

Forms 990 / 990-EZ Return Summary

For calendar year 2025, or tax year beginning

, and ending

35-0891621

UNITED WAY OF GREATER LAFAYETTE,

Net Asset / Fund Balance at Beginning of Year

8,355,221

Revenue

Contributions	<u>5,064,646</u>
Program service revenue	<u>31,642</u>
Investment income	<u>266,615</u>
Capital gain / loss	<u>-5,293</u>
Fundraising / Gaming:	
Gross revenue	
Direct expenses	
Net income	
Other income	<u>0</u>

Total revenue

5,357,610

Expenses

Program services	<u>4,551,773</u>
Management and general	<u>538,677</u>
Fundraising	<u>497,522</u>

Total expenses

5,587,972

Excess / (deficit)

-230,362

Changes

756,095

Net Asset / Fund Balance at End of Year

8,880,954

Reconciliation of Revenue

Total revenue per financial statements	<u>5,753,341</u>
Less:	
Unrealized gains	<u>755,570</u>
Donated services	<u>81,348</u>
Recoveries	
Other	<u>1</u>
Plus:	
Investment expenses	<u>25,819</u>
Other	<u>415,369</u>
Total revenue per return	<u>5,357,610</u>

Reconciliation of Expenses

Total expenses per financial statements	<u>5,229,608</u>
Less:	
Donated services	<u>81,348</u>
Prior year adjustments	
Losses	
Other	<u>1</u>
Plus:	
Investment expenses	<u>25,819</u>
Other	<u>415,368</u>
Total expenses per return	<u>5,587,972</u>

Balance Sheet

	Beginning	Ending	Differences
Assets	<u>12,097,080</u>	<u>12,531,537</u>	
Liabilities	<u>3,741,859</u>	<u>3,650,583</u>	
Net assets	<u>8,355,221</u>	<u>8,880,954</u>	<u>525,733</u>

Miscellaneous Information

Amended return

Return / extended due date 11/16/26

Failure to file penalty

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

2025

Open to Public Inspection

A For the 2025 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,
Doing business as
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1114 STATE STREET
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 \$ **6,100,963**

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

1 Briefly describe the organization's mission or most significant activities:
SEE SCHEDULE 0

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) **28**

4 Number of independent voting members of the governing body (Part VI, line 1b) **28**

5 Total number of individuals employed in calendar year 2025 (Part V, line 2a) **43**

6 Total number of volunteers (estimate if necessary) **750**

7a Total unrelated business revenue from Part VIII, column (C), line 12 **0**

7b Net unrelated business taxable income from Form 990-T, Part I, line 11 **0**

Revenue

8 Contributions and grants (Part VIII, line 1h) **5,655,634**

9 Program service revenue (Part VIII, line 2g) **28,082**

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) **324,332**

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) **6,054**

12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) **6,014,102**

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) **4,099,573**

14 Benefits paid to or for members (Part IX, column (A), line 4) **0**

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) **1,062,399**

16a Professional fundraising fees (Part IX, column (A), line 11e) **0**

b Total fundraising expenses (Part IX, column (D), line 25) **497,522**

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) **555,667**

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) **5,717,639**

19 Revenue less expenses. Subtract line 18 from line 12 **296,463**

Net Assets or Fund Balances

20 Total assets (Part X, line 16) **12,097,080**

21 Total liabilities (Part X, line 26) **3,741,859**

22 Net assets or fund balances. Subtract line 21 from line 20 **8,355,221**

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
DAVID BATHE
Type or print name and title
CEO

Date

Paid Preparer Use Only

Preparer's name
KIMBERLEY R MORISETTE

Preparer's signature
KIMBERLEY R MORISETTE

Date
06/15/26

Check ☐ if self-employed PTIN
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.

DAA

Form 990 (2025)

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 \$ **3,586,646** including grants of \$ **3,586,646**) (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 \$ **2,599** 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 \$ **113,405** including grants of \$ **12,081**) (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 \$ **849,123** including grants of \$ **293,538**) (Revenue \$ **31,642**)**4e** Total program service expenses **4,551,773**

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	8
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	43
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 the 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, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	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 the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/ 1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/ 1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID BATHE	40.00									
CEO	0.00			X				144,914	0	16,558
(2) JENNIFER MILLION	40.00									
COO	0.00			X				114,218	0	25,926
(3) DOUG ALLISON	0.50									
DIRECTOR	0.00	X						0	0	0
(4) COREY BASSETT	0.50									
DIRECTOR	0.00	X						0	0	0
(5) AARON BAUTE	0.50									
PRESIDENT	0.00	X		X				0	0	0
(6) MIKEL BERGER	0.50									
DIRECTOR	0.00	X						0	0	0
(7) KARA BISHOP	0.50									
DIRECTOR	0.00	X						0	0	0
(8) MARY BROADSTREET	0.50									
DIRECTOR	0.00	X						0	0	0
(9) JACQUE CHOSNEK	0.50									
DIRECTOR	0.00	X						0	0	0
(10) ALICIA CLEVINGER	0.50									
DIRECTOR	0.00	X						0	0	0
(11) KARI CROSIER	0.50									
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) LESLEY DENHAM										
(12) DIRECTOR	0.50 0.00	X						0	0	0
(13) ABIGAIL DIENER										
(13) DIRECTOR	0.50 0.00	X						0	0	0
(14) ERICA DOWNEY										
(14) DIRECTOR	0.50 0.00	X						0	0	0
(15) LAURA DOWNEY										
(15) DIRECTOR	0.50 0.00	X						0	0	0
(16) JEN EDWARDS										
(16) NON-VOTING MEMBER	0.50 0.00	X						0	0	0
(17) HEATHER FRANCIS										
(17) DIRECTOR	0.50 0.00	X						0	0	0
(18) ROBERTO GALLARDO										
(18) DIRECTOR	0.50 0.00	X						0	0	0
(19) JOE HOWARTH										
(19) DIRECTOR	0.50 0.00	X						0	0	0
1b Subtotal								259,132		42,484
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								259,132		42,484

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	4,610,056					
	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	454,590					
	g Noncash contributions included in lines 1a-1f	1g	\$ 245,972					
	h Total. Add lines 1a-1f			5,064,646				
Program Service Revenue			Business Code					
	2a WORKSHOP INCOME		541610	14,730	14,730			
	b LEC INCOME		611430	9,781	9,781			
	c ADMINISTRATIVE FEES		561000	4,158	4,158			
	d PEER CLASS INCOME		541610	1,860	1,860			
	e ADMINISTRATIVE FEES		541610	687	687			
	f All other program service revenue			426	426			
	g Total. Add lines 2a-2f			31,642				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			266,615			266,615	
	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	738,060					
	b Less: cost or other basis and sales exps.	7b	743,353					
	c Gain or (loss)	7c	-5,293					
	d Net gain or (loss)			-5,293			-5,293	
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18							
		8a						
b Less: direct expenses	8b							
c Net income or (loss) from fundraising events								
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							
	b							
	c							
	d All other revenue							
	e Total. Add lines 11a-11d							
12 Total revenue. See instructions				5,357,610	31,642	0	261,322	

Form 990 (2025)

UNITED WAY OF GREATER LAFAYETTE, 35-0891621Page **10****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	3,880,184	3,880,184		
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	301,616	108,733	97,965	94,918
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	659,186	286,849	221,437	150,900
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	37,857	14,731	13,525	9,601
9 Other employee benefits	69,586	38,199	8,765	22,622
10 Payroll taxes	66,417	26,949	22,647	16,821
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	17,310	6,968	5,165	5,177
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	25,819		25,819	
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	31,175	4,681	5,636	20,858
14 Information technology	8,567	3,449	2,556	2,562
15 Royalties				
16 Occupancy	84,739	32,609	26,685	25,445
17 Travel	2,045	596	587	862
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,845	316	4,260	269
20 Interest				
21 Payments to affiliates	76,242	30,688	22,750	22,804
22 Depreciation, depletion, and amortization	23,569	9,487	7,034	7,048
23 Insurance	5,592	2,250	1,669	1,673
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 OTHER FUND EXPENSES	166,955	54,551	44,853	67,551
b EVENTS SPONSORSHIPS	34,087			34,087
c ENDOWMENT FEE	30,616		30,616	
d PROGRAM EXPENSE	18,418	18,418		
e All other expenses	43,147	32,115	-3,292	14,324
25 Total functional expenses. Add lines 1 through 24e	5,587,972	4,551,773	538,677	497,522
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 ☒ if following SOP 98-2 (ASC 958-720)				

Form 990 (2025)

UNITED WAY OF GREATER LAFAYETTE,**35-0891621**Page **11****Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	918,986	1	946,250
	2 Savings and temporary cash investments	1,575,910	2	2,174,503
	3 Pledges and grants receivable, net	3,270,715	3	2,325,320
	4 Accounts receivable, net	26,311	4	27,478
	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	23,179	9	10,184
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 892,514		
	b Less: accumulated depreciation	10b 388,185	10c	504,329
	11 Investments—publicly traded securities	3,376,577	11	3,889,401
	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	2,398,666	15	2,654,072
16 Total assets. Add lines 1 through 15 (must equal line 33)	12,097,080	16	12,531,537	
Liabilities	17 Accounts payable and accrued expenses	176,108	17	142,113
	18 Grants payable	3,562,056	18	3,506,150
	19 Deferred revenue	3,695	19	2,320
	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	3,741,859	26	3,650,583
	Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.		
27 Net assets without donor restrictions		2,426,901	27	2,662,257
28 Net assets with donor restrictions		5,928,320	28	6,218,697
Organizations that do not follow FASB ASC 958, check here ☐ 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		8,355,221	32	8,880,954
33 Total liabilities and net assets/fund balances		12,097,080	33	12,531,537

Form **990** (2025)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,357,610
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,587,972
3	Revenue less expenses. Subtract line 2 from line 1	3	-230,362
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	8,355,221
5	Net unrealized gains (losses) on investments	5	757,570
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	-1,475
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	8,880,954

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ 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. ☐ Separate basis ☐ Consolidated basis ☐ 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. ☒ Separate basis ☐ Consolidated basis ☐ 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) MICHELLE HUNLEY										
(12) DIRECTOR	0.50 0.00	X						0	0	0
(21) KEVIN LETCHER										
(13) DIRECTOR	0.50 0.00	X						0	0	0
(22) TRAVIS MONTOYA										
(14) DIRECTOR	0.50 0.00	X						0	0	0
(23) TOM MURTAUGH										
(15) IMMEDIATE PAST PRES	0.50 0.00	X		X				0	0	0
(24) JESSICA REBMANN										
(16) DIRECTOR	0.50 0.00	X						0	0	0
(25) ISAAC RIVERA										
(17) DIRECTOR	0.50 0.00	X						0	0	0
(26) ELIZABETH SEARLE										
(18) DIRECTOR	0.50 0.00	X						0	0	0
(27) BRENT TALCOTT										
(19) DIRECTOR	0.50 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) ART VASQUEZ										
(12) DIRECTOR	0.50 0.00	X						0	0	0
(29) VIRGINIA VOUGHT										
(13) DIRECTOR	0.50 0.00	X						0	0	0
(30) JAMES WHELAN										
(14) TREASURER	0.50 0.00	X		X				0	0	0
(31) JORDAN WYSONG										
(15) DIRECTOR	0.50 0.00	X						0	0	0
(16)										
(17)										
(18)										
(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? If "Yes," complete Schedule J for such individual		
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		
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		

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

2025

Open to Public
Inspection

Name of the organization

UNITED WAY OF GREATER LAFAYETTE,

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 must generally satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f

Enter the number of supported organizations
- g

Provide the following information about the supported organization(s).

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7,460,411	5,497,509	4,807,283	5,655,634	5,064,646	28,485,483
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	7,460,411	5,497,509	4,807,283	5,655,634	5,064,646	28,485,483
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)						1,223,306
6 Public support. Subtract line 5 from line 4						27,262,177

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4	7,460,411	5,497,509	4,807,283	5,655,634	5,064,646	28,485,483
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	195,331	153,827	211,723	263,785	266,615	1,091,281
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.)	11,207	10	14,829	4		26,050
11 Total support. Add lines 7 through 10						29,602,814
12 Gross receipts from related activities, etc. (see instructions)					12	142,687

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 2025 (line 6, column (f), divided by line 11, column (f))	14	92.09 %
15 Public support percentage from 2024 Schedule A, Part II, line 14	15	93.57 %
16a 33 1/3% support test — 2025. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☒		
b 33 1/3% support test — 2024. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☐		
17a 10%-facts-and-circumstances test — 2025. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐		
b 10%-facts-and-circumstances test — 2024. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐		

Part III

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage			
15 Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f))	15		%
16 Public support percentage from 2024 Schedule A, Part III, line 15	16		%

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2025 (line 10c, column (f), divided by line 13, column (f))	17		%
18 Investment income percentage from 2024 Schedule A, Part III, line 17	18		%
19a 33 1/3% support tests — 2025. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization			
b 33 1/3% support tests — 2024. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization			
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions			

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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 ☐ The organization satisfied the Activities Test. Complete line 2 below.			
b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
c ☐ The organization supported a governmental supported organization. Describe in Part VI how you supported a governmental supported organization (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 its supported organization(s)? 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 each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
2a			
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
2b			
3 Parent of Supported Organizations. Answer lines 3a, 3b, and 3c below.			
a Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? If "Yes," provide details in Part VI.			
3a			
b Did the organization direct 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			
c Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.			
3c			

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	☐ 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	Total annual distributions. Add lines 1 through 5.	6
7	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	7
8	Distributable amount for 2025 from Section C, line 6	8
9	Line 7 amount divided by line 8 amount	9

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2025	(iii) Distributable Amount for 2025
1 Distributable amount for 2025 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2025 (reasonable cause required—explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2025			
a From 2020			
b From 2021			
c From 2022			
d From 2023			
e From 2024			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2025 distributable amount			
i Carryover from 2020 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2025 from Section D, line 6: \$			
a Applied to underdistributions of prior years			
b Applied to 2025 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2025, 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 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2026. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2021			
b Excess from 2022			
c Excess from 2023			
d Excess from 2024			
e Excess from 2025			

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, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; 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 \$ 26,050

Name of the organization	Employer identification number
UNITED WAY OF GREATER LAFAYETTE,	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 foundation

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

General Rule

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

Special Rules

☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

Name of organization	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	SUBARU OF INDIANA AUTOMOTIVE, INC. 5500 STATE ROAD 38 EAST LAFAYETTE IN 47905	\$ 250,000	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
2	CATERPILLAR FOUNDATION 3701 STATE ROAD 26 EAST LAFAYETTE IN 47905	\$ 289,983	Person ☒ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (Complete Part II for noncash contributions.)
		\$	Person ☐ Payroll ☐ Noncash ☐ (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.

Name of the organization	Employer identification number
UNITED WAY OF GREATER LAFAYETTE,	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)	161,468	
3 Aggregate value of grants from (during year)	182,800	
4 Aggregate value at end of year	47,827	
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?	☐ Yes ☒ 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?	☐ Yes ☒ No	

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

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

☐ Preservation of land for public use (for example, recreation or education)	☐ Preservation of a historically important land area
☐ Protection of natural habitat	☐ Preservation of a certified historic structure
☐ Preservation of open space	

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

	Held at the End of the 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 conversation 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
- d

☐
- Loan or exchange program

b

☐

e

☐

c

☐

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐

Yes

☐

No

Part IV

Escrow and Custodial Arrangements

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

- 1a
- Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
- ☐
- Yes
- ☐
- No
- b
- If "Yes," explain the arrangement in Part XIII and complete the following table.
- | | |
|---------------------------------|--------|
| | Amount |
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 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 in Part XIII
- ☐
- ☐

Part V

Endowment Funds

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	20,698	19,464	17,862	20,361	18,663
b Contributions					
c Net investment earnings, gains, and losses	2,556	1,333	1,693	-2,403	1,698
d Grants or scholarships					
e Other expenditures for facilities and programs	-109	-99	-91	-96	
f Administrative expenses					
g End of year balance	23,143	20,698	19,464	17,862	20,361

- 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 18.00 %
- c
- Term endowment 82.00 %
- 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?
- 3a(i)

☐

Yes

☒

No

3a(ii)

☐

Yes

☒

No
- b
- If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 3b

☐

☐
- 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		650,262	169,100	481,162
c Leasehold improvements				
d Equipment		242,252	219,085	23,167
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				504,329

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	1,538,690
(2)	MCCF AGENCY ENDOWMENT	1,105,149
(3)	BAUGHER ENDOWMENT	10,233
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))		2,654,072

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	5,753,341
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	755,570
b	Donated services and use of facilities	2b	81,348
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	1
e	Add lines 2a through 2d	2e	836,919
3	Subtract line 2e from line 1	3	4,916,422
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	25,819
b	Other (Describe in Part XIII.)	4b	415,369
c	Add lines 4a and 4b	4c	441,188
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	5,357,610

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	5,229,608
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	81,348
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	1,475
e	Add lines 2a through 2d	2e	82,823
3	Subtract line 2e from line 1	3	5,146,785
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	25,819
b	Other (Describe in Part XIII.)	4b	415,368
c	Add lines 4a and 4b	4c	441,187
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	5,587,972

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 XI, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER ROUNDING \$ **1**

PART XI, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER OUT OF COUNTY DESIGNATIONS \$ **71,669**
DESIGNATED PLEDGES \$ **343,699**
ROUNDING \$ **1**

PART XII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER ROUNDING \$ **1**
BOOK / TAX DEPRECIATION DIFFERENCE \$ **1,474**

PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER OUT OF COUNTY PLEDGES \$ **71,669**
DESIGNATED PLEDGES \$ **343,699**

SCHEDULE I
(Form 990)

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization
UNITED WAY OF GREATER LAFAYETTE,

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)	HEIFER INTERNATIONAL 1 WORLD AVENUE LITTLE ROCK AR 72202	35-1019477	3	5,025				OUT OF COUNTY
(2)	MONTGOMERY CO. HEAD START CAP OF WESTERN IN, P.O. BOX 188 COVINGTON IN 47932	35-6062298	3	5,300				ALLOCATIONS
(3)	MONTGOMERY CO. COMMUNITY CHEST 2985 INDUSTRIAL BLVD CRAWFORDSVILLE IN 47933	35-6062298	3	5,500				ALLOCATIONS
(4)	MONTGOMERY CO. FREE CLINIC PO BOX 86 CRAWFORDSVILLE IN 47933	27-1198512	3	7,500				ALLOCATIONS
(5)	PURDUE FOUNDATION DAUC, 403 WEST WOOD STREET WEST LAFAYETTE IN 47907	35-1052049	3	7,500				PHILANTHROPIC
(6)	FOOD FINDERS FOOD BANK 1204 GREENBUSH STREET LAFAYETTE IN 47904	31-1020198	3	7,730				DESIGNATIONS OVER AL
(7)	JA/BIZ TOWN & FINANCE PARK 3101 S. CREASY LANE LAFAYETTE IN 47905	35-0922731	3	8,910				ALLOCATIONS
(8)	LAFAYETTE SYMPHONY 111 N. 6TH STREET LAFAYETTE IN 47901	35-2080594	3	9,500				PHILANTHROPIC
(9)	TRINITY LIFE MINISTRY 2150 ELMWOOD AVENUE LAFAYETTE IN 47904	35-1980930	3	9,696				ALLOCATIONS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **53**

3 Enter total number of other organizations listed in the line 1 table **0**

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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)	FISH OF MONTGOMERY CO. PO BOX 261 CRAWFORDSVILLE IN 47933	35-1626055	3	10,000				ALLOCATIONS
(2)	RAINBOW AND RHYMES 212 E. WABASH AVENUE CRAWFORDSVILLE IN 47933	35-0877557	3	10,000				ALLOCATIONS
(3)	THROUGH THE GATE 811 WHITLOCK AVENUE CRAWFORDSVILLE IN 47933	46-2642502	3	10,000				ALLOCATIONS
(4)	LTHC HOMELESS SERVICES 815 N. 12TH STREET LAFAYETTE IN 47904	35-1781229	3	10,000				HOUSING SOLUTIONS
(5)	TRANSFORMED BIRTH SERVICES 3100 NORTH 400 WEST WEST LAFAYETTE IN 47906	92-1565887	3	10,000				SARAH ROUNDS PRICE
(6)	HEARTFORD HOUSE CHILD ADVOCACY CENT 703 NORTH 36TH STREET LAFAYETTE IN 47905	27-4451686	3	10,061				ALLOCATIONS
(7)	RECOVERY COALITION 1300 LADOGA ROAD CRAWFORDSVILLE IN 47933	82-3020260	3	13,500				ALLOCATIONS
(8)	SUNSHINE VANS 922 E. SOUTH BLVD CRAWFORDSVILLE IN 47933	35-6000994	3	15,000				ALLOCATIONS
(9)	PURDUE CDF FREEDOM SCHOOL PROGRAM/P BEERING HALL, 100 N. UNIVERSITY STR WEST LAFAYETTE IN 47907	35-6002041	3	15,000				SARAH ROUNDS PRICE

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

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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)	WILLSON FAMILY LITERACY 500 E. JEFFERSON STREET CRAWFORDSVILLE IN 47933	35-1097895	3	17,000				ALLOCATIONS
(2)	CRAWFORDSVILLE ADULT RESOURCE ACADE 1501 SOUTH ELM STREET CRAWFORDSVILLE IN 47933	35-1097895	3	18,000				ALLOCATIONS
(3)	PAM'S PROMISE P.O. BOX 405 CRAWFORDSVILLE IN 47933	32-0281982	3	20,000				ALLOCATIONS
(4)	GREATER LAFAYETTE FAMILY SHELTER 2010 ELMWOOD AVENUE LAFAYETTE IN 47904	26-0827155	3	27,443				ALLOCATIONS
(5)	UNITED WAY OF GREATER LAFAYETTE 1114 E. STATE STREET LAFAYETTE IN 47905	35-0891621	3	31,000				PHILANTHROPIC
(6)	SALVATION ARMY 1110 UNION STREET LAFAYETTE IN 47904	36-2167910	3	31,497				ALLOCATIONS
(7)	GIRL SCOUTS OF SYCAMORE COUNCIL 615 N. 18TH STREET #203 LAFAYETTE IN 47094	35-0876381	3	36,000				ALLOCATIONS
(8)	HOMESTEAD CS 671 NORTH 36TH STREET LAFAYETTE IN 47905	31-1057335	3	40,000				ALLOCATIONS
(9)	COMMUNITY FOUNDATION OF GREATER LAF 300 MAIN STREET, SUITE 100 LAFAYETTE IN 47901	23-7147996	3	45,000				PHILANTHROPIC

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SCHEDULE I
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Part I General Information on Grants and Assistance

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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)	LEGAL AID CORPORATION 300 MAIN STREET, SUITE 101 LAFAYETTE IN 47901	35-1187794	3	49,317				ALLOCATIONS
(2)	MONTGOMERY CO. BOYS & GIRLS CLUB 1001 N. WHITLOCK AVENUE CRAWFORDSVILLE IN 47933	35-6007302	3	50,000				ALLOCATIONS
(3)	UNIVERSITY OF CINCINNATI FOUNDATION UNIVERSITY HALL, 51 GOODMAN STREET CINCINNATI, OH 45221 OH 45221	31-0896555	3	50,000				PHILANTHROPIC
(4)	MONTGOMERY CO. FAMILY CRISIS SHELTER P.O. BOX 254 CRAWFORDSVILLE IN 47933	35-1462856	3	53,000				ALLOCATIONS
(5)	HANNA COMMUNITY CENTER 2000 ELMWOOD AVENUE, SUITE A LAFAYETTE IN 47094	31-1024517	3	54,125				ALLOCATIONS
(6)	MONTGOMERY CO. YOUTH SERVICE BUREAU 808 W. PIKE STREET CRAWFORDSVILLE IN 47933	35-1272759	3	55,000				ALLOCATIONS
(7)	LAFAYETTE ADULT RESOURCE ACADEMY 1100 ELIZABETH STREET, STE 3 LAFAYETTE IN 47094	35-6002525	3	60,000				ALLOCATIONS
(8)	BOY SCOUTS OF SAGAMORE COUNCIL P.O. BOX 865 KOKOMO IN 46903-0865	35-0867972	3	61,030				ALLOCATIONS
(9)	RIGGS COMMUNITY HEALTH CENTER 1716 HARTFORD STREET LAFAYETTE IN 47094	35-1965865	3	70,000				ALLOCATIONS

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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	70,166				ALLOCATIONS
(2)	LAFAYETTE FAMILY YMCA 3001 S. CREASY LANE LAFAYETTE IN 47905	35-0868213	3	75,757				ALLOCATIONS
(3)	BIG BROTHERS BIG SISTERS 2000 ELMWOOD AVENUE, SUITE J LAFAYETTE IN 47904	35-1157567	3	90,630				ALLOCATIONS
(4)	FOOD FINDERS FOOD BANK 1204 GREENBUSH STREET LAFAYETTE IN 47094	31-1020198	3	109,615				ALLOCATIONS
(5)	YWCA 624 N. 6TH STREET LAFAYETTE IN 47901	35-0868224	3	151,938				ALLOCATIONS
(6)	TIPPECANOE SENIOR CENTER 2000 ELMWOOD AVENUE LAFAYETTE IN 47904	35-1300844	3	184,175				ALLOCATIONS
(7)	WABASH CENTER P.O. BOX 6449 LAFAYETTE IN 47903-6449	35-1115916	3	200,012				ALLOCATIONS
(8)	MENTAL HEALTH ASSOCIATION P. O. BOX 1626 LAFAYETTE IN 47902-1626	38-3653969	3	203,994				ALLOCATIONS
(9)	LYN TREECE BOYS & GIRLS CLUB 1529 N. 10TH STREET LAFAYETTE IN 47904	35-1262269	3	223,250				ALLOCATIONS

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OMB No. 1545-0047

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Part I General Information on Grants and Assistance

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- 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)	WILLOWSTONE FAMILY SERVICES, INC. 615 N. 18TH STREET, #201 LAFAYETTE IN 47094	35-1099083	3	279,734				ALLOCATIONS
(2)	LTHC HOMELESS SERVICES 815 N. 12TH STREET LAFAYETTE IN 47904	35-1781229	3	309,500				ALLOCATIONS
(3)	BAUER FAMILY RESOURCES P.O. BOX 1186 LAFAYETTE IN 47902	35-1165883	3	347,000				ALLOCATIONS
(4)	RIGHT STEPS CHILD DEVELOPMENT 31 N. 7TH STREET, SUITE B LAFAYETTE IN 47901	35-1386694	3	500,000				ALLOCATIONS
(5)	UPPER YOUTH ROOM PO BOX 235 DELPHI IN 46923		3	9,000				CARROLL COUNTY GRANT
(6)	CARROLL COUNTY COMMUNITY CENTER 908 E COLUMBIA STREET FLORA IN 46929		3	7,380				CARROLL COUNTY GRANT
(7)	CARROLL COUNTY SENIOR & FAMILY SERV 311 N WASHINGTON STREET DELPHI IN 46923		3	8,100				CARROLL COUNTY GRANT
(8)	FOOD FINDERS FOOD BANK 1204 GREENBUSH STREET LAFAYETTE IN 47904		3	13,500				IN 24 SUPPLEMENTAL
(9)								

- 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

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)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public
Inspection

UNITED WAY OF GREATER LAFAYETTE,

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.

- | | |
|--|--|
| ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use |
| ☐ Travel for companions | ☐ Payments for business use of personal residence |
| ☐ Tax indemnification and gross-up payments | ☐ Health or social club dues or initiation fees |
| ☐ Discretionary spending account | ☐ 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.

- | | |
|--|---|
| ☐ Compensation committee | ☐ Written employment contract |
| ☐ Independent compensation consultant | ☒ Compensation survey or study |
| ☐ Form 990 of other organizations | ☒ 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? | 4a | | X |
| b Participate in or receive payment from a supplemental nonqualified retirement plan? | 4b | | X |
| c Participate in or receive payment from an equity-based compensation arrangement? | 4c | | X |
- 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? | 5a | | X |
| b Any related organization? | 5b | | X |
- 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? | 6a | | X |
| b Any related organization? | 6b | | X |
- 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)?

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) 142,414	(ii) 2,500	(iii) 0	12,313	4,245	161,472	0
		(ii) 0	0	0	0	0	0	0
2		(i)	(ii)					
		(ii)						
3		(i)	(ii)					
		(ii)						
4		(i)	(ii)					
		(ii)						
5		(i)	(ii)					
		(ii)						
6		(i)	(ii)					
		(ii)						
7		(i)	(ii)					
		(ii)						
8		(i)	(ii)					
		(ii)						
9		(i)	(ii)					
		(ii)						
10		(i)	(ii)					
		(ii)						
11		(i)	(ii)					
		(ii)						
12		(i)	(ii)					
		(ii)						
13		(i)	(ii)					
		(ii)						
14		(i)	(ii)					
		(ii)						
15		(i)	(ii)					
		(ii)						
16		(i)	(ii)					
		(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.

UNITED WAY OF GREATER LAFAYETTE,

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	8	245,695	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	1	277	
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 Acknowledgment	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?				YesNo
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?				YesNo
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?				YesNo
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.				

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)
(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

UNITED WAY OF GREATER LAFAYETTE,

Employer identification number

35-0891621

FORM 990 - ORGANIZATION'S MISSION

MISSION - MOBILIZING OUR COMMUNITY TO ACTION SO ALL CAN THRIVE

VISION - FOR OVER 100 YEARS, WE HAVE PARTNERED WITH LOCAL NONPROFITS, BUSINESSES, COMMUNITY LEADERS, DONORS AND VOLUNTEERS TO CREATE SOLUTIONS THAT ADDRESS THE MOST COMPLEX CHALLENGES THAT NO SINGLE PERSON OR ORGANIZATION CAN SOLVE ALONE.

TRUE TO OUR FOUNDING SPIRIT, WHENEVER THERE IS A NEED IN OUR COMMUNITY, UNITED WAY IS THERE. WE BRING A COMPREHENSIVE APPROACH TO EVERY CHALLENGE, ACTIVELY LISTENING AND RESPONDING TO LOCAL NEEDS. FROM STRENGTHENING LOCAL RESILIENCE TO ADVANCING HEALTH, YOUTH OPPORTUNITY, AND FINANCIAL SECURITY, WE'RE WORKING TOWARDS A FUTURE WHERE EVERY PERSON CAN THRIVE.

GOAL - EVERY PERSON THRIVING IN GREATER LAFAYETTE AND MONTGOMERY COUNTY.

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 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

SCHEDULE O
(Form 990)

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

UNITED WAY OF GREATER LAFAYETTE,

Employer identification number

35-0891621

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.

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

ROUNDING	\$	1
OUT OF COUNTY DESIGNATIONS	\$	-71,669
DESIGNATED PLEDGES	\$	-343,699
ROUNDING	\$	-1
ROUNDING	\$	-1
OUT OF COUNTY PLEDGES	\$	71,669
DESIGNATED PLEDGES6	\$	343,699
BOOK / TAX DEPRECIATION DIFFERENCE	\$	-1,474
TOTAL	\$	-1,475

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

2025Attachment
Sequence No. **179**

Identifying number

UNITED WAY OF GREATER LAFAYETTE,**INDIRECT DEPRECIATION****35-0891621****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	2,500,000
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	4,000,000
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 2024 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 2026. 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	20,592

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 2025	17	2,977
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 2025 Tax Year Using the General Depreciation System

(a) Classification of property (see instructions)	(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 50-year property			50 yrs.	MM	S/L	
i Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
j Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C— Assets Placed in Service During 2025 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	
e 50-year			50 yrs.	MM	S/L	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4562** (2025)**THERE ARE NO AMOUNTS FOR PAGE 3**

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	23,569
23a For assets shown in Part III that are placed in service during the current tax year, and have costs capitalized under section 263A, enter the amount of the basis attributable to interest costs capitalized under section 263A(f)	23a	
b For assets shown in Part III that are placed in service during the current tax year, and have costs capitalized under section 263A, enter the amount of the basis attributable to costs capitalized under section 263A other than interest costs capitalized under section 263A(f)	23b	

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed?	☐ Yes	☐ No
b If "Yes," is the evidence written?	☐ Yes	☐ No
c Do you own, lease, or charter an aircraft? Check all that apply. See instructions	☐ Own	☐ Lease ☐ Charter

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
--	----------------------------------	--	----------------------------	--	---------------------------	------------------------------	----------------------------------	------------------------------------

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions	25	
---	-----------	--

26 Property used more than 50% in a qualified business use:								
		%						
		%						

27 Property used 50% or less in a qualified business use :								
		%				S/L-		
		%				S/L-		

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21	28	
---	-----------	--

29 Add amounts in column (i), line 26. Enter here and on line 7	29	
--	-----------	--

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (don't include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Year Ended: December 31, 2025

35-0891621

UNITED WAY OF GREATER LAFAYETTE,
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: 12/31/2025

Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
Prior MACRS:												
12	OFFICE CHAIRS	11/11/1988	761				761	5	HY	200DB	761	0
46	OFFICE FURNITURE	11/01/2006	750				750	7	MQ	S/L	750	0
49	PACESETTER BANNERS	7/06/2007	3,942				3,942	3	HY	S/L	3,942	0
52	PROJECTOR & HP PRINTER (INRN)	8/18/2008	1,250		X		625	5	HY	S/L	1,250	0
59	MIP SOFTWARE	1/29/2010	3,834		X		1,917	3	HY	S/L	3,834	0
106	Donor Software (Candoris)	1/02/2019	34,113				34,113	5	HY	200DB	34,113	0
108	Dell Computer	9/04/2018	530		X		0	5	HY	200DB	530	0
110	Donor Software (Candoris)	1/02/2019	39,764				39,764	5	HY	200DB	39,764	0
111	Donor Software (Candoris)	1/31/2019	2,650				2,650	5	HY	200DB	2,650	0
112	Furnace	2/07/2019	3,216				3,216	15	HY	150DB	1,412	190
114	Dell Laptops/Computers (4)	3/01/2020	2,644				2,644	5	HY	200DB	2,492	152
115	Masonry overhaul	9/25/2020	32,630				32,630	15	HY	150DB	12,292	2,034
116	2nd Floor A/C Unit	7/14/2021	6,492		X		0	15	HY	150DB	6,492	0
118	Fox & Cheeseman Laptops (2)	5/20/2021	1,466		X		0	5	HY	200DB	1,466	0
119	2 Laptops	7/15/2021	1,516		X		0	5	HY	200DB	1,516	0
120	4 Computers	1/13/2022	2,352				2,352	5	HY	200DB	1,675	271
125	J Shook Laptop	2/23/2024	639		X		256	5	MQ	200DB	473	66
126	Dell Laptops (2)	10/16/2024	1,737		X		695	5	MQ	200DB	1,077	264
			<u>140,286</u>				<u>126,315</u>				<u>116,489</u>	<u>2,977</u>
Other Depreciation:												
4	2 FILING CABINETS	12/01/1979	163				163	8	MO	S/L	163	0
5	SHARP CALCULATOR	1/01/1980	180				180	3	MO	S/L	180	0
24	OFFICE CHAIRS	5/12/1999	1,012				1,012	7	MO	S/L	1,012	0
27	OFFICE CHAIR	8/06/1999	455				455	7	MO	S/L	455	0
35	COMPUTER SOFTWARE-CAMPAIGN	6/01/2004	9,500				9,500	3	MO	S/L	9,500	0
37	ETHERNET SWITCH	10/02/2004	233				233	5	MO	S/L	233	0
43	HELIX SOFTWARE LICENSE TO ANDA	10/12/2005	1,750				1,750	3	MO	S/L	1,750	0
61	TABLE AND 6 CHAIRS	3/14/2011	570				570	7	MO	S/L	570	0
70	Laser Printer-Kyocera	3/13/2012	1,914				1,914	5	MO	S/L	1,914	0
74	Carpet - UW Portion	3/31/2012	17,219				17,219	7	MO	S/L	17,219	0
75	Subaru Outback - 2013	11/09/2012	27,880				27,880	7	MO	S/L	27,880	0
77	Filing cabinets	10/18/2013	960				960	5	MO	S/L	960	0
78	Office furniture	12/17/2013	15,984				15,984	5	MO	S/L	15,984	0
79	Roof Repairs (UW share)	12/31/2013	16,175				16,175	15	MO	S/L	11,862	1,078
83	Campaign Office Chairs	6/05/2014	6,227				6,227	7	MO	S/L	6,227	0
84	Phone System	10/14/2014	6,603				6,603	7	MO	S/L	6,603	0
	Sold/Scrapped: 2/01/2025											
88	Camera	1/28/2015	998				998	5	MO	S/L	998	0
89	IDE Lanier Printer	11/16/2015	1,465				1,465	5	MO	S/L	1,465	0
	Sold/Scrapped: 5/01/2025											
91	Camera Microphone	3/30/2015	585				585	5	MO	S/L	585	0
97	Building	12/21/2015	592,000				592,000	39	MO	S/L	136,615	15,180
98	Exec Office Furniture	3/28/2016	4,000				4,000	5	MO	S/L	4,000	0
100	Building Signage	5/31/2016	725				725	5	MO	S/L	725	0
101	Cardinal Copier	6/29/2016	6,545				6,545	5	MO	S/L	6,545	0
102	Cardinal Printer	6/29/2016	5,720				5,720	5	MO	S/L	5,720	0
103	Cardinal Finisher	9/07/2016	525				525	5	MO	S/L	525	0
104	Epson EX9200 Pro Business Projector	10/03/2016	856				856	5	MO	S/L	856	0
105	Apple MacBook Laptop	7/14/2016	1,850				1,850	5	MO	S/L	1,850	0
121	5 Laptops	12/06/2022	3,682				3,682	5	MO	S/L	1,534	737
122	Water Heater Replacement	6/01/2022	1,400				1,400	15	MO	S/L	241	93
123	Boardroom A/C	7/27/2022	5,331				5,331	15	MO	S/L	859	355
124	Basement Door	2/13/2024	5,155				5,155	15	MO	S/L	315	344
127	Laptop - E. Storey	5/19/2025	642				642	5	MO	S/L	0	75
128	New Phone System and Installation	2/05/2025	3,840				3,840	7	MO	S/L	0	503
129	Furnace in Basement	2/10/2025	4,038				4,038	15	MO	S/L	0	247
130	UWMC Laptop	2/11/2025	909				909	5	MO	S/L	0	167
131	Firewall Upgrade and Installation	4/01/2025	2,283				2,283	3	MO	S/L	0	571
132	UWMC Copier	4/25/2025	4,483				4,483	5	MO	S/L	0	598
133	New Security System Installed	7/11/2025	6,440				6,440	5	MO	S/L	0	644
	Total Other Depreciation		<u>760,297</u>				<u>760,297</u>				<u>265,345</u>	<u>20,592</u>
	Total ACRS and Other Depreciation		<u>760,297</u>				<u>760,297</u>				<u>265,345</u>	<u>20,592</u>

Asset	Description	Date In Service	Cost	Bus % 179	Sec Bonus	Basis for Depr	Per Conv	Meth	Prior	Current
	Grand Totals		900,583			886,612			381,834	23,569
	Less: Dispositions and Transfers		8,068			8,068			8,068	0
	Less: Start-up/Org Expense		0			0			0	0
	Less: Domestic R & E Expense		0			0			0	0
	Net Grand Totals		892,515			878,544			373,766	23,569

Taxable Interest on Investments

Description			Unrelated	Exclusion	Postal	Acquired after	US
		Amount	Business	Code	Code	6/30/75	Obs (\$ or %)
INTEREST-CASH	ACCOUNTS	\$ 54,573		14			
	TOTAL	\$ 54,573					

Taxable Dividends from Securities

Description			Unrelated	Exclusion	Postal	Acquired after	US
		Amount	Business	Code	Code	6/30/75	Obs (\$ or %)
INTEREST &	DIVIDENDS	\$ 212,042		14			
	TOTAL	\$ 212,042					

Federal Statements

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

Description	Total Expenses	Program Service	Management & General	Fund Raising
WORKSHOP EXPENSE	\$ 14,196	\$ 14,196	\$	\$
FUND EXPENSE	12,830	12,830		
LEC EXPENSE	10,884	10,884		
CAMPAIGN & PUBLIC RELATIO	8,719			8,719
RECOGNITION & AWARDS	3,028	370	267	2,391
ANNUAL MEETING	2,257			2,257
VOLUNTEER CENTER	2,030	2,030		
PEER CLASS EXPENSE	1,262	1,262		
WEEK OF CARING	409	409		
MISCELLANEOUS EXPENSE	359	47		312
PLEDGE PROCESSING FEES	76			76
TO ALLOCATE		2,990	-3,559	569
RECLASS GRANTS	-12,903	-12,903		
TOTAL	\$ 43,147	\$ 32,115	\$ -3,292	\$ 14,324

Schedule A, Part II, Line 1(e)

Description	Amount
PRIOR YEAR PLEDGE ADJUSTMENTS	\$ 20,858
STOCK GIFTS - CAMPAIGN	76,638
ANNUAL CAMPAIGN	4,379,869
ANNUAL CAMPAIGN	319,953
PROVISION FOR UNCOLLECTIBLE PLEDGES	-189,453
PROVISION FOR UNCOLLECTIBLE PLEDGES	-13,667
CAMPAIGN FOR FY	60,000
PROVISION FOR UNCOLLECTIBLE -PRIOR	17,788

Federal Statements

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

Description	Amount
CONTRIBUTIONS-OTHER UWS	\$ 14,708
CONTRA IN-KIND STOCK GIFTS	-76,638
SPONSORSHIPS	32,270
STOCK GIFTS - NON CAMPAIGN	169,057
PRIOR YEAR PLEDGE ADJUSTMENTS	3,072
PROVISION FOR UNCOLLECTIBLE -PRIOR	-6,017
OTHER CONTRIBUTIONS	10,002
CONTRIBUTIONS-OTHER UWS	136
CONTRIBUTIONS-OTHER UWS	73
UW BUDGET ALLOCATION	50,000
CONTRA UW BUDGET ALLOCATION	-50,000
SPONSORSHIPS	11,100
GRANT INCOME RESTRICTED	60,700
GRANT INCOME RESTRICTED	50,000
GRANT INCOME RESTRICTED	6,491
GRANT INCOME RESTRICTED	5,873
GRANT INCOME RESTRICTED	8,157
GRANT INCOME RESTRICTED	10,000
GRANT INCOME RESTRICTED	16,065
GRANT INCOME RESTRICTED	5,000
GRANT INCOME RESTRICTED	100
GRANT INCOME RESTRICTED	3,602
GRANT INCOME RESTRICTED	21,432
GRANT INCOME RESTRICTED	5,059
GRANT INCOME RESTRICTED	-21,789
GRANT INCOME RESTRICTED	2,385

Federal Statements

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

Description	Amount
GRANT INCOME RESTRICTED	\$ -8,359
FUND INCOME	290
FUND INCOME	2,500
FUND INCOME	2,000
FUND INCOME	-7,589
FUND INCOME	50,000
FUND INCOME	14,643
FUND INCOME	4,672
FUND INCOME	35
FUND INCOME	48
FUND INCOME	2,705
HOLIDAY DAY OF ACTION	25
FORD PURDUE PENN TRUST	575
IN-KIND CONTRIBUTIONS	-74,148
IN-KIND CONTRIBUTIONS	74,425
TOTAL	\$ 5,064,646

Schedule A, Part II, Line 5 - Excess Gifts

Donor Name	Total	Excess
CATERPILLAR, INC.	\$ 1,603,495	\$ 1,011,439
MCBRIDE	803,923	211,867
TOTAL	\$ 2,407,418	\$ 1,223,306

Federal Statements

Schedule A, Part II, Line 8(e)

Description		Amount
INTEREST-CASH ACCOUNTS		
	\$	54,573
INTEREST & DIVIDENDS		
		212,042
TOTAL	\$	<u>266,615</u>

Schedule A, Part II, Line 12 - Current year

Description		Amount
ADMINISTRATIVE FEES		
	\$	4,158
WORKSHOP INCOME		
		14,730
LEC INCOME		
		9,781
PEER CLASS INCOME		
		1,860
GOLF REGISTRATION FEES		
		400
ADMINISTRATIVE FEES		
		687
ADMINISTRATIVE FEES		
		26
TOTAL	\$	<u>31,642</u>

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

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

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1114 STATE STREET
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HUTH THOMPSON LLP
PO BOX 970
LAFAYETTE, IN 47902-0970
|||

Form IT-20NP Return Summary

For calendar year 2025, or tax year beginning , and ending

UNITED WAY OF GREATER LAFAYETTE,

35-0891621

Tax Calculation on Unrelated Business Income

Federal unrelated business taxable income		
Less: Non-unitary partnership income		
Less: Specific deduction		
Unrelated business income		
Indiana modifications		
Adjusted unrelated business income		
Indiana apportionment percentage		%
Unrelated business apportioned to Indiana		
Non-unitary partnership income from Indiana sources		
Indiana NOL deduction		
Taxable Indiana unrelated business income		
Taxable income from other forms		
Total taxable income		
Indiana tax on unrelated business income		
Sales/use tax on purchases		
Total tax due		

Credit for Estimated Tax and Other Payments

Quarterly estimated tax paid		
Amount paid with extension		
Amount of overpayment credit		
Pass-through withholding and other payments		
Other credits		
Total credits		
Balance of tax due		
Underpayment penalty		
Late payment interest		
Late payment penalty		
Total penalties and interest		
Total payment due		
Total overpayment		
Amount to be refunded		
Amount to be applied		

Next Year's Estimates

1st quarter	
2nd quarter	
3rd quarter	
4th quarter	
Total	

Miscellaneous Information

Amended return ☐
Return / extended due date

Annual Report Information

Amended report ☐
Report / extended due date **08/17/26**