public support. Subtract line 5 from line 4						219,342,079

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	60,973,135	57,776,123	68,880,633	55,967,663	48,411,936	292,009,490
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,542,420	3,141,022	3,147,400	3,958,012	3,093,324	15,882,178
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.)	163,624	240,368	117,701	112,889	100,612	735,194
11 Total support. Add lines 7 through 10						308,626,862

12 Gross receipts from related activities, etc (see instructions) **12** 3,687,848

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	71.07%
15 Public support percentage for 2017 Schedule A, Part II, line 14	15	70.28%

16a 33 1/3% support test—2018. 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

b 33 1/3% support test—2017. 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

17a 10%-facts-and-circumstances test—2018. 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

b 10%-facts-and-circumstances test—2017. 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

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

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

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

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

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

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)

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
Schedule A, Part II, Line 10 Other Income	DESCRIPTION - OTHER INCOME, COLUMN A - 119972 0, COLUMN B - 192884 0, COLUMN C - 55873 0, COLUMN D - 75050 0, COLUMN E - 72845 0, COLUMN F - 516624 0, DESCRIPTION - FUNDRAISING REVENUE, COLUMN A - 43652 0, COLUMN B - 47484 0, COLUMN C - 61828 0, COLUMN D - 37839 0, COLUMN E - 27767 0, COLUMN F - 218570 0,

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
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.

OMB No 1545-0047

2018

Open to Public Inspection

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

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

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

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

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

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

Name of the 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 (grass roots lobbying)	9,662	0												
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	104,555	0												
c	Total lobbying expenditures (add lines 1a and 1b)	114,217	0												
d	Other exempt purpose expenditures	58,051,629	0												
e	Total exempt purpose expenditures (add lines 1c and 1d)	58,165,846	0												
f	Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	0												
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000	0												
h	Subtract line 1g from line 1a If zero or less, enter -0-	0	0												
i	Subtract line 1f from line 1c If zero or less, enter -0-	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) 2015	(b) 2016	(c) 2017	(d) 2018	(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	13,631	262,337	68,997	114,217	459,182
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	5,598	29,789	9,568	9,662	54,617

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 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

Return Reference	Explanation
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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
United Way of Central Indiana Inc

Employer identification number
35-1007590

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 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.

1a If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (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 SFAS 116 (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 are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f 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 in 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	98,651,103	91,624,966	81,441,536	81,458,954	80,121,500
b Contributions	52,793	368,830	859,076	40,878	775,469
c Net investment earnings, gains, and losses	7,012,736	7,597,082	9,679,496	125,686	2,007,974
d Grants or scholarships					
e Other expenditures for facilities and programs	3,389,658	939,775	355,142	183,982	1,445,989
f Administrative expenses					
g End of year balance	102,326,974	98,651,103	91,624,966	81,441,536	81,458,954

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 2 08 %
 - b** Permanent endowment ▶ 84 28 %
 - c** Temporarily restricted endowment ▶ 13 64 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|--------------------------|--------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input type="checkbox"/> |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		1,203,413	305,358	898,055
d Equipment		2,621,377	1,373,701	1,247,676
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				2,145,731

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 FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements	1	51,752,642
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	3,654,343
b	Donated services and use of facilities	2b	0
c	Recoveries of prior year grants	2c	0
d	Other (Describe in Part XIII)	2d	50,049
e	Add lines 2a through 2d	2e	3,704,392
3	Subtract line 2e from line 1	3	48,048,250
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	366,075
b	Other (Describe in Part XIII)	4b	6,245,949
c	Add lines 4a and 4b	4c	6,612,024
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	54,660,274

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	51,829,919
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	50,049
e	Add lines 2a through 2d	2e	50,049
3	Subtract line 2e from line 1	3	51,779,870
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	366,075
b	Other (Describe in Part XIII)	4b	6,019,901
c	Add lines 4a and 4b	4c	6,385,976
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	58,165,846

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	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 18007697

Software Version: 2018v3.1

EIN: 35-1007590

Name: United Way of Central Indiana Inc

Supplemental Information

Return Reference	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

Supplemental Information

Return Reference	Explanation
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.

Supplemental Information

Return Reference	Explanation
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 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 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, 2019 or 2018</p>

Supplemental Information

Return Reference	Explanation
Schedule D, Part XI, Line 2(d) Other revenues in audited financial statements not in form 990	Direct expenses from fundraising - 50049

Supplemental Information

Return Reference	Explanation
Schedule D, Part XI, Line 4(b) Other revenues in form 990 not in audited financial statements	Pledges designated for other organizaitons - 6019901 Adjustment to prior year uncollectible pledges - 226048

Supplemental Information

Return Reference	Explanation
Schedule D, Part XII, Line 2(d) Other expenses in audited financial statements not in form 990	Direct expenses from fundraising - 50049

Supplemental Information

Return Reference	Explanation
Schedule D, Part XII, Line 4(b) Other expenses in form 990 not in audited financial statements	Pledges designated to other organizations - 6019901

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for instructions and the latest information

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
United Way of Central Indiana Inc

Employer identification number
35-1007590

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

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the ten 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			
Total				▶		

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

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		ELEVATE GALA (event type)	(event type)	(total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	118,186			118,186
	2 Less Contributions	90,419			90,419
	3 Gross income (line 1 minus line 2)	27,767	0	0	27,767
Direct Expenses	4 Cash prizes	0			0
	5 Noncash prizes	0			0
	6 Rent/facility costs	1,800			1,800
	7 Food and beverages	34,474			34,474
	8 Entertainment	1,900			1,900
	9 Other direct expenses	11,875			11,875
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				50,049
11 Net income summary Subtract line 10 from line 3, column (d) ▶				-22,282	

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.

Revenue		(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 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.

Return Reference	Explanation
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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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

Table with 8 columns: (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. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 236
3 Enter total number of other organizations listed in the line 1 table 38

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	586	77,784			
(2) HUMAN SERVICE RENEWAL	26	247,095			
(3) Childcare Certifications	5	33,519			
(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.

Return Reference	Explanation
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 I, Line 2 Procedures for monitoring use of grant funds	United Way helps those who need help most through unrestricted operating grants, capital and facilities maintenance grants and donor designations to a network of approved 501 (c)(3) organizations The agencies receiving operating grants are selected based upon geographic location, population services and programs offered United Way monitors each agency's program outcomes, governance, financial operations and other operational criteria Volunteers and staff formally review criteria with agency leadership on a schedule that varies based on performance in past evaluations For direct programmatic grants, UWCI 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 The United Way also provides assistance to individuals in need Individuals seeking assistance complete an application and submit it to multi-service entities working with the United Way Case workers review the applications and assistance is provided based on certain qualifications The United Way monitors the assistance provided to ensure that the applicants do not receive funds more than once

Additional Data**Software ID:** 18007697**Software Version:** 2018v3.1**EIN:** 35-1007590**Name:** United Way of Central Indiana Inc**Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

(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
ABC'S & 123'S 7050 COFFMAN RD INDIANAPOLIS, IN 46268	35-1754843		24,274				GENERAL SUPPORT
AGAPE THERAPEUTIC RIDING CENTER PO BOX 207 CICERO, IN 46034	31-1193132	501(C)3	5,036				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ALL MY CHILDREN LEARNING CENTER 2002 N EXETER AVE INDIANAPOLIS, IN 46222	03-0423164		6,149				GENERAL SUPPORT
ALS ASSOCIATION THE 7202 E 87TH ST STE 102 INDIANAPOLIS, IN 462561200	35-2029321	501(C)3	8,892				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ALTERNATIVES INC PO BOX 1302 ANDERSON, IN 460151302	31-0986769	501(C)3	113,766				GENERAL SUPPORT
ALTERNATIVES INC PO BOX 1302 ANDERSON, IN 460151302	31-0986769	501(C)3	6,199				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ALZHEIMER'S ASSOCIATION 50 E 91ST ST STE 100 INDIANAPOLIS, IN 46240	35-1747836	501(C)3	16,488				DONOR DESIGNATION
ALZHEIMER'S ASSOCIATION - NATIONAL 225 N MICHIGAN AVE 17TH FL CHICAGO, IL 606017633	13-3039601	501(C)3	8,796				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
AMERICAN CANCER SOCIETY INC 5635 W 96TH ST STE 100 INDIANAPOLIS, IN 46278	13-1788491	501(C)3	135,526				GENERAL SUPPORT
AMERICAN CANCER SOCIETY INC 5635 W 96TH ST STE 100 INDIANAPOLIS, IN 46278	13-1788491	501(C)3	49,419				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
AMERICAN RED CROSS 431 18TH ST NW WASHINGTON, DC 20006	35-0869023	501(C)3	618,226				GENERAL SUPPORT
AMERICAN RED CROSS 431 18TH ST NW WASHINGTON, DC 20006	53-0196605	501(C)3	89,582				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
APLUS CHILDCARE & LEARNING LLC 1831W 16TH ST INDIANAPOLIS, IN 46202	46-2464925		6,144				GENERAL SUPPORT
ARC OF GREATER BOONE COUNTY THE 900 W MAIN ST LEBANON, IN 46052	35-1333698	501(C)3	16,654				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ARC OF GREATER BOONE COUNTY THE 900 W MAIN ST LEBANON, IN 46052	35-1333698	501(C)3	12,308				DONOR DESIGNATION
ARCHDIOCESE OF INDIANAPOLIS 1400 N MERIDIAN ST INDIANAPOLIS, IN 46202	35-1018460	501(C)3	25,533				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
AUNTIE MAME'S CHILD DEVELOPMENT CENTER INC PO BOX 18969 INDIANAPOLIS, IN 462180969	35-1183697	501(C)3	16,768				GENERAL SUPPORT
AUNTIE MAME'S CHILD DEVELOPMENT CENTER INC PO BOX 18969 INDIANAPOLIS, IN 462180969	35-1183697	501(c)3	200				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
AYS 4701 N KEYSTONE AVE STE 475 INDIANAPOLIS, IN 46205	31-0989270	501(C)3	54,378				GENERAL SUPPORT
AYS 4701 N KEYSTONE AVE STE 475 INDIANAPOLIS, IN 46205	31-0989270	501(c)3	4,786				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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BARBARA B JORDAN YMCA 2039 E MORGAN ST MARTINSVILLE, IN 46151	35-2019312	501(C)3	38,024				GENERAL SUPPORT
BARBARA B JORDAN YMCA 2039 E MORGAN ST MARTINSVILLE, IN 46151	35-2019312	501(C)3	23,050				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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BETHANY EVANGELICAL LUTHERAN CHURCH (BETHANY EARLY LEARNING MINISTRY) 4702 S EAST ST INDIANAPOLIS, IN 46227	35-1409373	501(c)3	41,683				GENERAL SUPPORT
BETHEL EARLY CHILDHOOD ACADEMY 5252 W 52ND ST INDIANAPOLIS, IN 46254	35-6006778	501(c)3	59,775				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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BIG BROTHERS BIG SISTERS OF CENTRAL INDIANA 2960 N MERIDIAN ST STE 150 INDIANAPOLIS, IN 462084715	35-1323831	501(C)3	62,916				DONOR DESIGNATION
BIG BROTHERS BIG SISTERS OF CENTRAL INDIANA 2960 N MERIDIAN ST STE 150 INDIANAPOLIS, IN 462084715	35-1323831	501(C)3	1,437,578				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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BLESSED & HIGHLY FAVORED ACADEMY 2543 SATURN DR INDIANAPOLIS, IN 46229	81-5442407	501(c)3	17,446				GENERAL SUPPORT
BOARD OF SCHOOL COMMISSIONERS OF THE CITY OF INDIANPOLIS 120 E WALNUT ST INDIANAPOLIS, IN 46204	35-6002486	SECTION 115	80,447				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BOONE COUNTY CANCER SOCIETY 117 W ELM ST LEBANON, IN 46052	35-6044450	501(C)3	11,380				DONOR DESIGNATION
BOONE COUNTY CANCER SOCIETY 117 W ELM ST LEBANON, IN 46052	35-6044450	501(C)3	6,892				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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BOONE COUNTY SENIOR SERVICES INC 515 CROWNPOINTE DR LEBANON, IN 46052	35-1445498	501(C)3	64,025				GENERAL SUPPORT
BOONE COUNTY SENIOR SERVICES INC 515 CROWNPOINTE DR LEBANON, IN 46052	35-1445498	501(C)3	8,539				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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BOOTH TARKINGTON CIVIC THEATRE 3 CENTER GREEN STE 300 CARMEL, IN 460323809	35-0230360	501(C)3	15,000				DONOR DESIGNATION
BOSMA ENTERPRISES 6270 CORPORATE DR INDIANAPOLIS, IN 46278	31-1246086	501(C)3	12,752				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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BOSMA ENTERPRISES 6270 CORPORATE DR INDIANAPOLIS, IN 46278	35-1246086	501(C)3	114,642				GENERAL SUPPORT
BOY SCOUTS OF AMERICA 6102 BOY SCOUT ROAD INDIANAPOLIS, IN 46226	35-6213983	501(C)3	11,067				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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BOY SCOUTS OF AMERICA - CROSSROADS OF AMERICA COUNCIL 7125 FALL CREEK RD INDIANAPOLIS, IN 46256	35-0867962	501(C)3	99,697				DONOR DESIGNATION
BOY SCOUTS OF AMERICA CROSSROADS COUNCIL 7125 FALL CREEK RD INDIANAPOLIS, IN 46256	35-0867962	501(C)3	397,822				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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BOY SCOUTS OF AMERICA HOOSIER TRAILS COUNCIL 5625 E SR 46 BLOOMINGTON, IN 47401	35-1290776	501(C)3	16,906				GENERAL SUPPORT
BOYS & GIRLS CLUB OF BOONE COUNTY 1575 MULBERRY ST ZIONSVILLE, IN 46077	35-1750659	501(C)3	279,705				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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BOYS & GIRLS CLUB OF BOONE COUNTY 1575 MULBERRY ST ZIONSVILLE, IN 46077	35-1750659	501(C)3	14,216				DONOR DESIGNATION
BOYS & GIRLS CLUB OF BOONE COUNTY - LEBANON UNIT 403 W MAIN ST LEBANON, IN 46052	35-6041946	501(C)3	16,905				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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BOYS & GIRLS CLUB OF HANCOCK COUNTY PO BOX 115 GREENFIELD, IN 46140	35-0979327	501(C)3	69,871				GENERAL SUPPORT
BOYS & GIRLS CLUB OF NOBLESVILLE 1448 CONNER ST NOBLESVILLE, IN 46060	35-1054426	501(C)3	32,451				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BOYS & GIRLS CLUB OF NOBLESVILLE 1448 CONNER ST NOBLESVILLE, IN 46060	35-1054426	501(C)3	135,461				GENERAL SUPPORT
BOYS & GIRLS CLUBS OF HANCOCK COUNTY PO BOX 115 GREENFIELD, IN 46140	35-0979327	501(C)3	11,684				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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BOYS & GIRLS CLUBS OF INDIANAPOLIS 3530 S KEYSTONE AVE STE 200 INDIANAPOLIS, IN 46227	35-0888754	501(C)3	71,132				DONOR DESIGNATION
BOYS & GIRLS CLUBS OF INDIANAPOLIS 3530 S KEYSTONE AVE STE 200 INDIANAPOLIS, IN 46227	35-0888754	501(C)3	825,477				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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BROWN COUNTY COMMUNITY FOUNDATION PO BOX 191 NASHVILLE, IN 47448	35-1960379	501(C)3	5,000				DONOR DESIGNATION
CANCER SUPPORT COMMUNITY-CENTRAL INDIANA 5150 W 71ST ST INDIANAPOLIS, IN 46268	35-1902427	501(C)3	12,446				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CARE BEAR CHILD CARE INC 6100 GIFFORD ST INDIANAPOLIS, IN 46228	35-2024086		6,149				GENERAL SUPPORT
CARMEL CLAY PUBLIC LIBRARY FOUNDATION 55 4TH AVE SE CARMEL, IN 46032	35-1787253	501(C)3	5,268				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CATCH THE STARS FOUNDATION INC PO BOX 53557 INDIANAPOLIS, IN 46253	05-0604202	501(C)3	15,407				DONOR DESIGNATION
CATHOLIC CHARITIES INDIANAPOLIS INC 1400 N MERIDIAN ST INDIANAPOLIS, IN 46202	47-3062508	501(C)3	175,336				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CATHOLIC CHARITIES OF INDIANAPOLIS 1400 N MERIDIAN ST INDIANAPOLIS, IN 46202	47-3062508	501(C)3	390,616				GENERAL SUPPORT
CATHOLIC RELIEF SERVICES 228 W LEXINGTON ST BALTIMORE, MD 21201	13-5563422	501(C)3	120,000				GENERAL SUPPORT

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CATHOLIC RELIEF SERVICES 228 W LEXINGTON ST BALTIMORE, MD 21201	13-5563422	501(C)3	11,103				DONOR DESIGNATION
CATHOLIC YOUTH ORGANIZATION 580 E STEVENS ST INDIANAPOLIS, IN 46203	35-0867983	501(C)3	21,199				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CATHOLIC YOUTH ORGANIZATION CAMP RANCHO FRAMASA 580 E STEVENS ST INDIANAPOLIS, IN 462031781	90-0657156	501(C)3	41,142				DONOR DESIGNATION
CATHOLIC YOUTH ORGANIZATION RANCHO FRAMASA 580 E STEVENS ST INDIANAPOLIS, IN 462031781	90-0657156	501(C)3	49,009				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CENTER FOR LEADERSHIP DEVELOPMENT 2425 DR MARTIN LUTHER KING JR ST INDIANAPOLIS, IN 462085546	35-1389882	501(C)3	26,547				DONOR DESIGNATION
CENTRAL INDIANA COMMUNITY FOUNDATION INC 615 N ALABAMA ST STE 119 INDIANAPOLIS, IN 46204	35-1793680	501(C)3	6,648				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CHAMPION KIDZ EDUCATIONAL INSTITUTE & CHILDCARE 1711 N POST RD INDIANAPOLIS, IN 46219	45-3972731		92,125				GENERAL SUPPORT
CHAPEL GLEN EARLY LEARNING ACADEMY 9101 W 10TH ST INDIANAPOLIS, IN 46234	45-4825001		13,189				GENERAL SUPPORT

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CHAPEL HILL CHRISTIAN SCHOOL 1055 N GIRLS SCHOOL RD INDIANAPOLIS, IN 46214	35-1484040	501(c)3	123,755				GENERAL SUPPORT
CHARITY CHURCH MINISTRY (CHARITY CHILD CARE) PO BOX 22657 INDIANAPOLIS, IN 46222	35-1927248	501(c)3	145,070				GENERAL SUPPORT

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CHARLENE'S ANGELS 7636 TIMBER HILL N DR INDIANAPOLIS, IN 46217	45-4204800	501(C)3	7,089				DONOR DESIGNATION
CHILD ADVOCATES INC 8200 HAVERSTICK RD STE 240 INDIANAPOLIS, IN 46240	35-1788240	501(C)3	111,224				GENERAL SUPPORT

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CHILD ADVOCATES INC 8200 HAVERSTICK RD STE 240 INDIANAPOLIS, IN 46240	35-1788240	501(C)3	46,486				DONOR DESIGNATION
CHILDREN OF AMERICA INDIANAPOLIS LLC 10830 PENDLETON PIKE INDIANAPOLIS, IN 46236	27-1626162		6,046				GENERAL SUPPORT

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CHILDREN'S BUREAU INC 1575 DR MARTIN LUTHER KING JR ST INDIANAPOLIS, IN 46202	35-1061264	501(C)3	1,036,807				GENERAL SUPPORT
CHILDREN'S BUREAU INC 1575 DR MARTIN LUTHER KING JR ST INDIANAPOLIS, IN 46202	35-1061264	501(C)3	46,783				DONOR DESIGNATION

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CHILDREN'S COTTAGE THE 5935 SHELBY INDIANAPOLIS, IN 46227	26-3328789		24,434				GENERAL SUPPORT
CHILDREN'S THERAPLAY FOUNDATION INC THE 9919 TOWNE RD CARMEL, IN 46032	35-2121568	501(C)3	1,029,576				GENERAL SUPPORT

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CHILDREN'S THERAPLAY FOUNDATION INC THE 9919 TOWNE RD CARMEL, IN 46032	35-2121568	501(C)3	11,573				DONOR DESIGNATION
CHILD'S PLACE PRESCHOOL A 2027 SCHWIER CT INDIANAPOLIS, IN 46229	30-9822968		17,589				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CHILD'S WORLD A 8650 WOODBLUFF CT INDIANAPOLIS, IN 46234	20-3431602		63,435				GENERAL SUPPORT
CHINA UNITED EDUCATION ASSISTANCE FOUNDATION (CUEAF) 133 W MARKET ST STE 321 INDIANAPOLIS, IN 46204	27-1644868	501(C)3	6,221				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CHINSUH CHILDCARE 6470 SHELBY ST INDIANAPOLIS, IN 46227	46-4743693		82,511				GENERAL SUPPORT
CHRIST TEMPLE APOSTOLIC FAITH ASSEMBLY (CHRIST TEMPLE CHRISTIAN ACADEMY) 430 W FALL CREEK PKWY N DR INDIANAPOLIS, IN 46208	35-0953428	501(c)3	20,800				GENERAL SUPPORT

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CHRISTAMORE HOUSE FAMILY AND COMMUNITY CENTER 502 N TREMONT ST INDIANAPOLIS, IN 46222	35-0885588	501(C)3	252,979				GENERAL SUPPORT
CHRISTAMORE HOUSE FAMILY AND COMMUNITY CENTER 502 N TREMONT ST INDIANAPOLIS, IN 46222	35-0885588	501(C)3	13,917				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CHRISTEL HOUSE INTERNATIONAL INC 10 W MARKET ST STE 1990 INDIANAPOLIS, IN 462042973	35-2051932	501(C)3	14,997				DONOR DESIGNATION
CICOA FOUNDATION 8440 WOODFIELD CROSSING BLVD STE 175 INDIANAPOLIS, IN 46240	35-1859069	501(C)3	75,000				GENERAL SUPPORT

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CINDY'S CENTER FOR YOUNG LEARNERS 3234 RUCKLE ST INDIANAPOLIS, IN 46205	46-5211064		6,995				GENERAL SUPPORT
COALITION FOR HOMELESSNESS INTERVENTION & PREVENTION 1100 W 42ND ST STE 350 INDIANAPOLIS, IN 46208	31-1254018	501(C)3	298,533				GENERAL SUPPORT

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COALITION FOR HOMELESSNESS INTERVENTION & PREVENTION 1100 W 42ND ST STE 350 INDIANAPOLIS, IN 46208	31-1254018	501(c)3	200				DONOR DESIGNATION
COMMUNITY ALLIANCE OF THE FAR EASTSIDE 8902 E 38TH ST INDIANAPOLIS, IN 46226	35-2018453	501(C)3	561,821				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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COMMUNITY ALLIANCE OF THE FAR EASTSIDE 8902 E 38TH ST INDIANAPOLIS, IN 46226	35-2018453	501(c)3	1,282				DONOR DESIGNATION
COMMUNITY HEALTH NETWORK FOUNDATION 7240 SHADELAND STATION STE 125 INDIANAPOLIS, IN 46236	51-0181688	501(C)3	12,783				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CONCORD NEIGHBORHOOD CENTER 1310 S MERIDIAN ST INDIANAPOLIS, IN 46225	35-0817149	501(C)3	13,304				DONOR DESIGNATION
CONCORD NEIGHBORHOOD CENTER 1310 S MERIDIAN ST INDIANAPOLIS, IN 46225	35-0817149	501(C)3	212,588				GENERAL SUPPORT

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CONNECT2HELP 3833 N MERIDIAN ST STE 302 INDIANAPOLIS, IN 46208	31-1216792	501(C)3	8,506				DONOR DESIGNATION
CONNECT2HELP 3833 N MERIDIAN ST STE 302 INDIANAPOLIS, IN 46208	31-1216792	501(C)3	647,865				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CASTLETON UNITED METHODIST CHURCH (CUMNS KIDS) 7101 N SHADELAND AVE INDIANAPOLIS, IN 46250	35-1149228	501(C)3	22,657				GENERAL SUPPORT
DAMIEN CENTER THE 26 N ARSENAL AVE INDIANAPOLIS, IN 46201	35-1711878	501(C)3	41,978				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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DAMIEN CENTER THE 26 N ARSENAL AVE INDIANAPOLIS, IN 46201	35-1711878	501(C)3	47,500				DONOR DESIGNATION
DAYBREAK COMMUNITY CHURCH 6515 AMBROSIA LANE CARLSBAD, CA 920112606	33-0435454	501(c)3	13,000				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ENGLEWOOD CHRISTIAN CHURCH (DAYSTAR CHILDCARE) 57 N RURAL ST INDIANAPOLIS, IN 46201	35-0953434	501(C)3	238,480				GENERAL SUPPORT
DENA'S DAY CARE CENTER INC 5707 CHELSEA RD INDIANAPOLIS, IN 46241	35-1462686		25,182				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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EARLY LEARNING INDIANA 1776 N MERIDIAN ST STE A INDIANAPOLIS, IN 46202	35-0888763	501(C)3	1,118,438				GENERAL SUPPORT
EARLY LEARNING INDIANA INC 1776 N MERIDIAN ST STE A INDIANAPOLIS, IN 46202	35-0888763	501(C)3	47,326				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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EAST TENTH UNITED METHODIST CHILDREN & YOUTH CENTER 2327 E 10TH ST INDIANAPOLIS, IN 46201	35-1976975	501(C)3	404,438				GENERAL SUPPORT
EASTER SEALS CROSSROADS 4740 KINGSWAY DR INDIANAPOLIS, IN 46205	35-0869058	501(C)3	36,542				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
EASTER SEALS CROSSROADS 4740 KINGSWAY DR INDIANAPOLIS, IN 46205	35-0869058	501(C)3	803,235				GENERAL SUPPORT
EDGE MENTORING 1075 BROAD RIPPLE AVE STE 207 INDIANAPOLIS, IN 46220	47-5092582	501(C)3	125,412				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
EDNA MARTIN CHRISTIAN CENTER INC PO BOX 18388 INDIANAPOLIS, IN 46218	35-1072577	501(C)3	595,918				GENERAL SUPPORT
EDNA MARTIN CHRISTIAN CENTER INC PO BOX 18388 INDIANAPOLIS, IN 46218	35-1072577	501(C)3	6,240				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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EMILY THOMAS FOUNDATION 1480 CHATTAHOOCHEE RUN SUWANEE, GA 30024	27-1695503	501(C)3	10,185				DONOR DESIGNATION
EMMANUEL FAITH COMMUNITY CHURCH 639 E 17TH AVE ESCONDIDO, CA 92025	95-1816013	501(c)3	5,900				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
EMMANUEL MISSIONARY BAPTIST CHURCH (EMMANUEL PREPARATORY ACADEMY) 4901 E 31ST ST INDIANAPOLIS, IN 46218	35-1710868	501(c)3	10,328				GENERAL SUPPORT
ENGLEWOOD COMMUNITY DEVELOPMENT CORP 57 N RURAL ST INDIANAPOLIS, IN 46201	35-2003744	501(c)3	20,927				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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EPISCOPAL REFUGEE NETWORK 4265 FAIRMONT AVE STE 130 SAN DIEGO, CA 921056401	20-8999776	501(C)3	7,293				DONOR DESIGNATION
FISH OF SANIBEL-CAPTIVA 2430 PERIWINKLE WAY STE B SANIBEL, FL 33957	20-8892375	501(C)3	10,000				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
FAIRBANKS INC 8102 CLEARVISTA PKWY INDIANAPOLIS, IN 46256	35-0811197	501(C)3	19,950				DONOR DESIGNATION
FAIRBANKS INC 8102 CLEARVISTA PKWY INDIANAPOLIS, IN 46256	35-0811197	501(C)3	252,086				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FAMILIES FIRST 2240 N MERIDIAN ST INDIANAPOLIS, IN 46208	35-0877572	501(C)3	11,364				DONOR DESIGNATION
FAMILIES FIRST 2240 N MERIDIAN ST INDIANAPOLIS, IN 46208	35-0877572	501(C)3	2,096,770				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FATHERS AND FAMILIES CENTER 2835 N ILLINOIS ST INDIANAPOLIS, IN 46208	35-2069047	501(C)3	15,095				DONOR DESIGNATION
FATHERS AND FAMILIES CENTER 2835 N ILLINOIS ST INDIANAPOLIS, IN 46208	35-2069047	501(C)3	77,882				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
FAY BICCARD GLICK NEIGHBORHOOD CENTER 2990 W 71ST ST INDIANAPOLIS, IN 462682239	35-1738809	501(C)3	205,167				GENERAL SUPPORT
FAY BICCARD GLICK NEIGHBORHOOD CENTER 2990 W 71ST ST INDIANAPOLIS, IN 462682239	35-1738809	501(C)3	5,323				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FELEGE HIYWOT CENTER INC 1648 SHELDON ST INDIANAPOLIS, IN 46218	20-0916223	501(C)3	5,000				DONOR DESIGNATION
FERVENT PRAYER OUTREACH MINISTRIES (FERVENT CARE CHILD CARE) 10512 E 38TH ST INDIANAPOLIS, IN 46235	35-1953339	501(c)3	33,251				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FINDING ME NOW 2601 E STOP 11 RD INDIANAPOLIS, IN 46227	35-1268862		120,219				GENERAL SUPPORT
FLANNER HOUSE OF INDIANAPOLIS INC 2424 DR MARTIN LUTHER KING JR ST INDIANAPOLIS, IN 46208	35-0942628	501(C)3	745,921				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FLANNER HOUSE OF INDIANAPOLIS INC 2424 DR MARTIN LUTHER KING JR ST INDIANAPOLIS, IN 46208	35-0942628	501(C)3	11,716				DONOR DESIGNATION
FLETCHER PLACE COMMUNITY CENTER PO BOX 825 INDIANAPOLIS, IN 462060825	35-1966882	501(C)3	225,930				GENERAL SUPPORT

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FLETCHER PLACE COMMUNITY CENTER PO BOX 825 INDIANAPOLIS, IN 462060825	35-1966882	501(C)3	5,486				DONOR DESIGNATION
FOOD FOR THE POOR INC 6401 LYONS RD COCONUT CREEK, FL 33073	59-1274510	501(C)3	8,000				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FOSTER SUCCESS 2625 N MERIDIAN ST STE 48 INDIANAPOLIS, IN 46208	45-5056874	501(C)3	148,798				GENERAL SUPPORT
FOSTER SUCCESS 2625 N MERIDIAN ST STE 48 INDIANAPOLIS, IN 46208	45-5056874	501(c)3	1,325				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FREEWHEELIN COMMUNITY BIKES 3355 N CENTRAL AVE INDIANAPOLIS, IN 46205	26-3748830	501(C)3	10,917				DONOR DESIGNATION
FRIENDS OF INDIANAPOLIS ANIMAL CONTROL & CARE FOUNDATION 7399 N SHADELAND AVE STE 17 INDIANAPOLIS, IN 46250	32-0099654	501(C)3	6,289				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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GCC FOUNDATION 5504 E 146TH ST NOBLESVILLE, IN 46062	81-5340751	501(C)3	10,000				DONOR DESIGNATION
GIFTED & TALENTED ACADEMY EAST 5023 N SHADELAND AVE INDIANAPOLIS, IN 46226	46-0480925		36,022				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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GIFTED & TALENTED ACADEMY NORTH 2626 RUTH DR INDIANAPOLIS, IN 46240	46-2398420		16,877				GENERAL SUPPORT
GIRL SCOUTS CENTRAL INDIANA 7201 GIRL SCOUT LN INDIANAPOLIS, IN 46214	35-0876381	501(C)3	150,283				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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GIRL SCOUTS CENTRAL INDIANA 7201 GIRL SCOUT LN INDIANAPOLIS, IN 46214	35-0876381	501(C)3	38,635				DONOR DESIGNATION
GIRLS INC OF GREATER INDIANAPOLIS 3935 N MERIDIAN ST INDIANAPOLIS, IN 46208	35-1337205	501(C)3	178,198				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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GIRLS INC OF GREATER INDIANAPOLIS 3935 N MERIDIAN ST INDIANAPOLIS, IN 46208	35-1337205	501(C)3	30,207				DONOR DESIGNATION
GLEANERS FOOD BANK OF INDIANA INC 3737 WALDEMERE AVE INDIANAPOLIS, IN 46241	35-1483868	501(C)3	45,149				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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GODDARD SCHOOL THE 10925 CORK PL INDIANAPOLIS, IN 46236	20-0551385		42,352				GENERAL SUPPORT
GOOD NEWS MINISTRIES 2716 E WASHINGTON ST INDIANAPOLIS, IN 46201	35-0999233	501(C)3	12,168				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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GOODWILL OF CENTRAL & SOUTHERN INDIANA 1635 W MICHIGAN ST INDIANAPOLIS, IN 46222	35-0893506	501(C)3	579,281				GENERAL SUPPORT
GOODWILL OF CENTRAL & SOUTHERN INDIANA 1635 W MICHIGAN ST INDIANAPOLIS, IN 46222	35-0893506	501(C)3	70,553				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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GREAT HORIZONS CHILDCARE & PRESCHOOL PO BOX 18016 INDIANAPOLIS, IN 46218	46-2051624	501(c)3	10,832				GENERAL SUPPORT
GREATER TWIN CITIES UNITED WAY PO BOX 2949 MINNEAPOLIS, MN 55402	41-1973442	501(C)3	7,835				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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GREENFIELD-CENTRAL CSC 110 W NORTH ST GREENFIELD, IN 46140	35-1100181	SECTION 115	12,900				GENERAL SUPPORT
HABITAT FOR HUMANITY GREATER INDIANAPOLIS 3135 N MERIDIAN ST INDIANAPOLIS, IN 462084717	35-1715910	501(C)3	17,717				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HAMILTON COUNTY HUMANE SOCIETY 1721 PLEASANT ST STE B NOBLESVILLE, IN 46060	35-1610723	501(C)3	6,294				DONOR DESIGNATION
HANCOCK COUNTY SENIOR SERVICES 1870 FIELDS BLVD GREENFIELD, IN 46140	31-0936007	501(C)3	71,388				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HAPPY HOLLOW CHILDRENS CAMP 3049 HAPPY HOLLOW RD NASHVILLE, IN 47448	35-0942648	501(C)3	61,771				GENERAL SUPPORT
HAPPY HOLLOW CHILDRENS CAMP 3049 HAPPY HOLLOW RD NASHVILLE, IN 47448	35-0942648	501(C)3	16,660				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HAWTHORNE COMMUNITY CENTER 2440 W OHIO ST INDIANAPOLIS, IN 46222	35-0874274	501(C)3	32,542				DONOR DESIGNATION
HAWTHORNE COMMUNITY CENTER 2440 W OHIO ST INDIANAPOLIS, IN 46222	35-0874274	501(C)3	502,156				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HEALTHNET 3401 E RAYMOND ST INDIANAPOLIS, IN 46203	35-1579827	501(C)3	221,572				GENERAL SUPPORT
HEALTHNET 3401 E RAYMOND ST INDIANAPOLIS, IN 46203	35-1579827	501(c)3	130				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HEAR INDIANA 4740 KINGSWAY DR STE 33 INDIANAPOLIS, IN 46205	31-0921774	501(C)3	7,702				DONOR DESIGNATION
HENDRICKS COUNTY SENIOR SERVICES PO BOX 448 DANVILLE, IN 46122	35-1445497	501(C)3	17,701				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HENDRICKS COUNTY SENIOR SERVICES PO BOX 448 DANVILLE, IN 46122	35-1445497	501(C)3	92,189				GENERAL SUPPORT
HERITAGE PLACE OF INDIANAPOLIS 4550 N ILLINOIS ST INDIANAPOLIS, IN 46208	35-1436580	501(C)3	118,638				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HERITAGE PLACE OF INDIANAPOLIS 4550 N ILLINOIS ST INDIANAPOLIS, IN 46208	35-1436580	501(c)3	3,278				DONOR DESIGNATION
HOLY FAMILY SHELTER 907 N HOLMES AVE INDIANAPOLIS, IN 46222	35-0867980	501(C)3	6,454				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HOLY NAME OF JESUS CATHOLIC CHURCH (HOLY NAME SCHOOL) 89 N 17TH AVE BEECH GROVE, IN 46107	35-0874514	501(c)3	8,213				GENERAL SUPPORT
HOLY SPIRIT CATHOLIC CHURCH 7243 E 10TH ST INDIANAPOLIS, IN 46219	35-0988729	501(c)3	25,090				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HOPE HEALTHCARE SERVICES 107 PARK PLACE BLVD AVON, IN 46123	83-0404310	501(C)3	5,815				DONOR DESIGNATION
HORIZON HOUSE INC 1033 E WASHINGTON ST INDIANAPOLIS, IN 46202	35-1759503	501(C)3	32,908				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HORIZON HOUSE INC 1033 E WASHINGTON ST INDIANAPOLIS, IN 46202	35-1759503	501(C)3	149,398				GENERAL SUPPORT
HUAPI LIAN 243 WEBB DR INDIANAPOLIS, IN 46227	47-5574570		8,580				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
HUMANE SOCIETY OF INDIANAPOLIS 7929 MICHIGAN RD INDIANAPOLIS, IN 46268	35-0876385	501(C)3	42,151				DONOR DESIGNATION
HUTSON SCHOOL INC (DBA FORTUNE ACADEMY) 5626 LAWTON LOOP E DR INDIANAPOLIS, IN 462161013	35-2148108	501(C)3	11,328				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HVAF OF INDIANA INC 4702 S EAST ST INDIANAPOLIS, IN 46204	35-1890547	501(C)3	1,133,709				GENERAL SUPPORT
HVAF OF INDIANA INC 4702 S EAST ST INDIANAPOLIS, IN 46204	35-1890547	501(C)3	20,154				DONOR DESIGNATION

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ICE SKATING CLUB OF INDIANAPOLIS 1040 3RD AVE SW CARMEL, IN 46032	35-1434256	501(C)3	6,235				DONOR DESIGNATION
INDIANA LEGAL SERVICES INC 151 N DELAWARE ST STE 1850 INDIANAPOLIS, IN 462042534	35-6059654	501(C)3	76,816				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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INDIANA LEGAL SERVICES INC 151 N DELAWARE ST STE 1850 INDIANAPOLIS, IN 462042534	35-6059654	501(C)3	7,953				DONOR DESIGNATION
INDIANA OIC STATE COUNCIL INC 1308 S RILEY PL INDIANAPOLIS, IN 46203	35-1536521	501(c)3	10,305				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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INDIANA UNIVERSITY FOUNDATION PO BOX 500 BLOOMINGTON, IN 47402	35-6018940	501(C)3	12,309				DONOR DESIGNATION
INDIANA YOUTH GROUP PO BOX 20716 INDIANAPOLIS, IN 46220	35-1760451	501(C)3	32,888				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
INDIANA YOUTH GROUP PO BOX 20716 INDIANAPOLIS, IN 46220	35-1760451	501(C)3	60,593				DONOR DESIGNATION
INDIANAPOLIS JUNIOR ACADEMY 2910 E 62ND ST INDIANAPOLIS, IN 46220	35-0976759	501(C)3	12,432				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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INDIANAPOLIS LEGAL AID SOCIETY INC 615 N ALABAMA ST STE 228 INDIANAPOLIS, IN 46204	35-1045153	501(C)3	200,308				GENERAL SUPPORT
INDIANAPOLIS LEGAL AID SOCIETY INC 615 N ALABAMA ST STE 122 INDIANAPOLIS, IN 46204	35-1045153	501(C)3	24,448				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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INDIANAPOLIS NEIGHBORHOOD RESOURCE CENTER 708 E MICHIGAN ST INDIANAPOLIS, IN 46202	35-1909230	501(C)3	83,616				GENERAL SUPPORT
INDIANAPOLIS NEIGHBORHOOD RESOURCE CENTER 708 E MICHIGAN ST INDIANAPOLIS, IN 46202	35-1909230	501(c)3	2,010				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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INDIANAPOLIS-MARION COUNTY PUBLIC LIBRARY FOUNDATION 2450 NORTH MERIDIAN ST INDIANAPOLIS, IN 46208	23-7016089	501(c)3	186,692				GENERAL SUPPORT
INDIANAPOLIS URBAN LEAGUE 777 INDIANA AVE INDIANAPOLIS, IN 46202	35-6060655	501(C)3	373,148				GENERAL SUPPORT

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INDIANAPOLIS URBAN LEAGUE 777 INDIANA AVE INDIANAPOLIS, IN 46202	35-6060655	501(C)3	20,225				DONOR DESIGNATION
INTELLIGENT MINDS CHILD DEVELOPMENT 2432 COPPER HILL DRIVE INDIANAPOLIS, IN 46239	26-2393272		6,149				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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IPS - EDUCATION FOUNDATION INC 120 E WALNUT STE 114 INDIANAPOLIS, IN 46204	31-1103966	501(C)3	5,810				DONOR DESIGNATION
IVY TECH FOUNDATION INC 50 W FALL CREEK PKWY N DR INDIANAPOLIS, IN 46208	23-7073977	501(C)3	6,349				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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JAMESON CAMP 2001 BRIDGEPORT RD INDIANAPOLIS, IN 46231	35-1156756	501(C)3	29,914				DONOR DESIGNATION
JAMESON CAMP 2001 BRIDGEPORT RD INDIANAPOLIS, IN 46231	35-1156756	501(C)3	41,280				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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JANE PAULEY COMMUNITY HEALTH CENTER 1503 N MITTHOEFFER RD INDIANAPOLIS, IN 46229	01-0945309	501(C)3	49,137				GENERAL SUPPORT
JANGEE'S CHILDCARE 8115 LOVERIDGE DR INDIANAPOLIS, IN 46268	35-2323157		7,950				GENERAL SUPPORT

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JEWISH COMMUNITY CENTER OF INDIANAPOLIS 6701 HOOVER RD INDIANAPOLIS, IN 46260	23-7099138	501(C)3	17,868				DONOR DESIGNATION
JEWISH COMMUNITY CENTER OF INDIANAPOLIS 6701 HOOVER RD INDIANAPOLIS, IN 46260	23-7099138	501(C)3	128,815				GENERAL SUPPORT

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JEWISH FEDERATION OF GREATER INDIANAPOLIS 6705 HOOVER RD INDIANAPOLIS, IN 462604120	35-0888017	501(C)3	15,357				DONOR DESIGNATION
JOHN H BONER COMMUNITY CENTER 2236 E 10TH ST INDIANAPOLIS, IN 46201	23-7204495	501(C)3	1,288,587				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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JOHN H BONER COMMUNITY CENTER 2236 E 10TH ST INDIANAPOLIS, IN 46201	23-7204495	501(c)3	4,717				DONOR DESIGNATION
JUDAH MINISTRIES (PRIDE ACADEMY) 9052 FOREST WILLOW DR INDIANAPOLIS, IN 46234	16-1616713	501(C)3	68,014				GENERAL SUPPORT

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JULIAN CENTER THE 2011 N MERIDIAN ST INDIANAPOLIS, IN 46202	35-1346514	501(C)3	298,630				GENERAL SUPPORT
JULIAN CENTER THE 2011 N MERIDIAN ST INDIANAPOLIS, IN 46202	35-1346514	501(C)3	86,375				DONOR DESIGNATION

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KIDS' VOICE OF INDIANA 9150 HARRISON PARK CT STE C INDIANAPOLIS, IN 46216	35-1656579	501(C)3	40,626				GENERAL SUPPORT
KIDS' VOICE OF INDIANA 9150 HARRISON PARK CT STE C INDIANAPOLIS, IN 46216	35-1656579	501(C)3	8,102				DONOR DESIGNATION

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KIDZ LUV EARLY LEARNING MINISTRY 4118 N SHERIDAN AVE INDIANAPOLIS, IN 46226	81-4411451	501(c)3	29,542				GENERAL SUPPORT
KINDERCARE 650 NE HOLLADAY ST STE 1400 PORTLAND, OR 97232	47-4478313		616,866				GENERAL SUPPORT

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LA PETITE ACADEMY 8860 E 10TH ST INDIANAPOLIS, IN 46219	43-1243221		108,725				GENERAL SUPPORT
LA PLAZA INC 8902 E 38TH ST INDIANAPOLIS, IN 462266073	30-0029575	501(C)3	12,869				DONOR DESIGNATION

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LA PLAZA INC 8902 E 38TH ST INDIANAPOLIS, IN 462266073	30-0029575	501(C)3	160,850				GENERAL SUPPORT
LEBANON AREA BOYS & GIRLS CLUB 403 W MAIN ST LEBANON, IN 46052	35-6041946	501(C)3	36,632				GENERAL SUPPORT

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LEBANON COMMUNITY SCHOOL CORPORATION 1810 N GRANT ST LEBANON, IN 46052	35-1085670	SECTION 115	5,000				GENERAL SUPPORT
LIFE CENTERS INC 3901 W 86TH ST STE 111 INDIANAPOLIS, IN 46268	31-1059740	501(C)3	8,370				DONOR DESIGNATION

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DIRECTION CHRISTIAN CHURCH (LITTLE DUCKLING DAYCARE) 5350 E 38TH ST INDIANAPOLIS, IN 46218	35-1754899	501(c)3	41,769				GENERAL SUPPORT
LITTLE LIONS CHILDCARE PROVIDERS 3532 N KEYSTONE AVE INDIANAPOLIS, IN 46218	81-3178648		9,152				GENERAL SUPPORT

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LITTLE RED DOOR CANCER AGENCY 1801 N MERIDIAN ST INDIANAPOLIS, IN 46202	35-0914096	501(C)3	59,723				DONOR DESIGNATION
LITTLE RED DOOR CANCER AGENCY 1801 N MERIDIAN ST INDIANAPOLIS, IN 46202	35-0914096	501(C)3	173,744				GENERAL SUPPORT

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LITTLE SCHOLARS CHILDCARE & PRESCHOOL ACADEMY PO BOX 53791 INDIANAPOLIS, IN 46253	27-1122413		45,605				GENERAL SUPPORT
LITTLE SISTERS OF THE POOR 2345 W 86TH ST INDIANAPOLIS, IN 46260	35-1007734	501(C)3	12,752				DONOR DESIGNATION

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LITTLE STEPS CHILDCARE 9425 E 30TH ST INDIANAPOLIS, IN 46229	90-0764506		29,078				GENERAL SUPPORT
LIZ KIDS CHILDCARE LLC 3301 PATTEN DR INDIANAPOLIS, IN 46224	45-1134908		9,009				GENERAL SUPPORT

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LOCAL INITIATIVES SUPPORT CORPORATION 202 E MARKET ST INDIANAPOLIS, IN 46204	13-3030229	501(C)3	180,000				GENERAL SUPPORT
LUTHERAN CHILD & FAMILY SERVICES (IN) 1525 N RITTER AVE INDIANAPOLIS, IN 46219	35-0868123	501(C)3	227,703				GENERAL SUPPORT

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LUTHERAN CHILD & FAMILY SERVICES (IN) 1525 N RITTER AVE INDIANAPOLIS, IN 46219	35-0868123	501(C)3	69,509				DONOR DESIGNATION
LYNHURST BAPTIST CHURCH PRESCHOOL MINISTRY 1250 S LYNHURST DR INDIANAPOLIS, IN 46241	35-2256878	501(c)3	15,123				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MARTHA O'BRYAN CENTER 711 SOUTH 7TH ST NASHVILLE, TN 37206	62-0477728	501(C)3	5,000				DONOR DESIGNATION
MARTIN CENTER INC 3549 N COLLEGE AVE INDIANAPOLIS, IN 46205	23-7058960	501(C)3	129,682				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MARTIN CENTER INC 3549 N COLLEGE AVE INDIANAPOLIS, IN 46205	23-7058960	501(c)3	4,089				DONOR DESIGNATION
MARTIN LUTHER KING COMMUNITY CENTER 40 W 40TH ST INDIANAPOLIS, IN 46208	23-7415846	501(C)3	7,460				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MARTIN LUTHER KING COMMUNITY CENTER 40 W 40TH ST INDIANAPOLIS, IN 46208	23-7415846	501(C)3	459,160				GENERAL SUPPORT
MARY RIGG NEIGHBORHOOD CENTER 1920 W MORRIS ST INDIANAPOLIS, IN 46221	35-0868954	501(C)3	38,255				DONOR DESIGNATION

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MARY RIGG NEIGHBORHOOD CENTER 1920 W MORRIS ST INDIANAPOLIS, IN 46221	35-0868954	501(C)3	462,586				GENERAL SUPPORT
MCCOY 1375 W 16TH ST INDIANAPOLIS, IN 462022111	35-1900516	501(C)3	116,058				GENERAL SUPPORT

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MCCOY 1375 W 16TH ST INDIANAPOLIS, IN 462022111	35-1900516	501(C)3	8,657				DONOR DESIGNATION
MEALS ON WHEELS OF HANCOCK COUNTY 1133 W MAIN ST STE C GREENFIELD, IN 46140	35-2117913	501(C)3	7,803				DONOR DESIGNATION

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MEALS ON WHEELS INC PO BOX 40969 INDIANAPOLIS, IN 462400469	35-1182075	501(C)3	30,906				DONOR DESIGNATION
MEALS ON WHEELS INC PO BOX 40969 INDIANAPOLIS, IN 462400469	35-1182075	501(C)3	36,228				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MENTAL HEALTH AMERICA OF HENDRICKS COUNTY 75 QUEENSWAY DR AVON, IN 46123	23-7038692	501(C)3	29,610				GENERAL SUPPORT
MEPHIBOSHETH MINISTRIES INC 1715 STRINGTOWN PIKE CICERO, IN 46034	35-2135547	501(C)3	5,000				DONOR DESIGNATION

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MIDWEST FOOD BANK 6450 S BELMONT AVE INDIANAPOLIS, IN 46217	41-2120170	501(C)3	5,692				DONOR DESIGNATION
MINORITY ENGINEERING PROGRAM OF INDIANAPOLIS 8909 PURDUE RD STE 130 INDIANAPOLIS, IN 46268	35-1929560	501(C)3	10,855				DONOR DESIGNATION

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MOTHER THEODORE CATHOLIC ACADEMY 1400 N MERIDIAN ST INDIANAPOLIS, IN 46202	27-1010344	501(c)3	23,008				GENERAL SUPPORT
MOUNT CARMEL COMMUNITY ACADEMY 9610 E 42ND ST INDIANAPOLIS, IN 46235	30-0555664	501(c)3	63,073				GENERAL SUPPORT

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MSD OF DECATUR TOWNSHIP 5275 KENTUCKY AVE INDIANAPOLIS, IN 46221	35-1097820	SECTION 115	7,367				GENERAL SUPPORT
MSD OF LAWRENCE TOWNSHIP 6501 SUNNYSIDE RD INDIANAPOLIS, IN 46236	35-6006802	SECTION 115	106,172				GENERAL SUPPORT

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MSD OF WARREN TOWNSHIP 975 N POST RD INDIANPAOLIS, IN 46219	35-6006000	SECTION 115	180,054				GENERAL SUPPORT
MSD OF WAYNE TOWNSHIP 1220 S HIGH SCHOOL RD INDIANAPOLIS, IN 46241	35-1072270	SECTION 115	174,523				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
MT ZION'S APOSTOLIC CHURCH (MT ZION'S LOVING DAYCARE) 4900 E 38TH ST INDIANAPOLIS, IN 46218	23-7438282	501(c)3	23,679				GENERAL SUPPORT
INDIANAPOLIS MUSLIM COMMUNITY ASSOCIATION (MTI SCHOOL OF KNOWLEDGE) 2850 COLD SPRING RD INDIANAPOLIS, IN 46224	35-1773100	501(c)3	12,242				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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MY SECOND HOME CHILD CARE AND PRESCHOOL 8050 NUCKOLS LN INDIANAPOLIS, IN 46237	26-0584073		54,914				GENERAL SUPPORT
NANA'S LOVING DAYCARE 2303 E RIVERSIDE DR INDIANAPOLIS, IN 46208	82-5386918		11,536				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NANNY'S LOVING CARE 6438 W WASHINGTON ST INDIANAPOLIS, IN 46241	20-5514330		6,300				GENERAL SUPPORT
NEIGHBORHOOD CHRISTIAN LEGAL CLINIC 3333 N MERIDIAN ST INDIANAPOLIS, IN 46208	35-1916572	501(C)3	20,730				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NEIGHBORHOOD CHRISTIAN LEGAL CLINIC 3333 N MERIDIAN ST INDIANAPOLIS, IN 46208	35-1916572	501(C)3	59,230				GENERAL SUPPORT
NOBLE 7701 E 21ST ST INDIANAPOLIS, IN 46219	35-0924720	501(C)3	59,480				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NOBLE 7701 E 21ST ST INDIANAPOLIS, IN 46219	35-0924720	501(C)3	362,400				GENERAL SUPPORT
OPERATION SCHOOL BELL OF ASSISTANCE LEAGUE OF INDIANAPOLIS 1475 W 86TH ST INDIANAPOLIS, IN 462602185	35-1635410	501(C)3	16,876				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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OUTREACH INC 2416 E NEW YORK ST INDIANAPOLIS, IN 46201	35-1989358	501(C)3	8,808				DONOR DESIGNATION
PACE INC 2855 N KEYSTONE AVE STE 170 INDIANAPOLIS, IN 46218	35-1062235	501(C)3	240,345				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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PACE INC 2855 N KEYSTONE AVE STE 170 INDIANAPOLIS, IN 46218	35-1062235	501(C)3	10,346				DONOR DESIGNATION
PARK TUDOR SCHOOL 7200 N COLLEGE AVE INDIANAPOLIS, IN 46240	35-0909976	501(C)3	5,351				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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PERFECTED CHILD CARE MINISTRY 8736 E 21ST ST INDIANAPOLIS, IN 46219	35-1993037	501(c)3	6,046				GENERAL SUPPORT
PERRY TOWNSHIP EDUCATION FOUNDATION 6548 ORINOCO AVE INDIANAPOLIS, IN 46227	35-1923843	501(C)3	5,098				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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PERRY TOWNSHIP SCHOOLS 6548 ORINOCO AVE INDIANAPOLIS, IN 46227	35-6006777	SECTION 115	52,460				GENERAL SUPPORT
PHILANTHROPY NEW YORK 320 E 43RD ST NEW YORK, NY 10017	13-3001403	501(C)3	10,000				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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PINK RIBBON CONNECTION INC THE HEART OF BREAST CANCER 1139 SHELBY ST INDIANAPOLIS, IN 46203	42-1715971	501(C)3	5,500				DONOR DESIGNATION
PLANNED PARENTHOOD OF ILLINOIS 18 S MICHIGAN AVE 6TH FL CHICAGO, IL 60603	36-2170901	501(C)3	5,000				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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PLANNED PARENTHOOD OF INDIANA AND KENTUCKY INC PO BOX 397 INDIANAPOLIS, IN 462060397	35-0874276	501(C)3	42,607				DONOR DESIGNATION
PRECIOUS MOMENTS DAYCARE MINISTRY 3642 NORTH EMERSON AVENUE INDIANAPOLIS, IN 46218	35-2155712		37,441				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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PRIME LIFE ENRICHMENT INC 1078 THIRD AVE SW CARMEL, IN 46032	35-1411017	501(c)3	162,392				GENERAL SUPPORT
PROMISELAND ADVENTURES 2901 N POST RD INDIANAPOLIS, IN 46219	35-1181579	501(c)3	32,898				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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RAYZ OF SONSHINE 2539 GREY SPRING CT INDIANAPOLIS, IN 46235	47-2615980		22,923				GENERAL SUPPORT
REACH FOR YOUTH INC 3505 N WASHINGTON BLVD INDIANAPOLIS, IN 462053718	23-7456842	501(c)3	150,760				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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REACH FOR YOUTH INC 3505 N WASHINGTON BLVD INDIANAPOLIS, IN 46205	23-7456842	501(c)3	4,464				DONOR DESIGNATION
RILEY CHILDREN'S FOUNDATION 30 S MERIDIAN ST STE 200 INDIANAPOLIS, IN 462043509	35-0868147	501(C)3	74,393				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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RONCALLI HIGH SCHOOL 3300 PRAGUE RD INDIANAPOLIS, IN 46227	35-1153685	501(c)3	5,491				DONOR DESIGNATION
SAFECARE DEVELOPMENT CHILDCARE CENTER 5935 E 27TH ST INDIANAPOLIS, IN 46218	38-3743459		14,862				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SALVATION ARMY (INDIANAPOLIS) PO BOX 88517 INDIANAPOLIS, IN 46208	36-2167910	501(C)3	831,355				GENERAL SUPPORT
SALVATION ARMY (INDIANAPOLIS) PO BOX 88517 INDIANAPOLIS, IN 46208	36-2167910	501(C)3	86,612				DONOR DESIGNATION

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SAN DIEGO RESCUE MISSION PO BOX 80427 SAN DIEGO, CA 92138	95-1874073	501(C)3	5,049				DONOR DESIGNATION
SCHOOL ON WHEELS CORP 2605 E 62ND ST STE 2005 INDIANAPOLIS, IN 46220	35-2151003	501(C)3	5,866				DONOR DESIGNATION

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SECOND HELPINGS INC 1121 SOUTHEASTERN AVE INDIANAPOLIS, IN 46202	35-1484281	501(C)3	121,134				GENERAL SUPPORT
SECOND HELPINGS INC 1121 SOUTHEASTERN AVE INDIANAPOLIS, IN 46202	35-1484281	501(C)3	87,023				DONOR DESIGNATION

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SHELBY COUNTY UNITED FUND 126 N HARRISON ST SHELBYVILLE, IN 46176	35-0953458	501(C)3	15,461				DONOR DESIGNATION
SHELTERING WINGS CENTER FOR WOMEN PO BOX 92 DANVILLE, IN 461220092	35-2077713	501(C)3	50,986				DONOR DESIGNATION

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SHELTERING WINGS CENTER FOR WOMEN PO BOX 92 DANVILLE, IN 461220092	35-2077713	501(C)3	99,022				GENERAL SUPPORT
SHEPHERD COMMUNITY CENTER 4107 E WASHINGTON ST INDIANAPOLIS, IN 46201	35-1765846	501(C)3	18,311				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SHEPHERD COMMUNITY CENTER 4107 E WASHINGTON ST INDIANAPOLIS, IN 46201	35-1765846	501(C)3	154,738				GENERAL SUPPORT
SHEPHERDS GATE FOOD PANTRY & BABY SUPPLIES 17102 SPRING MILL RD WESTFIELD, IN 46074	35-1950891	501(C)3	6,678				DONOR DESIGNATION

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SKOOL KIDZ EARLY EDUCATION ACADEMY 2254 W 86TH ST INDIANAPOLIS, IN 46260	80-0268132		16,625				GENERAL SUPPORT
SOCIAL HEALTH ASSOCIATION OF INDIANA INC 615 N ALABAMA ST STE 228 INDIANAPOLIS, IN 46204	35-0869056	501(C)3	9,617				DONOR DESIGNATION

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SOCIAL HEALTH ASSOCIATION OF INDIANA INC 1195 N MORTON ST STE A INDIANAPOLIS, IN 46204	35-0869056	501(C)3	61,594				GENERAL SUPPORT
SOCIETY OF ST VINCENT DE PAUL 3001 E 30TH ST INDIANAPOLIS, IN 46218	37-1507632	501(C)3	21,595				DONOR DESIGNATION

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SOUTHEAST COMMUNITY SERVICES 901 SHELBY ST INDIANAPOLIS, IN 46203	35-1318068	501(C)3	414,123				GENERAL SUPPORT
SOUTHEAST COMMUNITY SERVICES 901 SHELBY ST INDIANAPOLIS, IN 46203	35-1318068	501(C)3	7,237				DONOR DESIGNATION

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SOUTHMINSTER PRESBYTERIAN LHLP PO BOX 39008 INDIANAPOLIS, IN 46239	35-1157652	501(c)3	14,720				GENERAL SUPPORT
SPEEDWAY UNITED METHODIST CHURCH 5011 W 16TH ST SPEEDWAY, IN 46224	35-2078266	501(c)3	10,150				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SS PETER & PAUL CATHEDRAL 1347 N MERIDIAN ST INDIANAPOLIS, IN 46202	35-0868029	501(c)3	15,000				DONOR DESIGNATION
ST JOAN OF ARC CATHOLIC CHURCH & SCHOOL 4217 CENTRAL AVE INDIANAPOLIS, IN 46205	35-0901290	501(C)3	45,942				GENERAL SUPPORT

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ST JUDE CATHOLIC CHURCH 5353 MCFARLAND RD INDIANAPOLIS, IN 46227	35-1052777	501(c)3	134,748				GENERAL SUPPORT
ST JUDE CHILDRENS RESEARCH HOSPITAL - TN 501 ST JUDE PL MEMPHIS, TN 38105	62-0646012	501(C)3	7,982				DONOR DESIGNATION

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ST LAWRENCE CATHOLIC CHURCH 6944 E 46TH ST INDIANAPOLIS, IN 46226	35-0919344	501(C)3	77,392				GENERAL SUPPORT
ST MARY'S CHILD CENTER 901 DR MARTIN LUTHER KING JR ST INDIANAPOLIS, IN 46202	35-1141484	501(C)3	295,518				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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ST MARY'S CHILD CENTER 901 DR MARTIN LUTHER KING JR ST INDIANAPOLIS, IN 46202	35-1141484	501(C)3	125,854				DONOR DESIGNATION
ST MICHAEL - ST GABRIEL ARCHANGELS ELEMENTARY 3352 W 30TH ST INDIANAPOLIS, IN 46222	35-1096103	501(c)3	11,982				GENERAL SUPPORT

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ST MONICA SCHOOL 6131 N MICHIGAN RD INDIANAPOLIS, IN 46228	35-1009268	501(c)3	26,976				GENERAL SUPPORT
ST THERESE LITTLE FLOWER CATHOLIC SCHOOL 1401 N BOSART AVE INDIANAPOLIS, IN 46201	20-8934132	501(c)3	19,013				GENERAL SUPPORT

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ST VINCENT DE PAUL VILLAGE 3350 E ST SAN DIEGO, CA 921023332	33-0492302	501(C)3	8,072				DONOR DESIGNATION
STAR CHILD DAY CARE 5335 N KENMORE RD INDIANAPOLIS, IN 46226	36-4793766		9,253				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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STARFISH INITIATIVE 6958 HILLSDALE CT INDIANAPOLIS, IN 462502040	56-2442758	501(C)3	43,933				DONOR DESIGNATION
STARFISH INITIATIVE 6958 HILLSDALE CT INDIANAPOLIS, IN 462502040	56-2442758	501(C)3	29,862				GENERAL SUPPORT

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STONE BELT 2815 E 10TH ST BLOOMINGTON, IN 47408	35-1059827	501(C)3	7,089				DONOR DESIGNATION
SYCAMORE SERVICES INC PO BOX 369 INDIANAPOLIS, IN 46268	35-1064235	501(C)3	91,640				GENERAL SUPPORT

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SYCAMORE SERVICES INC PO BOX 369 INDIANAPOLIS, IN 46268	35-1064235	501(c)3	1,966				DONOR DESIGNATION
T P KIDDIE ACADEMY 4501 N POST INDIANAPOLIS, IN 46226	35-2149550		70,950				GENERAL SUPPORT

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TANGRAM 5155 PENNWOOD DR INDIANAPOLIS, IN 46205	35-1661813	501(C)3	5,457				DONOR DESIGNATION
TANGRAM 5155 PENNWOOD DR INDIANAPOLIS, IN 46205	35-1661813	501(C)3	192,162				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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THE ALBION FELLOWS BACON CENTER PO BOX 3164 EVANSVILLE, IN 47731	31-1029051	501(C)3	7,646				DONOR DESIGNATION
THE CENTER FOR THE PERFORMING ARTS - CARMEL 1 CENTER GREEN CARMEL, IN 46032	20-3901164	501(C)3	5,013				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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THE CHILDREN'S MUSEUM OF INDIANAPOLIS 3000 N MERIDIAN ST INDIANAPOLIS, IN 46208	35-0867985	501(C)3	5,193				DONOR DESIGNATION
THE INDIANAPOLIS ZOOLOGICAL SOCIETY PO BOX 22309 INDIANAPOLIS, IN 46222	35-1074747	501(C)3	5,960				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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THE MIND TRUST 1630 N MERIDIAN ST STE 450 INDIANAPOLIS, IN 46202	20-4560286	501(C)3	8,334				DONOR DESIGNATION
THE ORCHARD SCHOOL FOUNDATION 615 W 64TH ST INDIANAPOLIS, IN 46260	35-0909975	501(C)3	5,000				DONOR DESIGNATION

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THE REFUGE 65 AIRPORT PKWY STE 114 GREENWOOD, IN 46143	26-3072986	501(C)3	5,000				DONOR DESIGNATION
THE STEM CONNECTION 8407 MOORE RD INDIANAPOLIS, IN 46278	46-5647562	501(C)3	7,352				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
TIMMY GLOBAL HEALTH 22 E 22ND ST INDIANAPOLIS, IN 46202	35-2012757	501(C)3	10,000				DONOR DESIGNATION
TRI-COUNTY SCHOLARSHIP FUND 14 West Main St Mendham, NJ 07945	22-2354475	501(C)3	5,000				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
UNITED WAY OF CENTRAL ALABAMA PO BOX 320189 BIRMINGHAM, AL 352320189	63-0288846	501(C)3	6,000				DONOR DESIGNATION
UNITED WAY OF GREATER LAFAYETTE & TIPPECANOE COUNTY 1114 E STATE ST STE 200 LAFAYETTE, IN 47905	35-0891621	501(C)3	14,289				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
UNITED WAY OF GREATER PHILADELPHIA AND SOUTHERN NEW JERSEY 1709 BENJAMIN FRANKLIN PKWY PHILADELPHIA, PA 19103	23-1556045	501(C)3	8,465				DONOR DESIGNATION
UNITED WAY OF JOHNSON COUNTY (IN) PO BOX 153 FRANKLIN, IN 46131	35-1082600	501(C)3	143,549				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
UNITED WAY OF MADISON COUNTY INC - IN PO BOX 1200 ANDERSON, IN 46015	35-1052350	501(C)3	13,729				DONOR DESIGNATION
UNITED WAY OF MONROE COUNTY INC (IN) 431 S COLLEGE AVE BLOOMINGTON, IN 47403	35-0985959	501(C)3	16,023				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
UNITED WAY OF NEW YORK CITY 205 E 42ND ST NEW YORK, NY 10017	13-2617681	501(C)3	28,807				DONOR DESIGNATION
UNITED WAY OF PUTNAM COUNTY - IN 22 1/2 W WASHINGTON ST STE 208 GREENCASTLE, IN 461351568	35-6074100	501(C)3	10,144				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
UNITED WAY OF THE BATTLE CREEK AND KALAMAZOO REGION 709 S WESTEDGE AVE KALAMAZOO, MI 49007	38-1359193	501(C)3	5,012				DONOR DESIGNATION
UNITED WAY OF THE NATIONAL CAPITAL AREA 1577 SPRING HILL RD STE 420 VIENNA, VA 221822223	53-0234290	501(C)3	30,367				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
UNITED WAY OF THE WABASH VALLEY INC 2901 OHIO BLVD STE 215 TERRE HAUTE, IN 478032239	35-1008531	501(C)3	12,597				DONOR DESIGNATION
UNITED WAY WORLDWIDE PO BOX 418607 BOSTON, MA 02241	13-1635294	501(C)3	403,600				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
UNIVERSITY HEIGHTS UNITED METHODIST CHURCH 4002 OTTERBEIN AVE INDIANAPOLIS, IN 46227	35-0985956	501(c)3	9,300				GENERAL SUPPORT
UNLIMITED POTENTIAL INC 3146 E WIER AVE PHOENIX, AZ 85040	31-1014369	501(C)3	10,000				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
VILLAGES OF INDIANA THE 3833 N MERIDIAN ST STE 101 INDIANAPOLIS, IN 46208	35-1708240	501(C)3	24,642				DONOR DESIGNATION
VILLAGES OF INDIANA THE 3833 N MERIDIAN ST STE 101 INDIANAPOLIS, IN 46208	35-1708240	501(C)3	146,170				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
VOLUNTEERS OF AMERICA INDIANA 927 N PENNSYLVANIA ST INDIANAPOLIS, IN 462041020	35-1914815	501(C)3	382,116				GENERAL SUPPORT
VOLUNTEERS OF AMERICA INDIANA 927 N PENNSYLVANIA ST INDIANAPOLIS, IN 462041020	35-1914815	501(C)3	8,317				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
WATCH ME GROW CHILDCARE 4740 CENTURY PLAZA RD INDIANAPOLIS, IN 46254	45-5629373		44,334				GENERAL SUPPORT
WELLSPRING CENTER 301 W HARRISON ST MARTINSVILLE, IN 46151	31-1255091	501(C)3	47,584				GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
WELLSPRING CENTER 301 W HARRISON ST INDIANAPOLIS, IN 46151	31-1255091	501(c)3	3,249				DONOR DESIGNATION
WHEELER MISSION MINISTRIES 205 E NEW YORK ST INDIANAPOLIS, IN 46204	35-0888771	501(C)3	68,154				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
WHEELER MISSION MINISTRIES INC 205 E NEW YORK ST INDIANAPOLIS, IN 46204	35-0888771	501(C)3	20,000				GENERAL SUPPORT
YMCA OF GREATER INDIANAPOLIS 615 N ALABAMA ST STE 200 INDIANAPOLIS, IN 462041359	35-0868211	501(C)3	84,192				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
YMCA OF GREATER INDIANAPOLIS 615 N ALABAMA ST STE 200 INDIANAPOLIS, IN 462041359	35-0868211	501(C)3	808,789				GENERAL SUPPORT
YOUNG LIFE OF INDIANAPOLIS PO BOX 80542 INDIANAPOLIS, IN 46280	84-0385934	501(C)3	5,787				DONOR DESIGNATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
YOUTH CONNECTIONS 1195 N MORTON ST STE A FRANKLIN, IN 46131	31-0900601	501(C)3	19,690				GENERAL SUPPORT
YOUTH CONNECTIONS 1195 N MORTON ST STE A FRANKLIN, IN 46131	31-0900601	501(C)3	1,050				DONOR DESIGNATION

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

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

2018

Open to Public Inspection

Name of the organization
United Way of Central Indiana Inc

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> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<p>b If any of the boxes in 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, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2			
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<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> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <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>	4a	No		
	4b	No		
	4c	No		
<p>Only 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> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a	No		
	5b	No		
<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> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a	No		
	6b	No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7	No		
<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	No		
<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 are not 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 Director, President & CEO	(i)	333,120	60,000	1,032	52,397	21,072	467,621	0
	(ii)	0	0	0	0	0	0	0
2 Gina Miller Chief Operating and Financial Officer	(i)	192,150	15,000	360	28,667	28,752	264,929	0
	(ii)	0	0	0	0	0	0	0
3 Julianne Burns JumpIN Chief Executive Officer	(i)	182,500	0	1,032	27,907	15,669	227,108	0
	(ii)	0	0	0	0	0	0	0
4 Nancy Ahlrichs Chief Talent Officer	(i)	146,495	15,000	3,048	20,104	13,319	197,966	0
	(ii)	0	0	0	0	0	0	0
5 Juan Suarez Chief Community Impact Officer	(i)	146,267	15,000	552	585	26,539	188,943	0
	(ii)	0	0	0	0	0	0	0
6 Chris Herndon Chief Marketing and Engagement Officer	(i)	145,230	15,000	360	24,577	21,726	206,893	0
	(ii)	0	0	0	0	0	0	0
7 Penny Lee Chief Fundraising Officer	(i)	141,298	15,000	503	18,241	17,173	192,215	0
	(ii)	0	0	0	0	0	0	0

Part III **Supplemental Information**

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2018

▶ **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 the latest information.**

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 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	X	118	5,005,674	Market value
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
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?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II		
33 If the organization did not 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	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)

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

2018

Open to Public Inspection

Department of the Treasury

Name of the organization
United Way of Central Indiana Inc

Employer identification number

35-1007590

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d Description of other program services	(Expenses \$ 5,043,839 including grants of \$ 3,900,972)(Revenue \$ 286,740) UWCI helps individuals and families build strong, stable foundations through resources and programs that enable them to achieve stable employment and financial literacy We invest in partners that offer job training and placement, financial education , free tax preparation and legal advice that help them succeed in work and in life Our marquis financial stability initiative is the deployment of a Centers for Working Families model originally developed by the Annie E Casey Foundation to provide people with the tools they need to increase their income (Earn it), reduce expenses through financial literacy (Keep it) and build wealth for their families (Grow it) Our CWF network is comprised of 12 neighborhood based centers that transition families from living paycheck to paycheck to investing in their future The model provides services in three key areas employment and career advancement, financial literacy and coaching, and access to income supports By bundling such programs, the centers can provide a coaching approach in a one-stop convenient location for families in search of help This year 4,489 individuals were served by the Centers for Working Families network and 949 unemployed individuals received the tools and skills they needed to achieve gainful employment Through our Volunteer Income Tax Assistance program, we leveraged more than 200 volunteers to prepare 6,696 tax returns for Central Indiana residents at no cost, bringing \$1.1m in earned income tax credits back to those residents and the Central Indiana community

990 Schedule O, Supplemental Information

Return Reference	Explanation
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>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 2 Family/business relationships amongst interested persons	Ann Murtlow and Jean Wojtowicz - Business relationship

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 4 Significant changes to organizational documents	Highlights of the changes to the Bylaws include * The sunseting of four standing committees Strategic Fundraising Committee, Public Policy Committee, Community Impact Committee, and Engagement Committee * The addition of a minimum number of board members and the removal of a maximum number of board members * Changing the composition of the Executive Committee to include the immediate past Community Engagement Chair and to change the at-large membership from a maximum of five to a number "as determined by the board" * Removal of Area Advisory Board Chairs and Agency Executive Council Chair as Ex-Officio Directors of the board and adding the Retire United Chair as an ExOfficio Director of the board * A clarification that an Annual Meeting of the board is not tied to the typical annual celebration of the board * Changing the title of Chair-Elect to Vice Chair to reflect our current practice of voting the incoming chair in rather than an automatic succession from Chair-Elect to Board Chair * Allowing the Governance Committee, in addition to the Executive Committee, to make recommendations for the removal of an officer or director of the board

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 11b Review of form 990 by governing body	Form 990 is prepared by UWCI's Director of Finance and its COO/CFO and reviewed by 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 23, 2019. The form was electronically provided to each board member before the meeting and hard copies of the return and presentation were also available at the meeting. A representative of the independent accounting firm was also present at the board meeting.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 12c Conflict of interest policy	United Way of Central Indiana (UWCI) requires all board members, members of key committees, officers, key employees, and highly compensated employees to complete a conflict of interest questionnaire. The questionnaires are reviewed by the COO/CFO and any conflicts disclosed in the questionnaires are reported to the Audit 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 ethic concerns that may arise.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15a Process to establish compensation of top management official	An Executive Compensation/Evaluation Committee meets annually to evaluate the performance of the President and to establish annual compensation adjustments. Comparability data, including studies provided by the United Way of America and other relevant benchmarks, are used to determine compensation. The process and decisions are documented in the committee minutes. A full independent compensation study is conducted every two years.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 15b Process to establish compensation of other employees	The Executive Compensation Committee also reviews the salaries for all senior executives, including the Assistant Treasurer & COO/CFO Comparability data, including studies provided by the United Way of America and other relevant benchmarks, is used to determine compensation. The process and decisions are documented in the committee minutes. This process is done on an annual basis with a full independent compensation study every two years.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Line 19 Required documents available to the public	The organization's governing documents, conflict of interest policy, code of ethics, Form 990 and financial statements are available on our website and to the public upon request

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9 Other changes in net assets or fund balances	Unrecognized pension gain (loss) - -817759, Adjustment to prior year uncollectible pledges - -226048,

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

**Open to Public
Inspection**

▶ **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.**

Department of the Treasury
Internal Revenue Service

Name of the organization
United Way of Central Indiana Inc

Employer identification number

35-1007590

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) UNITED WAY OF CENTRAL INDIANA LLC 2955 North Meridian Street Suite 300 INDIANAPOLIS, IN 46208 03-5087427	PROPERTY HOLDING CO	DE	0	0	UNITED WAY OF CENTRAL INDIANA INC

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

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	

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) PERPETUAL TRUST (1) 2955 North Meridian Street Suite 300 Indianapolis, IN 46208	INVESTMENTS	NY	NA	Trust	0	0			No
(2) COMMUNITY SERVICE COUNCIL OF CENTRAL IN 2955 North Meridian Street Suite 300 Indianapolis, IN 46208	Human Services Planning and Related Activities	IN	United Way of Central Indiana	C Corporation	0	0	0 %	Yes	

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

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

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

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

Part VII **Supplemental Information**

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

Return Reference	Explanation