

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

2023
Open to Public
Inspection

A For the 2023 calendar year, or tax year beginning , and ending**B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization

**UNITED WAY OF GREATER LAFAYETTE,
INC.**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

1114 STATE STREET

Room/suite

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

LAFAYETTE**IN 47905-1219****D** Employer identification number**35-0891621****E** Telephone number**765-742-9077****G** Gross receipts \$**5,652,777****F** Name and address of principal officer:**DAVID BATHE****1114 STATE STREET****LAFAYETTE****IN 47905****H(a)** Is this a group return for subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

I Tax-exempt status:☒ 501(c)(3)☐ 501(c) () (insert no.)☐ 4947(a)(1) or☐ 527**J** Website:**WWW.UWLAFAYETTE.ORG****H(c)** Group exemption number**K** Form of organization:☒ Corporation☐ Trust☐ Association☐ Other**L** Year of formation: **1956****M** State of legal domicile: **IN****Part I Summary****Activities & Governance****1** Briefly describe the organization's mission or most significant activities:**SEE SCHEDULE O****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)**4** Number of independent voting members of the governing body (Part VI, line 1b)**5** Total number of individuals employed in calendar year 2023 (Part V, line 2a)**6** Total number of volunteers (estimate if necessary)**7a** Total unrelated business revenue from Part VIII, column (C), line 12**b** Net unrelated business taxable income from Form 990-T, Part I, line 11**3 28****4 28****5 41****6 640****7a 0****7b 0****Revenue****8** Contributions and grants (Part VIII, line 1h)**9** Program service revenue (Part VIII, line 2g)**10** Investment income (Part VIII, column (A), lines 3, 4, and 7d)**11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)**12** Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Prior Year

5,497,509

Current Year

4,807,283**32,232****21,166****252,629****303,489****5,058****22,113****5,787,428****5,154,051****4,083,935****4,058,778****982,946****1,048,949****537,930****0****528,181****614,497****5,595,062****5,722,224****192,366****-568,173****Expenses****13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)**14** Benefits paid to or for members (Part IX, column (A), line 4)**15** Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)**16a** Professional fundraising fees (Part IX, column (A), line 11e)**b** Total fundraising expenses (Part IX, column (D), line 25)**17** Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)**18** Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)**19** Revenue less expenses. Subtract line 18 from line 12

Beginning of Current Year

11,576,736

End of Year

11,517,918**3,715,310****3,761,348****7,861,426****7,756,570****Net Assets or Fund Balances****20** Total assets (Part X, line 16)**21** Total liabilities (Part X, line 26)**22** Net assets or fund balances. Subtract line 21 from line 20**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

DAVID BATHE**CEO**

Type or print name and title

Paid**Preparer Use Only**

Print/Type preparer's name

KIMBERLEY R MORISETTE

Preparer's signature

KIMBERLEY R MORISETTE

Date

06/13/24Check ☐ if PTIN

self-employed

P00337290

Firm's name

HUTH THOMPSON LLP

Firm's EIN

35-2055043

Firm's address

PO BOX 970**LAFAYETTE, IN 47902-0970**

Phone no.

765-428-5000

May the IRS discuss this return with the preparer shown above? See instructions

☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2023)

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:**SEE SCHEDULE O****2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code:) (Expenses \$ **4,058,778** including grants of \$ **4,058,778**) (Revenue \$)

UNITED WAY OF GREATER LAFAYETTE'S COMMUNITY INVESTMENTS SEEK TO ALIGN OUR RESOURCES WITH THE STRATEGIC GOALS OF OUR CRADLE TO CAREER COMMITMENT AND BASIC NEEDS SERVICES. COMMITTEES OF COMMITTED VOLUNTEERS VISIT AND REVIEW EACH OF OUR PARTNER ORGANIZATIONS TO ENSURE THAT DONATIONS ARE BEING USED IN THE MOST EFFECTIVE WAY. THE FOLLOWING FUNDING GUIDELINES HAVE BEEN ESTABLISHED BY THE BOARD OF DIRECTORS.

1.) DOES THE PROGRAM ALIGN WITH STRATEGIC GOALS?**2.) DOES THE PROGRAM PROVIDE MEASURABLE OUTCOMES?****3.) DOES THE PROGRAM COLLABORATE WITH OTHER ORGANIZATIONS?****4.) DOES THE PROGRAM AVOID DUPLICATION OF SERVICES?****5.) IS THE AGENCY FINANCIALLY SOUND AND MAINTAINING APPROPRIATE CONTROLS?****4b** (Code:) (Expenses \$ **12,977** including grants of \$) (Revenue \$)

THE UNITED WAY OF GREATER LAFAYETTE PROVIDES A VOLUNTEER CENTER PROGRAM THAT SEEKS TO BUILD AND STRENGTHEN OUR COMMUNITY BY PROMOTING AND DEVELOPING VOLUNTEERISM THROUGH AWARENESS AMONG AREA RESIDENTS OF SOCIAL NEEDS IN THE GREATER LAFAYETTE COMMUNITY. THE VOLUNTEER CENTER PROMOTES THE RECRUITMENT OF VOLUNTEERS TO WORK WITH SOCIAL SERVICE AGENCIES TO DEVELOP AND MAINTAIN QUALITY PROGRAMS. OUR GOAL IS TO PULL ALL AVAILABLE RESOURCES TOGETHER FOR THE GREATER GOOD OF OUR COMMUNITY.

4c (Code:) (Expenses \$ **107,902** including grants of \$) (Revenue \$)

THE LABOR LIAISON PROVIDES A CONNECTION POINT FOR UNITED WAY OF GREATER LAFAYETTE AND UNION MEMBERS ACROSS THE VARIOUS INDUSTRIES IN TIPPECANOE COUNTY. UNITED WAY SUPPORTS THE PEER UNION COUNSELING PROGRAM, WHICH TRAINS INDIVIDUALS AND UNION MEMBERS ABOUT AVAILABLE RESOURCES IN THE COMMUNITY TO HELP THEM BE A RESOURCE FOR OTHER EMPLOYEES AND RESIDENCE OF THE COMMUNITY WHO ARE IN NEED OF SERVICES.

4d Other program services (Describe on Schedule O.)(Expenses \$ **557,107** including grants of \$) (Revenue \$ **21,166**)**4e** Total program service expenses **4,736,764**

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	11
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	41
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
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	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
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	X
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	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
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	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	X
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
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	X
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

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

Section A. Governing Body and Management

	1a	28	1b	28	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		28		28		
b Enter the number of voting members included on line 1a, above, who are independent						
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?					2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?					3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?					4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?					5	X
6 Did the organization have members or stockholders?					6	X
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?					7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?					7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:						
a The governing body?					8a	X
b Each committee with authority to act on behalf of the governing body?					8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O					9	X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **IN**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records.

DAVID BATHE
LAFAYETTE

1114 STATE STREET

IN 47905

765-742-9077

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID BATHE	40.00									
CEO	0.00			X				136,525	0	15,628
(2) JENNIFER MILLION	40.00									
COO	0.00			X				102,656	0	28,414
(3) COREY BASSETT	1.00									
DIRECTOR	0.00	X						0	0	0
(4) AARON BAUTE	1.00									
2ND VICE PRESIDENT	0.00	X		X				0	0	0
(5) LARRY BEDDOW	1.00									
DIRECTOR	0.00	X						0	0	0
(6) KAYLA BRETNEY	1.00									
DIRECTOR	0.00	X						0	0	0
(7) KATHY BRINKER	1.00									
DIRECTOR LEFT IN 23'	0.00	X						0	0	0
(8) JACQUE CHOSNEK	1.00									
DIRECTOR	0.00	X						0	0	0
(9) KARI CROSIER	1.00									
DIRECTOR	0.00	X						0	0	0
(10) WENDY CUMMINS	1.00									
DIRECTOR	0.00	X						0	0	0
(11) LESLIE DENHAM	1.00									
DIRECTOR	0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) ABIGAIL DIENER										
(12) DIRECTOR	1.00 0.00	X						0	0	0
(13) LAURA DOWNEY										
(13) DIRECTOR	1.00 0.00	X						0	0	0
(14) LAURIE EARNST										
(14) DIRECTOR NON-VOTING	1.00 0.00	X						0	0	0
(15) HEATHER FRANCIS										
(15) PRESIDENT	1.00 0.00	X		X				0	0	0
(16) JOHN GATES										
(16) DIRECTOR LEFT IN 23'	1.00 0.00	X						0	0	0
(17) JOE HOWARTH										
(17) DIRECTOR	1.00 0.00	X						0	0	0
(18) MICHELLE HUNLEY										
(18) DIRECTOR	1.00 0.00	X						0	0	0
(19) KRISTOPHER KESSLER										
(19) DIRECTOR	1.00 0.00	X						0	0	0
1b Subtotal								239,181		44,042
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								239,181		44,042

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 **2**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
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? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

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

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

0

Part VIII Statement of RevenueCheck 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	4,613,483					
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above	1f	193,800					
	g Noncash contributions included in lines 1a-1f	1g	\$ 172,534					
	h Total. Add lines 1a-1f			4,807,283				
	Program Service Revenue			Business Code				
2a WORKSHOP INCOME			541610	6,275	6,275			
b ADMINISTRATIVE FEES			611430	6,255	6,255			
c LEC INCOME			561000	5,202	5,202			
d PEER CLASS INCOME			541610	2,640	2,640			
e ADMINISTRATIVE FEES				794	794			
f All other program service revenue								
g Total. Add lines 2a-2f				21,166				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			211,723			211,723	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6a Gross rents		(i) Real	(ii) Personal				
		6a						
		b Less: rental expenses	6b					
	c Rental inc. or (loss)	6c						
	d Net rental income or (loss)							
	7a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
		7a	590,492					
		b Less: cost or other basis and sales exps.	7b	498,726				
	c Gain or (loss)	7c	91,766					
	d Net gain or (loss)			91,766			91,766	
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18							
		8a	7,284					
	b Less: direct expenses	8b						
	c Net income or (loss) from fundraising events			7,284			7,284	
9a Gross income from gaming activities. See Part IV, line 19								
	9a							
b Less: direct expenses	9b							
c Net income or (loss) from gaming activities								
10a Gross sales of inventory, less returns and allowances								
	10a							
b Less: cost of goods sold	10b							
c Net income or (loss) from sales of inventory								
Miscellaneous Revenue			Business Code					
	11a INSURANCE REIMBURSEMENT		900099	14,829			14,829	
	b							
	c							
	d All other revenue							
	e Total. Add lines 11a-11d			14,829				
12 Total revenue. See instructions			5,154,051	21,166	0	325,602		

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	4,058,778	4,058,778		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	283,223	105,570	89,584	88,069
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	600,467	237,499	184,603	178,365
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	26,649	12,304	8,863	5,482
9 Other employee benefits	76,785	34,520	17,082	25,183
10 Payroll taxes	61,825	25,534	18,563	17,728
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	17,750	7,297	4,276	6,177
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	21,497	8,837	5,179	7,481
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion				
13 Office expenses	28,568	5,235	3,873	19,460
14 Information technology	19,567	7,533	4,415	7,619
15 Royalties				
16 Occupancy	118,332	48,881	27,125	42,326
17 Travel	2,199	1,226	292	681
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	5,598	1,225	3,335	1,038
20 Interest				
21 Payments to affiliates	76,707	31,534	18,479	26,694
22 Depreciation, depletion, and amortization	30,051	12,354	7,239	10,458
23 Insurance	11,883	4,646	3,331	3,906
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a GRANT EXPENSE	119,951	119,951		
b EVENTS SPONSORSHIPS	40,885			40,885
c ENDOWMENT FEE	32,479		32,479	
d CAMPAIGN & PUBLIC RELATIO	22,359			22,359
e All other expenses	66,671	13,840	18,812	34,019
25 Total functional expenses. Add lines 1 through 24e	5,722,224	4,736,764	447,530	537,930
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 checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	893,319	1	855,093
	2 Savings and temporary cash investments	1,716,905	2	1,898,934
	3 Pledges and grants receivable, net	3,365,161	3	2,774,539
	4 Accounts receivable, net	21,178	4	27,290
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	6,243	9	22,358
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 871,109		
	b Less: accumulated depreciation	10b 349,519	10c	521,590
	11 Investments—publicly traded securities	2,933,270	11	3,127,966
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	2,081,739	15	2,290,148
16 Total assets. Add lines 1 through 15 (must equal line 33)	11,576,736	16	11,517,918	
Liabilities	17 Accounts payable and accrued expenses	120,320	17	163,892
	18 Grants payable	3,594,990	18	3,592,355
	19 Deferred revenue		19	5,101
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	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		25	
	26 Total liabilities. Add lines 17 through 25	3,715,310	26	3,761,348
	Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.		
27 Net assets without donor restrictions		2,069,876	27	2,354,200
28 Net assets with donor restrictions		5,791,550	28	5,402,370
Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.				
29 Capital stock or trust principal, or current funds			29	
30 Paid-in or capital surplus, or land, building, or equipment fund			30	
31 Retained earnings, endowment, accumulated income, or other funds			31	
32 Total net assets or fund balances		7,861,426	32	7,756,570
33 Total liabilities and net assets/fund balances	11,576,736	33	11,517,918	

Part XI Reconciliation of Net AssetsCheck 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	5,154,051
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,722,224
3	Revenue less expenses. Subtract line 2 from line 1	3	-568,173
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	7,861,426
5	Net unrealized gains (losses) on investments	5	470,597
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-7,280
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	7,756,570

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(20) KEVIN LETCHER										
(12) DIRECTOR	1.00 0.00	X						0	0	0
(21) JAMES MELVIN										
(13) DIRECTOR LEFT IN 23'	1.00 0.00	X						0	0	0
(22) TOM MURTAUGH										
(14) 1ST VICE PRESIDENT	1.00 0.00	X		X				0	0	0
(23) PATRICK NYCZ										
(15) DIRECTOR	1.00 0.00	X						0	0	0
(24) JESSICA REBMANN										
(16) DIRECTOR	1.00 0.00	X						0	0	0
(25) ISAAC RIVERA										
(17) DIRECTOR	1.00 0.00	X						0	0	0
(26) EVELYN ROYER										
(18) DIRECTOR	1.00 0.00	X						0	0	0
(27) ELIZABETH SEARLE										
(19) DIRECTOR	1.00 0.00	X						0	0	0
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(28) THOMAS SORS										
(12) DIRECTOR	1.00 0.00	X						0	0	0
(29) DEBRA SPESARD										
(13) IMMEDIATE PAST PRES	1.00 0.00	X		X				0	0	0
(30) TERRY STEVICK										
(14) TREASURER	1.00 0.00	X		X				0	0	0
(31) SCOTT WALKER										
(15) DIRECTOR	1.00 0.00	X						0	0	0
(32) GARY YODER										
(16) DIRECTOR	1.00 0.00	X						0	0	0
(33) BEANN YOUNKER										
(17) DIRECTOR	1.00 0.00	X						0	0	0
(34) JEFF ZEH										
(18) DIRECTOR	1.00 0.00	X						0	0	0
(19)										
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

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

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

SCHEDULE A
(Form 990)Department of the Treasury
Internal Revenue Service**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047

2023**Open to Public
Inspection**

Name of the organization

**UNITED WAY OF GREATER LAFAYETTE,
INC.**

Employer identification number

35-0891621**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 ☐ An organization that normally receives (1) more than 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations
- g Provide the following information about the supported organization(s).

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

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

Schedule A (Form 990) 2023

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,267,164	7,104,446	7,460,411	5,497,509	4,807,283	30,136,813
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	5,267,164	7,104,446	7,460,411	5,497,509	4,807,283	30,136,813
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)						1,131,518
6 Public support. Subtract line 5 from line 4						29,005,295

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	5,267,164	7,104,446	7,460,411	5,497,509	4,807,283	30,136,813
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	149,270	113,096	195,331	153,827	211,723	823,247
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	302	2,514	11,207	10	14,829	28,862
11 Total support. Add lines 7 through 10						30,988,922
12 Gross receipts from related activities, etc. (see instructions)					12	101,112

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f))	14	93.60 %
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	94.04 %
16a 33 1/3% support test — 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test — 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test — 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test — 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests — 2023. 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		<input type="checkbox"/>
b 33 1/3% support tests — 2022. 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		<input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		<input type="checkbox"/>

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

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

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

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.)

PART II, LINE 10 - OTHER INCOME DETAIL

MISCELLANEOUS \$ 28,862

**Schedule B
(Form 990)**Department of the Treasury
Internal Revenue Service**Schedule of Contributors**Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization

**UNITED WAY OF GREATER LAFAYETTE,
INC.**

Employer identification number

35-0891621

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

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

Special Rules

- ☒
- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33
- ¹
- /
- ₃
- % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of
- (1)**
- \$5,000; or
- (2)**
- 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

- ☐
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000
- exclusively*
- for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

- ☐
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions
- exclusively*
- for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an
- exclusively*
- religious, charitable, etc., purpose. Don't complete any of the parts unless the
- General Rule**
- applies to this organization because it received
- nonexclusively*
- religious, charitable, etc., contributions totaling \$5,000 or more during the year \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Name of organization	Employer identification number
UNITED WAY OF GREATER LAFAYETTE,	35-0891621

Part I

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CATERPILLAR INC. 3701 STATE ROAD 26 EAST LAFAYETTE IN 47905	\$ 324,877	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

UNITED WAY OF GREATER LAFAYETTE,
INC.

Employer identification number

35-0891621

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	1	0
2 Aggregate value of contributions to (during year)	97,505	
3 Aggregate value of grants from (during year)	105,000	
4 Aggregate value at end of year	14,673	
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 checked="" 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 checked="" type="checkbox"/> No	

Part II Conservation Easements

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

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

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, 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 2d 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 FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 \$

(ii) Assets included in Form 990, Part X \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items.

a Revenue included on Form 990, Part VIII, line 1 \$

b Assets included in Form 990, Part X \$

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

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

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

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

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

Part IV Escrow and Custodial Arrangements

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

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

Part V Endowment Funds

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	17,862	20,361	18,663	16,734	14,555
b Contributions					
c Net investment earnings, gains, and losses	1,693	-2,403	1,698	2,024	2,256
d Grants or scholarships					
e Other expenditures for facilities and programs	-91	-96		-95	-77
f Administrative expenses					
g End of year balance	19,464	17,862	20,361	18,663	16,734

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

- a Board designated or quasi-endowment %
 b Permanent endowment 22.00 %
 c Term endowment 78.00 %

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

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

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

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

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

Part VI Land, Buildings, and Equipment

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		641,069	131,293	509,776
c Leasehold improvements				
d Equipment		230,040	218,226	11,814
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				521,590

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, line 12, col. (B))		

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, line 13, col. (B))		

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) DESIGNATED ENDOWMENT	1,360,310
(2) MCCF AGENCY ENDOWMENT	929,838
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	2,290,148

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, line 25, col. (B))	

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	4,743,217
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	470,597
b	Donated services and use of facilities	2b	69,248
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	539,845
3	Subtract line 2e from line 1	3	4,203,372
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	21,497
b	Other (Describe in Part XIII.)	4b	929,182
c	Add lines 4a and 4b	4c	950,679
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	5,154,051

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	4,848,073
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	69,248
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	7,213
e	Add lines 2a through 2d	2e	76,461
3	Subtract line 2e from line 1	3	4,771,612
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	21,497
b	Other (Describe in Part XIII.)	4b	929,115
c	Add lines 4a and 4b	4c	950,612
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	5,722,224

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.

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

DURING 1983, 1984 AND 1985, THE ORGANIZATION RECEIVED CONTRIBUTIONS FOR THE ESTABLISHMENT OF THE ALBERT J BONNER, JR COMMUNITY SERVICE AWARD. AS REQUESTED BY THE DONOR, THE PRINCIPAL (\$4,250) OF THIS RESTRICTED GIFT IS PERMANENTLY INVESTED BY THE ORGANIZATION AND THE INCOME IS USED FOR SPECIAL PROJECTS AS NEEDED.

PART X - FIN 48 FOOTNOTE

INCOME TAXES--THE ORGANIZATION IS A NOT-FOR-PROFIT ORGANIZATION EXEMPT FROM FEDERAL INCOME TAXES UNDER INTERNAL REVENUE CODE SECTION 501(C)(3) AND STATE INCOME TAXES UNDER THE INDIANA GENERAL NOT-FOR-PROFIT ACT.ACCOUNTING STANDARDS REQUIRES ENTITIES TO DISCLOSE IN THEIR

Part XIII Supplemental Information (continued)

FINANCIAL STATEMENTS THE NATURE OF ANY UNCERTAINTIES IN THEIR TAX POSITION. TAX YEARS INCLUDING 2020 AND LATER ARE SUBJECT TO EXAMINATION BY TAX AUTHORITIES. AREAS THAT IRS AND STATE TAX AUTHORITIES CONSIDER WHEN EXAMINING TAX RETURNS OF A CHARITY INCLUDE, BUT MAY NOT BE LIMITED TO, TAX-EXEMPT STATUS AND THE EXISTENCE AND AMOUNT OF UNRELATED BUSINESS INCOME. THE ORGANIZATION DOES NOT BELIEVE THAT IT HAS ANY UNCERTAIN TAX POSITIONS WITH RESPECT TO THESE OR OTHER MATTERS, AND THEREFORE, HAS NOT RECORDED ANY UNRECOGNIZED TAX BENEFITS OR LIABILITIES. THE ORGANIZATION IS NOT AWARE OF ANY CIRCUMSTANCES OR EVENTS THAT MAKE IT REASONABLY POSSIBLE THAT TAX BENEFITS MAY INCREASE

PART XI, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER

OUT OF COUNTY DESIGNATIONS	\$	573,183
DESIGNATED PLEDGES	\$	355,930
BOOK TO TAX DIFF LOSS ON DISPOSAL	\$	69

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

BOOK / TAX DEPRECIATION DIFFERENCE	\$	7,213
------------------------------------	----	-------

PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER

OUT OF COUNTY PLEDGES	\$	573,183
DESIGNATED PLEDGES ⁶	\$	355,930
ROUNDING	\$	2

**SCHEDULE I
(Form 990)**Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

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

Attach to Form 990.

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

OMB No. 1545-0047

2023**Open to Public
Inspection**

Name of the organization

**UNITED WAY OF GREATER LAFAYETTE,
INC.**

Employer identification number

35-0891621**Part I General Information on Grants and Assistance**

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	AMERICAN RED CROSS 2750 N. 9TH STREET LAFAYETTE IN 47904	53-0196605	3	70,875				ALLOCATIONS
(2)	BIG BROTHERS BIG SISTERS 2000 ELMWOOD AVENUE, SUITE J LAFAYETTE IN 47904	35-1157567	3	90,630				ALLOCATIONS
(3)	BOY SCOUTS OF SAGAMORE COUNCIL P.O. BOX 865 KOKOMO IN 46903	35-0867972	3	61,030				ALLOCATIONS
(4)	BAUER FAMILY RESOURCES P.O. BOX 1186 LAFAYETTE IN 47902	35-1165883	3	347,000				ALLOCATIONS
(5)	RIGGS COMMUNITY HEALTH CENTER 1716 HARTFORD STREET LAFAYETTE IN 47904	35-1965865	3	70,000				ALLOCATIONS
(6)	WILLOWSTONE FAMILY SERVICES, INC. 615 N. 18TH STREET, #201 LAFAYETTE IN 47904	35-1099083	3	282,560				ALLOCATIONS
(7)	FOOD FINDERS FOOD BANK 1204 GREENBUSH STREET LAFAYETTE IN 47904	31-1020198	3	140,418				ALLOCATIONS
(8)	GIRL SCOUTS OF SYCAMORE COUNCIL 615 N. 18TH STREET #203 LAFAYETTE IN 47904	35-0876381	3	36,000				ALLOCATIONS
(9)	HANNA COMMUNITY CENTER 2000 ELMWOOD AVENUE, SUITE A LAFAYETTE IN 47904	31-1024517	3	54,125				ALLOCATIONS

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **65**
- 3 Enter total number of other organizations listed in the line 1 table **0**

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

Schedule I (Form 990) 2023

**SCHEDULE I
(Form 990)**Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023**Open to Public
Inspection**Name of the organization **UNITED WAY OF GREATER LAFAYETTE,
INC.**Employer identification number
35-0891621**Part I General Information on Grants and Assistance**

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	LAFAYETTE ADULT RESOURCE ACADEMY 1100 ELIZABETH STREET, STE 3 LAFAYETTE IN 47904	35-6002525	3	62,370				ALLOCATIONS
(2)	LAFAYETTE FAMILY YMCA 3001 S. CREASY LANE LAFAYETTE IN 47905	35-0868213	3	76,523				ALLOCATIONS
(3)	LTHC HOMELESS SERVICES 815 N. 12TH STREET LAFAYETTE IN 47904	35-1781229	3	312,626				ALLOCATIONS
(4)	LEGAL AID CORPORATION 300 MAIN STREET, SUITE 101 LAFAYETTE IN 47901	35-1187794	3	49,815				ALLOCATIONS
(5)	LYN TREECE BOYS & GIRLS CLUB 1529 N. 10TH STREET LAFAYETTE IN 47904	35-1262269	3	223,250				ALLOCATIONS
(6)	MENTAL HEALTH ASSOCIATION P. O. BOX 1626 LAFAYETTE IN 47902	38-3653969	3	206,055				ALLOCATIONS
(7)	SALVATION ARMY 1110 UNION STREET LAFAYETTE IN 47904	36-2167910	3	31,815				ALLOCATIONS
(8)	THE ARC OF TIPPECANOE COUNTY P.O. BOX 1222 LAFAYETTE IN 47902	35-1104089	3	20,160				ALLOCATIONS
(9)	RIGHT STEPS CHILD DEVELOPMENT 31 N. 7TH STREET, SUITE B LAFAYETTE IN 47901	35-1386694	3	500,000				ALLOCATIONS

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

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

Schedule I (Form 990) 2023

SCHEDULE I
(Form 990)

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY OF GREATER LAFAYETTE,
INC.

Employer identification number
35-0891621

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	TIPPECANOE SENIOR CENTER 2000 ELMWOOD AVENUE LAFAYETTE IN 47904	35-1300844	3	186,035				ALLOCATIONS
(2)	WABASH CENTER P.O. BOX 6449 LAFAYETTE IN 47903	35-1115916	3	202,032				ALLOCATIONS
(3)	YWCA 605 N. 6TH STREET LAFAYETTE IN 47901	35-0868224	3	153,473				ALLOCATIONS
(4)	JA/BIZ TOWN & FINANCE PARK 3101 S. CREASY LANE LAFAYETTE IN 47905	35-0922731	3	9,000				ALLOCATIONS
(5)	NAMI WEST CENTRAL INDIANA 615 N 18TH ST SUITE 104 LAFAYETTE IN 47904	35-1707937	3	15,000				ALLOCATIONS
(6)	HEARTFORD HOUSE CHILD ADVOCACY CENT 703 NORTH 36TH STREET LAFAYETTE IN 47905	27-4451686	3	10,061				ALLOCATIONS
(7)	HOMESTEAD CS 671 NORTH 36TH STREET LAFAYETTE IN 47905	31-1057335	3	40,000				ALLOCATIONS
(8)	EMERGENCY FAMILY SHELTER 1114 E STATE STREET LAFAYETTE IN 47905	35-0891621	3	27,720				ALLOCATIONS
(9)	MONTGOMERY CO. BOYS & GIRLS CLUB 1001 N. WHITLOCK AVENUE CRAWFORDSVILLE IN 47933	35-6007302	3	50,000				ALLOCATIONS

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

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

**SCHEDULE I
(Form 990)**Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
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OMB No. 1545-0047

2023**Open to Public
Inspection**Name of the organization **UNITED WAY OF GREATER LAFAYETTE,
INC.**Employer identification number
35-0891621**Part I General Information on Grants and Assistance**

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	CRAWFORDSVILLE ADULT RESOURCE ACADE 1501 SOUTH ELM STREET CRAWFORDSVILLE IN 47933	35-1097895	3	16,000				ALLOCATIONS
(2)	MONTGOMERY CO. FAMILY CRISIS SHELTER P.O. BOX 254 CRAWFORDSVILLE IN 47933	35-1462856	3	53,000				ALLOCATIONS
(3)	HAND IN HAND CREATIVE LEARNING 211 S. WALNUT STREET CRAWFORDSVILLE IN 47933	84-4179661	3	6,102				ALLOCATIONS
(4)	NEW BEGINNINGS CHILD CARE 1601 E. COLLEGE STREET CRAWFORDSVILLE IN 47933	86-2521020	3	15,000				ALLOCATIONS
(5)	PAM'S PROMISE P.O. BOX 405 CRAWFORDSVILLE IN 47933	32-0281982	3	19,500				ALLOCATIONS
(6)	RECOVERY COALITION 1300 LADOGA ROAD CRAWFORDSVILLE IN 47933	82-3020260	3	11,680				ALLOCATIONS
(7)	SUNSHINE VANS 922 E. SOUTH BLVD CRAWFORDSVILLE IN 47933	35-6000994	3	17,500				ALLOCATIONS
(8)	TRINITY LIFE MINISTRY 2150 ELMWOOD AVENUE LAFAYETTE IN 47904	35-1980930	3	10,000				ALLOCATIONS
(9)	WILLSON FAMILY LITERACY 500 E. JEFFERSON STREET CRAWFORDSVILLE IN 47933	35-1097895	3	15,000				ALLOCATIONS

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

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Schedule I (Form 990) 2023

**SCHEDULE I
(Form 990)**Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

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

Attach to Form 990.

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OMB No. 1545-0047

2023**Open to Public
Inspection**Name of the organization **UNITED WAY OF GREATER LAFAYETTE,
INC.**Employer identification number
35-0891621**Part I General Information on Grants and Assistance**

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	MONTGOMERY CO. YOUTH SERVICE BUREAU 808 W. PIKE STREET CRAWFORDSVILLE IN 47933	35-1272759	3	55,000				ALLOCATIONS
(2)	DUSK TO DAWN BEREAVEMENT SERVICES 300 W. SOUTH BOULEVARD CRAWFORDSVILLE IN 47933	46-2470870	3	10,000				ALLOCATIONS
(3)	THROUGH THE GATE 811 WHITLOCK AVENUE CRAWFORDSVILLE IN 47933	46-2642502	3	10,000				ALLOCATIONS
(4)	CLINTON COUNTY FOUNDATION FOR YOUTH 6815 WEST 200 NORTH FRANKFORT IN 46041	35-6029900	3	5,494				DESIGNATIONS OVER AL
(5)	WHITE CO. FOOD FINDERS FOOD BANK 1204 GREENBUSH STREET LAFAYETTE IN 47904	35-1564056	3	6,172				DESIGNATIONS OVER AL
(6)	UNITED WAY OF HOWARD COUNTY 210 WEST WALNUT STREET KOKOMO IN 46901	35-0877579	3	7,348				DESIGNATIONS OVER AL
(7)	BLACKFORD COUNTY ANIMAL SHELTER 2525 N. 200 E. HARTFORD CITY IN 47348	35-1712186	3	7,617				DESIGNATIONS OVER AL
(8)	HEARTFORD HOUSE 700 FARABEE COURT LAFAYETTE IN 47905	27-4451686	3	7,665				DESIGNATIONS OVER AL
(9)	FAMILY PROMISE 2010 ELMWOOD AVENUE LAFAYETTE IN 47904	26-0827155	3	7,734				DESIGNATIONS OVER AL

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

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

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Schedule I (Form 990) 2023

**SCHEDULE I
(Form 990)**Department of the Treasury
Internal Revenue Service**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

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

Attach to Form 990.

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

OMB No. 1545-0047

2023**Open to Public
Inspection**Name of the organization **UNITED WAY OF GREATER LAFAYETTE,
INC.**Employer identification number
35-0891621**Part I General Information on Grants and Assistance**

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	NAMI - WEST CENTRAL INDIANA 615 N 18TH ST SUITE 104 LAFAYETTE IN 47904	35-1707937	3	8,355				DESIGNATIONS OVER AL
(2)	UNITED WAY OF WHITE COUNTY P.O. BOX 580 MONTICELLO IN 47960	35-1137113	3	10,123				DESIGNATIONS OVER AL
(3)	RILEY CHILDREN'S FOUNDATION 30 S. MERIDIAN STREET, SUITE 200 INDIANAPOLIS IN 46204	35-0868147	3	26,248				DESIGNATIONS OVER AL
(4)	CATERPILLAR DESIGNATIONS 100 NE ADAMS STREET PEORIA IL 61629	37-6022314	3	93,249				DESIGNATIONS OVER AL
(5)	HUMANE SOCIETY OF GREATER LAFAYETTE PO BOX 891 LAFAYETTE IN 47902	88-0750459	3	10,000				PHILANTHROPIC
(6)	PURDUE FOUNDATION DAUC, 403 WEST WOOD STREET WEST LAFAYETTE IN 47907	35-1052049	3	11,000				PHILANTHROPIC
(7)	COMMUNITY FOUNDATION OF GREATER LAF 300 MAIN STREET, SUITE 100 LAFAYETTE IN 47901	23-7147996	3	25,000				PHILANTHROPIC
(8)	TIPPECANOE CO. PUBLIC LIBRARY FOUND 627 SOUTH STREET LAFAYETTE IN 47901	35-2044913	3	30,000				PHILANTHROPIC
(9)	PURDUE CDF FREEDOM SCHOOL PROGRAM BERRING HALL 100 N UNIVERSITY STREE WEST LAFAYETTE IN 47907	35-6002041	3	9,993				

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

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

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

Schedule I (Form 990) 2023

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					
2					
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.

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS
THROUGH REQUIRED ANNUAL AUDITED FINANCIAL STATEMENTS, ORGANIZATIONAL
BUDGETS, AND ANNUAL MEETINGS WITH FUNDED PARTNERS AND AGENCY BOARD MEMBERS,
UNITED WAY OF GREATER LAFAYETTE MONITORS THE USE OF GRANT FUNDS ON
APPROPRIATE AGENCY AND PROGRAMMATIC EXPENSES.

SCHEDULE J
(Form 990)Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated EmployeesComplete 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

2023Open to Public
Inspection**UNITED WAY OF GREATER LAFAYETTE,
INC.**

Employer identification number

35-0891621**Part I Questions Regarding Compensation****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.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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:**a** Receive a severance payment or change-of-control payment?**b** Participate in or receive payment from a supplemental nonqualified retirement plan?**c** Participate in or receive payment from an equity-based compensation arrangement?

If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.**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:**a** The organization?**b** Any related organization?

If "Yes" on line 5a or 5b, describe in Part III.

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:**a** The organization?**b** Any related organization?

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III**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**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

Schedule J (Form 990) 2023

UNITED WAY OF GREATER LAFAYETTE, 35-0891621Page **2****Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DAVID BATHE CEO	(i)	136,525	0	0	8,670	6,958	152,153	0
	(ii)	0	0	0	0	0	0	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

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)**Department of the Treasury
Internal Revenue Service

Name of the organization

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

OMB No. 1545-0047

2023**Open To Public
Inspection****INC.**

Employer identification number

35-0891621**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	11	169,630	FAIR 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 (SUPPLIES)	X	2	2,904	FAIR MARKET VALUE
26 Other ()				
27 Other ()				
28 Other ()				

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

29**0**

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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		X
31		X
32a		X
33		

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization	UNITED WAY OF GREATER LAFAYETTE, INC.	Employer identification number	35-0891621
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FORM 990 - ORGANIZATION'S MISSION

MISSION- MOBILIZING OUR COMMUNITY TO IMPROVE LIVES.

VISION- UNITED WAY WILL ADD VALUE TO THE GREATER LAFAYETTE COMMUNITY BY
ENABLING PEOPLE TO HELP ONE ANOTHER. IT WILL PROVIDE LEADERSHIP IN
DEFINING COMMUNITY NEEDS AND IN COORDINATING RESOURCES TO ADDRESS COMMUNITY
ISSUES.

OUR GOAL- EVERY PERSON SUCCEEDING IN GREATER LAFAYETTE
THE UNITED WAY OF GREATER LAFAYETTE LEADS THE COMMUNITY TO EMPOWER EVERY
PERSON TO DISCOVER AND PURSUE THEIR PATH TO SUCCESS. WE DO THIS BY
ALIGNING RESOURCES ALONG THE CRADLE TO CAREER COMMITMENT. WE BRING PEOPLE,
ORGANIZATIONS AND COMMUNITY RESOURCES TOGETHER TO DELIVER RESULTS IN THE
AREAS OF EDUCATION, FINANCIAL STABILITY, AND HEALTH.

THROUGH THE CRADLE TO CAREER COMMITMENT, WE WANT TO ENSURE THAT QUALITY
PRE-NATAL CARE IS AVAILABLE TO EXPECTING MOTHERS, THAT CHILDREN RECEIVE
QUALITY EARLY LEARNING (INCLUDING PRESCHOOL AND PRE-K) OPPORTUNITIES AND
THAT THEY ARE PREPARED TO START SCHOOL. ONCE IN SCHOOL WE WANT CHILDREN TO
MEET 3RD GRADE READING GOALS, MAKE SUCCESSFUL TRANSITIONS IN MIDDLE SCHOOL
AND GRADUATE HIGH SCHOOL WITH THE ULTIMATE GOAL OF BEING PREPARED FOR A
CAREER AND FINANCIAL STABILITY. BEING SUCCESSFUL AND FINANCIALLY STABLE
WILL STRENGTHEN FAMILIES AND HELP IMPROVE THE LIVES OF THE NEXT GENERATION
OF CHILDREN. AT THE SAME TIME, WE KNOW THAT WE CAN NOT IMPROVE THE LIVES
OF CHILDREN AND IGNORE THEIR PARENTS AND THE DAY TO DAY CHALLENGES THAT
FAMILIES FACE. FOR THIS REASON, WE CONTINUE TO SUPPORT BASIC SERVICES
AROUND FOOD INSECURITY, SHELTER (HOMELESSNESS AND RELATED ISSUES), CRISIS
(HOME FIRES, TORNADOES, ETC.) AND HEALTH CONCERNS INCLUDING MENTAL

Name of the organization

Employer identification number

UNITED WAY OF GREATER LAFAYETTE,

35-0891621

HEALTH AND SUBSTANCE USE DISORDER. OUR GOAL IS TO PROVIDE HELP TODAY THAT BUILDS A BRIGHTER FUTURE FOR INDIVIDUALS AND FAMILIES IN OUR COMMUNITY. OUR WORK IS ACCOMPLISHED THROUGH MANY PARTNERSHIPS AND PROGRAMS. IN ADDITION TO THE COMMUNITY PARTNERS THAT WE FUND, UNITED WAY ALSO DELIVERS PROGRAMS LIKE KINDERGARTEN COUNTDOWN CAMP WHICH HELPS STUDENTS ENTER KINDERGARTEN READY AND READ TO SUCCEED THAT CONNECTS 200 VOLUNTEERS TO OUR 20 ELEMENTARY SCHOOLS TO FOCUS ON HELPING STUDENTS ACHIEVE 3RD GRADE READING LEVELS. IN THE AREA OF FINANCIAL STABILITY, UNITED WAY MANAGES A VOLUNTEER INCOME TAX ASSISTANCE PROGRAM THAT HELPS LOW TO MODERATE INCOME INDIVIDUALS AND FAMILIES PREPARE THEIR TAX RETURNS FREE OF CHARGE AND ENSURE AN ACCURATE APPLICATION OF APPROPRIATE DEDUCTIONS. ADDITIONALLY, UNITED WAY OF GREATER LAFAYETTE PARTICIPATES, FACILITATES AND OFTEN LEADS COMMUNITY COALITIONS LIKE HEALTHY ACTIVE TIPPECANOE AND THE MENTAL HEALTHCARE FORUM. THE GOAL OF THESE COALITIONS IS TO FIND SOLUTIONS TO THE COMMUNITY'S GREATEST CHALLENGES THROUGH A COLLABORATION OF ORGANIZATIONS. UNITED WAY'S ROLE IS TO LOOK ACROSS ALL SECTORS AND PROVIDERS TO FIND COMMUNITY-WIDE SOLUTIONS TO SOME OF OUR GREATEST SOCIAL CHALLENGES. UNITED WAY OF GREATER LAFAYETTE'S ANNUAL REPORT AND OTHER SIGNIFICANT DATA ARE AVAILABLE AT WWW.UWLAFAYETTE.ORG.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS

SEE MISSION STATEMENT

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 RETURN PROVIDED TO BOARD MEMBERS FOR REVIEW AND APPROVAL AT BOARD MEETING.

Name of the organization	Employer identification number
UNITED WAY OF GREATER LAFAYETTE,	35-0891621

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

A CODE OF ETHICS IS REVIEWED AND SIGNED BY ALL BOARD MEMBERS AND EMPLOYEES ANNUALLY. SELF-MONITORING THROUGHOUT THE YEAR.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

COMPENSATION IS ESTABLISHED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS AND UTILIZES COMPENSATION SURVEYS OR STUDIES TO DETERMINE REASONABLE COMPENSATION. IN ADDITION APPROVAL IS GRANTED BY THE BOARD AND EXECUTIVE COMMITTEE.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS

SAME AS NOTED IN 15A.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

AVAILABLE UPON REQUEST

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

BOOK TO TAX DISPOSAL DIFF	\$	-70
BOOK TO TAX DEPR DIFF	\$	-7,210
TOTAL	\$	-7,280

Form **4562**Department of the Treasury
Internal Revenue Service

Name(s) shown on return

Depreciation and Amortization
(Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2023Attachment
Sequence No. **179****UNITED WAY OF GREATER LAFAYETTE,
INC.**Identifying number
35-0891621

Business or activity to which this form relates

INDIRECT DEPRECIATION**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,160,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,890,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2022 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	17,445

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2023	17	12,606
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B—Assets Placed in Service During 2023 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	30,051
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

DAA

Form **4562** (2023)
THERE ARE NO AMOUNTS FOR PAGE 2

Year Ended: December 31, 2023

35-0891621

UNITED WAY OF GREATER LAFAYETTE,
INC.
1114 STATE STREET
LAFAYETTE, IN 47905-1219

**Electing out of Bonus Depreciation Allowance for
All Eligible Depreciable Property**

The above named taxpayer elects out of the first-year bonus depreciation allowance under IRC Section 168(k)(7) for all eligible depreciable property placed in service during the tax year.

35-0891621

Federal Asset Report

FYE: 12/31/2023

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current	
Prior MACRS:												
12	OFFICE CHAIRS	11/11/88	761				761	5	HY 200DB	761	0	
46	OFFICE FURNITURE	11/01/06	750				750	7	MQ S/L	750	0	
49	PACESETTER BANNERS	7/06/07	3,942				3,942	3	HY S/L	3,942	0	
52	PROJECTOR & HP PRINTER (INRN)	8/18/08	1,250			X	625	5	HY S/L	1,250	0	
55	SOFTWARE (OFFICE 2007, SBS, ANTIV	5/18/09	922			X	461	3	HY S/L	922	0	
Sold/Scrapped: 1/09/23												
59	MIP SOFTWARE	1/29/10	3,834			X	1,917	3	HY S/L	3,834	0	
106	Donor Software (Candoris)	1/02/19	34,113				34,113	5	HY 200DB	28,218	3,930	
107	Dell Computer	2/18/18	693			X	0	5	HY 200DB	693	0	
108	Dell Computer	9/04/18	530			X	0	5	HY 200DB	530	0	
110	Donor Software (Candoris)	1/02/19	39,764				39,764	5	HY 200DB	32,893	4,580	
111	Donor Software (Candoris)	1/31/19	2,650				2,650	5	HY 200DB	2,192	305	
112	Furnace	2/07/19	3,216				3,216	15	HY 150DB	989	222	
114	Dell Laptops/Computers (4)	3/01/20	2,644				2,644	5	HY 200DB	1,882	305	
115	Masonry overhaul	9/25/20	32,630				32,630	15	HY 150DB	7,521	2,511	
116	2nd Floor A/C Unit	7/14/21	6,492			X	0	15	HY 150DB	6,492	0	
118	Fox & Cheeseman Laptops (2)	5/20/21	1,466			X	0	5	HY 200DB	1,466	0	
119	2 Laptops	7/15/21	1,516			X	0	5	HY 200DB	1,516	0	
120	4 Computers	1/13/22	2,352				2,352	5	HY 200DB	470	753	
124	Dell Computers (3)	2/18/18	2,080			X	0	5	HY 200DB	2,080	0	
Sold/Scrapped: 1/09/23												
			141,605				125,825				98,401	12,606
Other Depreciation:												
4	2 FILING CABINETS	12/01/79	163				163	8	MO S/L	163	0	
5	SHARP CALCULATOR	1/01/80	180				180	3	MO S/L	180	0	
24	OFFICE CHAIRS	5/12/99	1,012				1,012	7	MO S/L	1,012	0	
27	OFFICE CHAIR	8/06/99	455				455	7	MO S/L	455	0	
35	COMPUTER SOFTWARE-CAMPAIGN	6/01/04	9,500				9,500	3	MO S/L	9,500	0	
37	ETHERNET SWITCH	10/02/04	233				233	5	MO S/L	233	0	
43	HELIX SOFTWARE LICENSE TO ANDA	10/12/05	1,750				1,750	3	MO S/L	1,750	0	
61	TABLE AND 6 CHAIRS	3/14/11	570				570	7	MO S/L	570	0	
70	Laser Printer-Kyocera	3/13/12	1,914				1,914	5	MO S/L	1,914	0	
74	Carpet - UW Portion	3/31/12	17,219				17,219	7	MO S/L	17,219	0	
75	Subaru Outback - 2013	11/09/12	27,880				27,880	7	MO S/L	27,880	0	
77	Filing cabinets	10/18/13	960				960	5	MO S/L	960	0	
78	Office furniture	12/17/13	15,984				15,984	5	MO S/L	15,984	0	
79	Roof Repairs (UW share)	12/31/13	16,175				16,175	15	MO S/L	9,705	1,079	
83	Campaign Office Chairs	6/05/14	6,227				6,227	7	MO S/L	6,227	0	
84	Phone System	10/14/14	6,603				6,603	7	MO S/L	6,603	0	
88	Camera	1/28/15	998				998	5	MO S/L	998	0	
89	IDE Lanier Printer	11/16/15	1,465				1,465	5	MO S/L	1,465	0	
91	Camera Microphone	3/30/15	585				585	5	MO S/L	585	0	
94	Shared PC	3/10/15	684				684	5	MO S/L	684	0	
Sold/Scrapped: 1/09/23												
97	Building	12/21/15	592,000				592,000	39	MO S/L	106,256	15,180	
98	Exec Office Furniture	3/28/16	4,000				4,000	5	MO S/L	4,000	0	
100	Building Signage	5/31/16	725				725	5	MO S/L	725	0	
101	Cardinal Copier	6/29/16	6,545				6,545	5	MO S/L	6,545	0	
102	Cardinal Printer	6/29/16	5,720				5,720	5	MO S/L	5,720	0	
103	Cardinal Finisher	9/07/16	525				525	5	MO S/L	525	0	
104	Epson EX9200 Pro Business Projector	10/03/16	856				856	5	MO S/L	856	0	
105	Apple MacBook Laptop	7/14/16	1,850				1,850	5	MO S/L	1,850	0	
121	5 Laptops	12/06/22	3,682				3,682	5	MO S/L	61	737	
122	Water Heater Replacement	6/01/22	1,400				1,400	15	MO S/L	54	94	
123	Boardroom A/C	7/27/22	5,331				5,331	15	MO S/L	148	355	
Total Other Depreciation			733,191				733,191				230,827	17,445
Total ACRS and Other Depreciation			733,191				733,191				230,827	17,445

Federal Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConvMeth	Prior	Current
	Grand Totals		874,796				859,016		329,228	30,051
	Less: Dispositions and Transfers		3,686				1,145		3,686	0
	Less: Start-up/Org Expense		0				0		0	0
	Net Grand Totals		871,110				857,871		325,542	30,051

Federal Statements

Taxable Interest on Investments

Description	Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
INTEREST-CASH ACCOUNTS	\$ 35,896		14			
INTEREST-CASH ACCOUNTS	2,461		14			
TOTAL	\$ 38,357					

Taxable Dividends from Securities

Description	Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
INTEREST & DIVIDENDS	\$ 42,273		14			
INTEREST & DIVIDENDS	337		14			
INTEREST & DIVIDENDS	34,211		14			
INTEREST & DIVIDENDS	69,838		14			
ENDOWMENT INCOME	34,738		14			
ENDOWMENT INCOME	78,828		14			
ENDOWMENT INCOME BUDGET OFFSE	-58,359		14			
M. STANLEY INVESTMENT INCOME	139,404		14			
M. STANLEY INVESTMENT BUDGET	-139,404		14			
ENDOWMENT INCOME BUDGET OFFSE	-28,500		14			
TOTAL	\$ 173,366					

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
FUND EXPENSE	\$ 15,674	\$ 15,674	\$	\$
PROGRAM EXPENSE	13,004	13,004		
LEC EXPENSE	6,749	6,749		
CONSULTATION EXPENSE	6,376	6,376		

Federal Statements

Form 990, Part IX, Line 24e - All Other Expenses (continued)

Description	Total Expenses	Program Service	Management & General	Fund Raising
WORKSHOP EXPENSE	\$ 5,896	\$ 5,896	\$	\$
RECOGNITION & AWARDS	3,948			3,948
PR MEMBER LUNCHES	2,748			2,748
ANNUAL MEETING	2,676			2,676
VOLUNTEER CENTER	2,652			2,652
EMPLOYEE RECRUITMENT & RE	2,437	2,437		
PEER CLASS EXPENSE	1,357	1,357		
CONTRACTUAL SERVICES	1,344	1,344		
BANNERS	682	682		
MISCELLANEOUS EXPENSE	534	351		183
WEEK OF CARING	341			341
PLEDGE PROCESSING FEES	253			253
ALLOCATE		-40,030	18,812	21,218
TOTAL	\$ 66,671	\$ 13,840	\$ 18,812	\$ 34,019

Schedule A, Part II, Line 1(e)

Description	Amount
PROVISION FOR UNCOLLECTIBLE -PRIOR C	\$ 45,802
PRIOR YEAR PLEDGE ADJUSTMENTS	44,252
CONTRIBUTIONS-OTHER UWS	17,032
ANNUAL CAMPAIGN	4,385,951
PROVISION FOR UNCOLLECTIBLE PLEDGES	-204,570
CONTRA IN-KIND STOCK GIFTS	-105,814
ANNUAL CAMPAIGN	341,792
PROVISION FOR UNCOLLECTIBLE PLEDGES	-16,776

Schedule A, Part II, Line 1(e) (continued)

Description	Amount
	\$ 105,814
SPONSORSHIPS	
	14,000
CONTRIBUTIONS-OTHER UWS	
	141
SPONSORSHIPS	
	12,000
GRANT INCOME RESTRICTED	
	32,000
GRANT INCOME RESTRICTED	
	2,348
GRANT INCOME RESTRICTED	
	12,980
GRANT INCOME RESTRICTED	
	1,140
GRANT INCOME RESTRICTED	
	-6,888
FUND INCOME	
	4,100
FORD PURDUE PENN TRUST	
	450
PRIOR YEAR PLEDGE ADJUSTMENTS	
	5,615
PROVISION FOR UNCOLLECTIBLE -PRIOR C	
	-8,792
CONTRIBUTIONS-OTHER UWS	
	506
UW BUDGET ALLOCATION	
	50,000
CONTRA UW BUDGET ALLOCATION	
	-50,000
BANNER SPONSORSHIPS	
	3,600
GRANT INCOME	
	12,960
GRANT INCOME RESTRICTED	
	-13,390
GRANT INCOME RESTRICTED	
	1,810
FUND INCOME	
	100
SUPPLIES IN KIND	
	2,904
OTHER CONTRIBUTIONS	
	1,000
100 YEAR CELEBRATION	
	16,400
FUND INCOME	
	33,688
HOLIDAY DAY OF ACTION	
	1,312

Federal Statements

Schedule A, Part II, Line 1(e) (continued)

Description	Amount
	\$ 63,816
TOTAL	\$ 4,807,283

Schedule A, Part II, Line 5 - Excess Gifts

Donor Name	Total	Excess
CATERPILLAR, INC.	\$ 1,751,296	\$ 1,131,518
WABASH NATIONAL	142,800	
TOTAL	\$ 1,894,096	\$ 1,131,518

Schedule A, Part II, Line 8(e)

Description	Amount
INTEREST-CASH ACCOUNTS	\$ 35,896
INTEREST-CASH ACCOUNTS	2,461
INTEREST & DIVIDENDS	42,273
INTEREST & DIVIDENDS	337
INTEREST & DIVIDENDS	34,211
INTEREST & DIVIDENDS	69,838
ENDOWMENT INCOME	34,738
ENDOWMENT INCOME	78,828
ENDOWMENT INCOME BUDGET OFFSE	-58,359
M. STANLEY INVESTMENT INCOME	139,404
M. STANLEY INVESTMENT BUDGET	-139,404
ENDOWMENT INCOME BUDGET OFFSE	-28,500
TOTAL	\$ 211,723

HUTH THOMPSON LLP
PO BOX 970
LAFAYETTE, IN 47902-0970

UNITED WAY OF GREATER LAFAYETTE,
INC.
1114 STATE STREET
LAFAYETTE, IN 47905-1219
|||

UNITED WAY OF GREATER LAFAYETTE,
1114 STATE STREET
LAFAYETTE, IN 47905-1219

HUTH THOMPSON LLP
PO BOX 970
LAFAYETTE, IN 47902-0970
|||

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

Form **8879-TE**Department of the Treasury
Internal Revenue Service

Name of filer

For calendar year 2023, or fiscal year beginning, 2023, and ending, 20

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.**2023****UNITED WAY OF GREATER LAFAYETTE,
INC.**

EIN or SSN

35-0891621Name and title of officer or person subject to tax **DAVID BATHE
CEO****Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b 5,154,051
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22) ..	10b

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above entity or ☐ I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize **HUTH THOMPSON LLP** to enter my PIN **01259** as my signature
ERO firm name Enter five numbers, but do not enter all zeros

on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax _____ Date **06/30/24****Part III Certification and Authentication**

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

35472326000

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **KIMBERLEY R MORISETTE** Date **06/30/24****ERO Must Retain This Form — See Instructions****Do Not Submit This Form to the IRS Unless Requested To Do So**

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Form **8879-TE** (2023)

DAA