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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 black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

For the 2009 calendar year, or tax year beginning , 2009, and ending

B Check if applicable
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Termination
- [ ] Amended return
- [ ] Application pending

Please use IRS label or print or type. See specific instructions.

C Name of organization
UNITED WAY OF GREATER LAPORTE COUNTY

Number and street (or P O box if mail is not delivered to street addr) | Room/suite
800 LINCOLNWAY | STE 200

City, town or country | State | ZIP code + 4
LAPORTE | IN | 46350

D Employer Identification Number
35-0782893

E Telephone number
(219) 362-6256

G Gross receipts $ 812,528.

F Name and address of principal officer
WILLIAM HANNA 800 LINCOLNWAY LAPORTE IN 46350

H(a) Is this a group return for affiliates? [ ] Yes [X] No
H(b) Are all affiliates included? [ ] Yes [ ] No
If 'No,' attach a list (see instructions)

I Tax-exempt status [X] 501(c) (3) ◄ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ► N/A

H(c) Group exemption number ►

K Form of organization [X] Corporation [ ] Trust [ ] Association [ ] Other ► | **L** Year of Formation 1995 | **M** State of legal domicile IN

Part I Summary

1 Briefly describe the organization's mission or most significant activities. TO COLLECT AND REDISTRIBUTE DONATIONS

2 Check this box ► [ ] if the organization discontinued its operations or disposed of more than 25% of its assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	21
5	Total number of employees (Part V, line 2a)	5	2
6	Total number of volunteers (estimate if necessary)	6	90
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,067,063.	794,738.
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,835.	2,478.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,919.	7,312.
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,084,817.	804,528.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	460,898.	642,483.
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	158,538.	177,279.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ► 0.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	168,945.	173,272.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	788,381.	993,034.
19	Revenue less expenses Subtract line 18 from line 12	296,436.	-188,506.

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	969,916.	1,012,790.
21	Total liabilities (Part X, line 26)	219,099.	450,479.
22	Net assets or fund balances Subtract line 21 from line 20	750,817.	562,311.

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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

► William P Hanna mb — Signature of officer — Date 11/15/10

► William P Hanna, Executive Director — Type or print name and title — Date 11/15/10

Paid Preparer's Use Only

Preparer's signature ► Paul E Applegate CPA | Date 11-12-10 | Check if self-employed ► [X] | Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ► APPLEGATE & CO, C.P.A.'S
1421 S. WOODLAND AVE
MICHIGAN CITY IN 46360

EIN ►

Phone no ► (219) 871-7880

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

TO COLLECT AND REDISTRIBUTE DONATIONS

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 exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 $ 664,009. including grants of $ 455,788.) (Revenue $ 608,043.)

UNITED WAY OF GREATER LAPORTE COUNTY ADMINISTERS AN ANNUAL FUNDRAISING CAMPAIGN IN LAPORTE COUNTY, INDIANA AND USES THOSE FUNDS TO SUPPORT A VARIETY OF HUMAN SERVICE PROGRAMS IN LAPORTE COUNTY. (SEE ATTACHED)

4b (Code _____) (Expenses $ 186,695. including grants of $ 186,695.) (Revenue $ 186,695.)

DESIGNATIONS TO VARIOUS NOT FOR PROFIT AGENCIES (SEE ATTACHED)

4c (Code _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4d Other program services (Describe in Schedule O)

(Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4e Total program service expenses ► 850,704.

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*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	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*	3		X
4	**Section 501(c)(3) organizations** Did the organization engage in lobbying activities? *If 'Yes,' complete Schedule C, Part II*	4		X
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If 'Yes,' complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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*	6		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*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If 'Yes,' complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, 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*	9	X	
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If 'Yes,' complete Schedule D, Part V*	10		X
11	Is the organization's answer to any of the following questions 'Yes'? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
	• Did the organization report an amount for land, buildings and equipment in Part X, line 10? *If 'Yes,' complete Schedule D, Part VI*			
	• 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*			
	• 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*			
	• 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*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If 'Yes,' complete Schedule D, Part X*			
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organizaiton's liability for uncertain tax positions under FIN 48? If *'Yes,' complete Schedule D, Part X*			
12	Did the organization obtain separate, independent audited financial statement for the tax year? *If 'Yes,' complete Schedule D, Parts XI, XII, and XIII*	12	X	
12A	Was the organization included in consolidated, independent audited financial statement for the tax year? *If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional*	12 A		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If *'Yes,' complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If 'Yes,' complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If 'Yes,' complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If 'Yes,' complete Schedule F, Part III*	16		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*	17		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*	18		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*	19	X	
20	Did the organization operate one or more hospitals? *If 'Yes,' complete Schedule H*	20		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If 'Yes,' complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If 'Yes,' complete Schedule I, Parts I and III*	22		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? *If 'Yes,' complete Schedule J*	23		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, and that was issued after December 31, 2002? *If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No,' go to line 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If 'Yes,' complete Schedule L, Part I*	25a		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? *If 'Yes,' complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If 'Yes,' complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? *If 'Yes,' complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV*	28b	X	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? *If 'Yes,' complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If 'Yes,' complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If 'Yes,' complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If 'Yes,' complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If 'Yes,' complete Schedule N, Part II*	32		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? *If 'Yes,' complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1*	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If 'Yes,' complete Schedule R, Part V, line 2*	35		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If 'Yes,' complete Schedule R, Part V, line 2*	36		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? *If 'Yes,' complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable	1a 6		
b	Enter the number of Forms W-2G included in 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	X	
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 2		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		X
b	If 'Yes' has it filed a Form 990-T for this year? *If 'No,' provide an explanation in Schedule O*	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If 'Yes,' enter the name of the foreign country ►			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
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, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	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?	6a		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not 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, during the year, 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	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make any distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	**Section 501(c)(12) organizations.** Enter			
a	Gross income from other 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		

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 in Schedule O. See instructions.*

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body	1a 21		
b	Enter the number of voting members that are independent	1b 21		
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 or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	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 or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If 'Yes,' provide the names and addresses in Schedule O*	9		X

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

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

Section C. Disclosures

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

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

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

► WILLIAM HANNA 800 LINCOLNWAY STE 200, LAPORTE IN 46350 (219) 362-6256

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

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 Use Schedule J-2 if additional space is needed

- 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 See instructions for definition of 'key employees '
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

☐ Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099 MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
WILLIAM HANNA PROJECT COORDINATOR	40.00			X				76,688.	0.	0.
FRED MCNULTY VICE CHAIRMAN	2.00	X		X				0.	0.	0.
Andy Neal TREASURER	2.00	X		X				0.	0.	0.
TIM BIETRY VICE CHAIRMAN	2.00	X		X				0.	0.	0.
NAN BIRMINGHAM MEMBER	2.00	X						0.	0.	0.
Ted Bogich MEMBER	2.00	X						0.	0.	0.
JAMES B DWORKIN MEMBER	2.00	X						0.	0.	0.
SANDY GLEIM SECRETARY	2.00	X		X				0.	0.	0.
DR. JOSEPH ARULANDU MEMBER	2.00	X						0.	0.	0.
HENRY BROOKS MEMBER	2.00	X						0.	0.	0.
H. FRED MILLER MEMBER	2.00	X						0.	0.	0.
BURTON RUBY MEMBER	2.00	X						0.	0.	0.
DR. JAMES CALLAGHAN MEMBER	2.00	X						0.	0.	0.
JEFFERY SMITH CHAIRMAN	2.00	X		X				0.	0.	0.
ALEXIS PONTIUS-JONES MEMBER	2.00	X						0.	0.	0.
MIKE CHARBONNEAU MEMBER	2.00	X						0.	0.	0.
PATRICK KELLER MEMBER	2.00	X						0.	0.	0.

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
HENRY LAMPE MEMBER	2.00	X						0.	0.	0.
SHARON WRIGHT MEMBER	2.00	X						0.	0.	0.
JOHN LEINWEBER MEMBER	2.00	X						0.	0.	0.
PEGGY MOORE MEMBER	2.00	X						0.	0.	0.
Dr. Karen Schmid MEMBER	2.00	X						0.	0.	0.
1b Total ►								76,688.	0.	0.

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

		Yes	No
3	Did the organization list any **former** officer, director or 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 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

(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 in compensation from the organization ►

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns 1a				
	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 794,738.				
	g Noncash contribns included in lns 1a-1f $ 13,293.				
	h **Total.** Add lines 1a-1f ►	794,738.			
PROGRAM SERVICE REVENUE	Business Code				
	2a				
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g **Total.** Add lines 2a-2f ►				
	3 Investment income (including dividends, interest and other similar amounts) ►	2,478.	0.	0.	2,478.
	4 Income from investment of tax-exempt bond proceeds ►				
	5 Royalties ►				
	(i) Real / (ii) Personal				
	6a Gross Rents				
	b Less rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss) ►				
	(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory				
	b Less cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss) ►				
OTHER REVENUE	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a				
	b Less direct expenses b				
	c Net income or (loss) from fundraising events ►				
	9a Gross income from gaming activities See Part IV, line 19 a 15,312.				
	b Less direct expenses b 8,000.				
	c Net income or (loss) from gaming activities ►	7,312.	7,312.	0.	0.
	10a Gross sales of inventory, less returns and allowances a				
	b Less cost of goods sold b				
	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 ►	804,528.	7,312.	0.	2,478.

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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U S See Part IV, line 21	642,483.	642,483.		
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	76,688.	38,344.	38,344.	0.
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	67,783.	33,892.	33,891.	0.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	27,638.	13,819.	13,819.	0.
10 Payroll taxes	5,170.	2,585.	2,585.	0.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	9,615.	0.	9,615.	0.
d Lobbying				
e Prof fundraising svcs See Part IV, ln 17				
f Investment management fees				
g Other	22,194.	16,646.	5,548.	0.
12 Advertising and promotion	528.	528.	0.	0.
13 Office expenses	54,008.	36,508.	17,500.	0.
14 Information technology				
15 Royalties				
16 Occupancy	12,914.	9,686.	3,228.	0.
17 Travel	2,672.	2,672.	0.	0.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,252.	3,252.	0.	0.
20 Interest	1,500.	0.	1,500.	0.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,890.	0.	2,890.	0.
23 Insurance	2,495.	0.	2,495.	0.
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a 211 Service	25,105.	25,105.	0.	0.
b Bank Fees	2,115.	0.	2,115.	0.
c PRINTING	1,788.	1,788.	0.	0.
d DUES AND SUBSCRIPTIONS	10,883.	10,883.	0.	0.
e EQUIPMENT RENT	7,026.	3,513.	3,513.	0.
f All other expenses	14,287.	9,000.	5,287.	0.
25 Total functional expenses. Add lines 1 through 24f	993,034.	850,704.	142,330.	0.
26 **Joint costs.** Check here ► ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
ASSETS	1	Cash – non-interest-bearing		339,083.	1	325,279.
	2	Savings and temporary cash investments		1,360.	2	1,385.
	3	Pledges and grants receivable, net		624,999.	3	672,473.
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		1,720.	9	1,406.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 22,143.			
	b	Less accumulated depreciation	10b 9,896.	2,754.	10c	12,247.
	11	Investments – publicly-traded securities			11	
	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			15	
	16	**Total assets** Add lines 1 through 15 (must equal line 34)		969,916.	16	1,012,790.
LIABILITIES	17	Accounts payable and accrued expenses		21,124.	17	39,141.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		144,642.	21	262,505.
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties		50,000.	24	50,000.
	25	Other liabilities Complete Part X of Schedule D		3,333.	25	98,833.
	26	**Total liabilities.** Add lines 17 through 25		219,099.	26	450,479.
NET ASSETS OR FUND BALANCES		**Organizations that follow SFAS 117, check here ►** [X] **and complete lines 27 through 29 and lines 33 and 34.**				
	27	Unrestricted net assets		267,406.	27	254,108.
	28	Temporarily restricted net assets		482,211.	28	307,003.
	29	Permanently restricted net assets		1,200.	29	1,200.
		Organizations that do not follow SFAS 117, check here ► [ ] **and complete lines 30 through 34.**				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, and equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		750,817.	33	562,311.
	34	Total liabilities and net assets/fund balances		969,916.	34	1,012,790.

Part XI Financial Statements and Reporting

		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 in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X
b	Were the organization's financial statements audited by an independent accountant?	2b	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 in Schedule O	2c	X
d	If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	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 in Schedule O and describe any steps taken to undergo such audits	3b	

SCHEDULE A (Form 990 or 990-EZ)

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.** ► **See separate instructions.**

OMB No 1545-0047

2009

[redacted]

Name of the organization

UNITED WAY OF GREATER LAPORTE COUNTY

Employer identification number

35-0782893

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 11, 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)

3 ☐ A hospital or 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 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)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III – Functionally integrated **d** ☒ Type III– Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
(ii)	a family member of a person described in (i) above?		
(iii)	a 35% controlled entity of a person described in (i) or (ii) above?		

h Provide the following information about the supported organizations

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
SEE ATTACHED III-4a	VARIOUS	501 C 3		X	X		X		455,788.
SEE ATTACHED III-4b	VARIOUS	501 C 3		X	X		X		186,695.
Total									642,483.

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)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge						
4 **Total.** Add lines 1-through 3						
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)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
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 IV)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions)	12	

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%

16a **33-1/3 support test – 2009.** If the organization did not check the box on line 13, and the 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 – 2008.** 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 – 2009** 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 IV how the organization meets the 'facts-and-circumstances' test The organization qualifies as a publicly supported organization ► ☐

b **10%-facts-and-circumstances test – 2008.** 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 IV 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 9 of Part I)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a 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, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 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 yr beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 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 inline 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 IV)						
13 **Total support.** (add lns 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2008** Schedule A, Part III, line 17	18	%

19a **33-1/3 support tests – 2009.** 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 – 2008.** If the organization did not check a box on line 14 or 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 **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions

OMB No 1545-0047

2009

Name of the organization

UNITED WAY OF GREATER LAPORTE COUNTY

Employer identification number

35-0782893

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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' to Form 990, Part IV, line 7.

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

☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of certified historic structure

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

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06	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 easement it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, 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' to Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1 ► $ _____

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

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► $ _____

b Assets included in Form 990, Part X ► $ _____

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

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

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

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

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 organization answered 'Yes' to 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 XIV and complete the following table

		Amount
c Beginning balance	1c	144,642.
d Additions during the year	1d	304,558.
e Distributions during the year	1e	186,695.
f Ending balance	1f	262,505.

2a Did the organization include an amount on Form 990, Part X, line 21? ☒ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV

Part V Endowment Funds Complete if organization answered 'Yes' to 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					
b Contributions					
c Net Investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ► _____ %
- b Permanent endowment ► _____ %
- c Term endowment ► _____ %

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

	Yes	No
(i) unrelated organizations — 3a(i)		
(ii) related organizations — 3a(ii)		
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R? — 3b		

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		22,143.	9,896.	12,247.
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* ►				12,247.

Part VII Investments—Other Securities 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
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990 Part X, col (B) line 12.)* ►		

Part VIII Investments—Program Related (See Form 990, Part X, line 13)

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, Col. (B) line 13.)* ►		

Part IX Other Assets (See Form 990, Part X, line 15)

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col (B), line 15)* ►	

Part X Other Liabilities (See Form 990, Part X, line 25)

(a) Description of Liability	(b) Amount
Federal Income Taxes	
DEFERRED REVENUE	98,833.
Total *(Column (b) must equal Form 990, Part X, col (B) line 25)* ►	98,833.

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII,column (A), line 12)	804,528.
2	Total expenses (Form 990, Part IX, column (A), line 25)	993,034.
3	Excess or (deficit) for the year Subtract line 2 from line 1	-188,506.
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net) Add lines 4 through 8	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	-188,506.

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

1	Total revenue, gains, and other support per audited financial statements		1	804,528.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV)	2d		
e	Add lines **2a** through **2d**		2e	
3	Subtract line **2e** from line **1**		3	804,528.
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**			
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
c	Add lines **4a** and **4b**		4c	
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)		5	804,528.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements		1	993,035.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIV)	2d		
e	Add lines **2a** through **2d**		2e	
3	Subtract line **2e** from line **1**		3	993,035.
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**			
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
c	Add lines **4a** and **4b**		4c	
5	Total expenses Add lines **3** and **4c** (This must equal Form 990, Part I, line 18)		5	993,035.

Part XIV Supplemental Information

Complete this part to 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, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Pt IV Line 1b Pledges collected during campaign - remitted as collected

Pt IV Line 2b Pledges collected during campaign - remitted as collected

Part XIV Supplemental Information *(continued)*

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
► Attach to Form990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2009

[redacted]

Name of the organization

UNITED WAY OF GREATER LAPORTE COUNTY

Employer identification number

35-0782893

[redacted] **Fundraising Activities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 17
Form 990EZ filers are not required to complete this part

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply

- ☐ Mail solicitations
- ☐ Internet and email solicitations
- ☐ Phone solicitations
- ☐ In-person solicitations
- ☐ Solicitation of non-government grants
- ☐ Solicitation of government grants
- ☐ Special fundraising events

2a Did the organization have written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
Total ►						

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

Part II **Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
REVENUE	1 Gross receipts				
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)				
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4- through 9 in column (d)				►
	11 Net income summary Combine lines 3, column (d) and line 10				►

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
REVENUE	1 Gross revenue			15,312.	15,312.
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes			8,000.	8,000.
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes 100.00 % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				► 8,000.
	8 Net gaming income summary Combine lines 1, column (d) and line 7				► 7,312.

		YES	NO
9	Enter the state(s) in which the organization operates gaming activities Indiana		
9a	Is the organization licensed to operate gaming activities in each of these states?	X	
b	If 'No,' explain.		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?		X
b	If 'Yes,' explain		
11	Does the organization operate gaming activities with nonmembers?		X
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?		X

		YES	NO
13 Indicate the percentage of gaming activity operated in			
a The organization's facility	13a %		
b An outside facility	13b %		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records			
Name ►			
Address ►			
15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?	15a		
b If 'Yes,' enter the amount of gaming revenue received by the organization $ _____ and the amount of gaming revenue retained by the third party $ _____			
c If 'Yes,' enter name and address of the third party			
Name ►			
Address ►			
16 Gaming manager information			
Name ►			
Gaming manager compensation ► $ _____			
Description of services provided ►			
☐ Director/officer ☐ Employee ☐ Independent contractor			
17 Mandatory distributions			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a		
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► $			

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.
► **Attatch to Form 990.**

OMB No 1545-0047

2009

[redacted]

Name of the organization

UNITED WAY OF GREATER LAPORTE COUNTY

Employer identification number

35-0782893

[redacted] 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? [X] Yes [ ] No

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

[redacted] Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) 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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEE ATTACHED	VARIOUS	501 C (3)	455,788.				OPERATIONS

2 Enter total number of section 501(c)(3) and government organizations ►

3 Enter total number of other organizations ► 23

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Pt I Line 2 Board decides on amount to distribute for allocation and distributes

Pt I Line 2 the designations when money received from donor

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

► **Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
► **Attach to Form 990 or Form 990-EZ.** ► **See separate instructions.**

OMB No 1545-0047

2009

Name of the organization
UNITED WAY OF GREATER LAPORTE COUNTY

Employer identification number
35-0782893

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ► $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ► $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) Loan to or from the organization? From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) In default? No	(f) Approved by board or committee? Yes	(f) Approved by board or committee? No	(g) Written agreement? Yes	(g) Written agreement? No
Total			► $							

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction $	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	(e) Sharing of organization's revenues? No
Michelle & Grant Andres	Family Member of W Hanna	19,291.	Independent Contractor-Printing Serv		X

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

► Attach to Form 990.

OMB No 1545-0047

2009

Name of the organization

UNITED WAY OF GREATER LAPORTE COUNTY

Employer identification number

35-0782893

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
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				
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 ► (Professional Services)	X	3	13,293.	Fair Market Value
26	Other ► (_____)				
27	Other ► (_____)				
28	Other ► (_____)				

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

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

Part III Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
► Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
UNITED WAY OF GREATER LAPORTE COUNTY

Employer identification number
35-0782893

Pt VI-B, Line 11A Given to board members in advance of filing, review at 1st board meeting and approved

Pt VI-B, Line 12c Annual disclosure form is completed by members

Pt VI-B, Line 15 Board approves compensation

Pt VI-C, Line 19 Upon request

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return.

OMB No 1545-0172

2009

Attachment Sequence No **67**

Name(s) shown on return

UNITED WAY OF GREATER LAPORTE COUNTY

Identifying number

35-0782893

Business or activity to which this form relates

Form 990 / Form 990EZ

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 the instructions for a higher limit for certain businesses	1	$250,000.
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	$800,000.
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 2008 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12 ►	13	

Note: *Do not use Part II or Part III below for listed property Instead, use Part V*

Part II Special Depreciation Allowance and Other Depreciation (Do not 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	913.

Part III MACRS Depreciation (Do not include listed property) (See instructions)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	
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 2009 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only — see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property		12,383.	5 Yrs	FM	SL	1,977.
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs		S/L	
h	Residential rental property			27.5 yrs	MM	S/L	
				27.5 yrs	MM	S/L	
i	Nonresidential real property			39 yrs	MM	S/L	
					MM	S/L	

Section C — Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions)

21	Listed property Enter amount from line 28	21	
22	**Total** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return. Partnerships and S corporations — see instructions	22	2,890.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, 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** **24b** If 'Yes,' is the evidence written? ☐ **Yes** ☐ **No**

(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								
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						**28**		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							**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 (**do not** 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												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

	Yes	**No**
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		

Note: *If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles*

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2009 tax year (see instructions)					
43 Amortization of costs that began before your 2009 tax year				**43**	
44 **Total.** Add amounts in column (f) See the instructions for where to report				**44**	

Supporting Statement of:

Form 990 p 11/Line 21, column (A)

Description	Amount
DESIGNATIONS AND ALLOCATIONS PAYABLE	144,642.
Total	144,642.

Supporting Statement of:

Form 990 p 11/Line 21, column (B)

Description	Amount
DESIGNATIONS AND ALLOCATIONS PAYABLE	262,505.
Total	262,505.

Reconciliation to DC Sum Mgmt Report	Jan-09 1	Mar-09 2	Jun-09 3	Sep-09 4	Dec-09 5
Total for Service Categories	651,438 02		829,559.62	770,586 46	791,434 67
Grand Total from Below	116,422 89	0.00	126,694.69	186,694 69	186,694.69
	767,860.91	0 00	956,254.31	957,281.15	978,129 36
Non-Affiliated-LaPorte Co	5,159 61		5,953.41	5,953 41	5,953 41
Non-Affiliated-Other	5,708 34		7,657.34	7,657.34	7,657.34
Other United Ways	9,356.68		9,986.68	9,986.68	9,986.68
Sub Total	**20,224.63**	**0.00**	**23,597.43**	**23,597.43**	**23,597.43**
Write-Ins					
Sub Total	**20,224.63**	**0.00**	**23,597.43**	**23,597.43**	**23,597.43**
Designations to Member Agencies	96,198.26		103,097.26	163,097.26	163,097.26
Grand Total from Andar	**116,422.89**	**0.00**	**126,694.69**	**186,694.69**	**186,694.69**
Entry made to VAM	**116,422.89**	**0.00**	**10,271.80**	**60,000.00**	**0.00**
Difference	0 00	(116,422 89)	0 00	0 00	0 00
Reconciliation of Difference					

	186,694 69
admin	(1,815 66)
direct desg	(44,000 00)
Cash payout	(14,391 00)
1st Qtr payout	(13,015 14)
2nd Qtr payout	(22,011 28)
3rd Qtr payout	(12,399 67)
voided invoices	
	79,061 94

DC Summary Management Report

Definition File

Parameters	Code
Campaign Year	2008
Start Date	01/01/2000
Cut-off Date	12/31/2009
Report Summary Type	Summanzed By Federation/Agency (with Program Information)
Include Allocable to Checkoff	1

DC Summary Management Report

Campaign Year	2008
Start Date	01/01/2000
Cut-Off Date	12/31/2009
Summarize Allocable to Checkoff	Yes
Report Type	Summarized By Federation/Agency (with Program Information)

Name	Book#	Account	Cash	Payroll	Bill Direct	Pay Direct	Number Of Designations	Number Of Designating Agencies	Average Designation	Total Designation
SERVICE CATEGORIES										
		76877								
Federation For Service Category		87114	$0 00	$1,568 00	$130 00	$0 00	6		$283 00	$1,698 00
Building a Learning Community	2001	76893	$7 179 00	$114,223 89	$2,080 00	$0 00	732		$168 69	$123,482 89
Community Care	2000	87122	$0 00	$156 00	$130 00	$0 00	3		$95 33	$286 00
Fostering Health and Wellness	2002	76885	$135,524 17	$404 162 94	$123,904 67	$2,376 00	3142		$211 96	$665,967 78
United Way Undesignations			$142 703 17	$520,110 83	$126 244 67	$2,376 00	3883		$203 82	$791,434 67
FEDERATION TOTAL										
TOTAL FOR SERVICE CATEGORIES			**$142,703 17**	**$520,110 83**	**$126,244 67**	**$2,376 00**	**3883**		**$203 82**	**$791,434 67**
FEDERATIONS										
		76927								
Non-Affiliated - LaPorte Co	404	21311	$0 00	$26 00	$0 00	$59 80	2		$42 90	$85 80
American Cancer Society	451	156224	$7 50	$197 00	$0 00	$0 00	7		$29 21	$204 50
Blue Chip Employee Crisis Fund	443	123620	$0 00	$384 00	$0 00	$340 00	3		$241 33	$724 00
El Puente of LaPorte County	414	66167	$0 00	$0 00	$130 00	$0 00	1		$130 00	$130 00
Healthy Communities of LaPorte	444	123646	$50 00	$1,512 00	$0 00	$0 00	3		$520 67	$1,562 00
Junior Achievement	417	68536	$0 00	$52 00	$0 00	$0 00	1		$52 00	$52 00
LaPorte Co Special Olympics	441	7526	$0 00	$130 00	$0 00	$0 00	1		$130 00	$130 00
LaPorte County Animal Shelter	445	123653	$290 00	$724 00	$30 00	$0 00	13		$80 31	$1,044 00
LaPorte Educational Development Found	420	34843	$0 00	$120 00	$0 00	$0 00	1		$120 00	$120 00
LaPorte Hospital Foundation	425	21915	$0 00	$130 00	$0 00	$0 00	1		$130 00	$130 00
Michiana Humane Society	426	31070	$0 00	$52 00	$0 00	$0 00	1		$52 00	$52 00
North Central Community Action	430	75440	$0 00	$240 00	$0 00	$0 00	1		$240 00	$240 00
Rolling Prairie Community Center	431	34025	$0 00	$120 00	$0 00	$0 00	1		$120 00	$120 00
Samaritan Counseling Center	447	14191	$50 00	$1 150 11	$0 00	$159 00	5		$271 82	$1,359 11
Unity Foundation of LaPorte Co			$397 50	$4,837 11	$160 00	$558 80	41	14	$145 21	$5,953 41
FEDERATION TOTAL										
		76935								
Non-Affiliated - Other	621	161554	$50 00	$0 00	$0 00	$0 00	1		$50 00	$50 00
Alzheimer Association	507	33993	$0 00	$0 00	$0 00	$260 00	1		$260 00	$260 00
American Red Cross-Lake County	516	21493	$50 00	$325 00	$323 70	$0 00	4		$174 68	$698 70
Boys & Girls Club of NW Indiana	517	34090	$0 00	$240 00	$0 00	$0 00	1		$240 00	$240 00
Boys & Girls Club of Porter Co	521	22251	$0 00	$104 00	$0 00	$360 00	3		$154 67	$464 00
The Caring Place Advocacy Center	522	52787	$0 00	$157 00	$0 00	$0 00	2		$78 50	$157 00
Catholic Charities/Lake Co IN	540	52555	$0 00	$594 36	$0 00	$0 00	3		$198 12	$594 36
Horton VNA Hospice Center-Porter	623	161588	$0 00	$0 00	$5 99	$0 00	2		$3 00	$5 99
Hospice of the Calumet Area	544	52753	$0 00	$130 00	$0 00	$0 00	1		$130 00	$130 00
Juvenile Diabetes Research Foundation	620	58123	$0 00	$52 00	$0 00	$0 00	1		$52 00	$52 00
Lupus Foundation of America	547	21840	$20 00	$0 00	$0 00	$0 00	1		$20 00	$20 00
Lutheran Social Service of IND	553	21964	$0 00	$1,000 00	$0 00	$0 00	1		$1 000 00	$1,000 00
Multiple Sclerosis Society-IN Ch	565	34074	$0 00	$240 00	$0 00	$0 00	1		$240 00	$240 00
Opportunity Enterprises-Porter	615	49544	$0 00	$52 00	$0 00	$0 00	1		$52 00	$52 00
Porter County Cancer Society In	624	161596	$0 00	$130 00	$0 00	$0 00	1		$130 00	$130 00
Porter-Starke Mental Health Services	574	22178	$0 00	$0 00	$0 00	$520 00	1		$520 00	$520 00
Red Cross of Porter County	625	161604	$0 00	$219 00	$72 12	$0 00	2		$145 56	$291 12
Safe Harbor of Greater West Chester	578	70714	$0 00	$260 00	$0 00	$0 00	1		$260 00	$260 00
Salvation Army - SB Adult Rehab	608	52761	$0 00	$0 00	$5 99	$0 00	2		$3 00	$5 99
Salvation Army/Lake County	582	22194	$0 00	$104 00	$0 00	$0 00	1		$104 00	$104 00
Sickle Cell Foundation, Lake Cty	585	68627	$0 00	$1 000 00	$0 00	$0 00	1		$1,000 00	$1 000 00
St Margaret's House	626	161612	$0 00	$72 18	$0 00	$0 00	1		$72 18	$72 18
Starke County Youth Club										

DC Summary Management Report

Campaign Year	2008
Start Date	01/01/2000
Cut-Off Date	12/31/2009
Summarize Allocable to Checkoff	Yes
Report Type	Summarized By Federation/Agency (with Program Information)

Name	Book#	Account	Cash	Payroll	Bill Direct	Pay Direct	Number Of Designations	Number Of Designating Agencies	Average Designation	Total Designation
FEDERATIONS										
United Negro College Fund	587	22301	$0 00	$130 00	$0 00	$0 00	1		$130 00	$130 00
Visiting Nurse Association of Porter Co	589	22418	$0 00	$0 00	$0 00	$570 00	2		$285 00	$570 00
YMCA-Portage Township	594	53793	$0 00	$260 00	$0 00	$0 00	2		$130 00	$260 00
YWCA of St Joseph County	596	71233	$0 00	$0 00	$350 00	$0 00	1		$350 00	$350 00
FEDERATION TOTAL			$120 00	$5,069 54	$757 80	$1 710 00	39	26	$196 34	$7,657 34
Other United Ways		76943								
High Country United Way	124	161562	$0 00	$240 00	$0 00	$0 00	1		$240 00	$240 00
Lake Area United Way	45	6668	$150 00	$624 00	$100 00	$0 00	6		$145 67	$874 00
Starke United, Inc	75	14597	$0 00	$754 18	$72 12	$0 00	5		$165 26	$826 30
United Way of Allegheny County	105	56531	$0 00	$120 00	$0 00	$0 00	1		$120 00	$120 00
United Way of the Bay Area	106	71308	$0 00	$480 00	$0 00	$0 00	1		$480 00	$480 00
United Way of Henry County, OH	122	161620	$0 00	$120 00	$0 00	$0 00	1		$120 00	$120 00
United Way of Porter County	64	7989	$1,210 00	$3,864 30	$1,052 08	$0 00	25		$245 06	$6 126 38
United Way of Southwest Michigan	114	8375	$0 00	$650 00	$0 00	$0 00	1		$650 00	$650 00
United Way of St Joe County MI	123	161638	$0 00	$60 00	$0 00	$0 00	1		$60 00	$60 00
United Way of St Joseph County	71	6676	$0 00	$490 00	$0 00	$0 00	3		$163 33	$490 00
FEDERATION TOTAL			$1,360 00	$7,402 48	$1,224 20	$0 00	45	10	$221 93	$9 986 68
United Way Agencies		76919								
Activity Center for Older Adults	301	21279	$0 00	$195 00	$0 00	$0 00	4		$48 75	$195 00
American Red Cross - LP Co Chap	302	2014	$650 00	$4 107 70	$1,000 00	$0 00	35		$164 51	$5 757 70
Baby Talk/MCAS Grant	341	74732	$45 00	$2 671 50	$0 00	$0 00	21		$129 36	$2,716 50
Barker Woods Enrichment Center	303	547	$345 00	$3,102 53	$0 00	$0 00	20		$172 38	$3,447 53
Boys & Girls Club of MC	304	21477	$847 00	$2 798 24	$0 00	$52 00	23		$160 75	$3 697 24
Catholic Charities	305	463	$192 00	$2,771 48	$100 00	$175 00	25		$129 54	$3,238 48
Child Care Consortium	306	21550	$0 00	$69 33	$0 00	$0 00	2		$34 67	$69 33
Citizens Concerned for Homeless	307	11833	$330 00	$719 34	$0 00	$0 00	13		$80 72	$1,049 34
Dunebrook-Prevent Child Abuse LP	309	7062	$762 00	$6,276 05	$80,091 00	$260 00	61		$1,432 61	$87,389 05
Family Learning Center/MCAS Gant Accepta	310	71639	$250 00	$1,507 36	$0 00	$0 00	21		$83 68	$1,757 36
Girl Scouts of N Indiana-Michiana Counc	311	8466	$80 00	$549 00	$0 00	$0 00	8		$78 63	$629 00
Harmony House/CASA of La Porte County	312	34041	$325 00	$182 00	$0 00	$0 00	8		$63 38	$507 00
HOPE Program	313	22129	$0 00	$121 00	$0 00	$0 00	1		$121 00	$121 00
Hours for Ours-School Based Mentoring	315	71647	$55 00	$398 17	$0 00	$0 00	10		$45 32	$453 17
La Porte Family YMCA	319	562	$1,750 00	$3,769 00	$0 00	$10 00	58		$95 33	$5,529 00
LaPorte County Council on Aging	317	21758	$300 00	$974 00	$0 00	$0 00	17		$74 94	$1,274 00
LaPorte County Meals on Wheels	318	11791	$915 00	$5 914 16	$45 00	$2,122 00	60		$149 94	$8 996 16
LaPorte Meals On Wheels	324	21899	$895 00	$2 218 20	$200 00	$780 00	39		$104 95	$4,093 20
LaSalle Council Boy Scouts, #165	321	513	$211 50	$1 501 45	$0 00	$728 00	21		$116 24	$2,440 95
MCAS Grant Acceptance Fund	343	74898	$10 00	$0 00	$0 00	$0 00	1		$10 00	$10 00
Michiana Resources, Inc	325	497	$1,177 50	$2 078 84	$0 00	$156 00	35		$97 50	$3,412 34
Open Door Adolescent Health Center	344	87106	$50 00	$52 00	$0 00	$0 00	2		$51 00	$102 00
Open Door Health Center	328	7211	$385 00	$1 397 00	$0 00	$0 00	17		$104 82	$1,782 00
Parents & Friends/LP Co C O A	329	521	$225 00	$662 00	$0 00	$0 00	8		$110 88	$887 00
READ LaPorte County, Inc	330	21782	$190 00	$720 00	$0 00	$0 00	7		$130 00	$910 00
Retired Senior Volunteer Program	332	11817	$10 00	$106 60	$0 00	$0 00	4		$29 15	$116 60
Safe Harbor/MCAS Grant	340	74724	$320 00	$1,760 63	$0 00	$0 00	29		$71 75	$2,080 63
Salvation Army of LaPorte	333	539	$1 095 00	$2,659 82	$500 00	$0 00	29		$146 72	$4 254 82
Salvation Army of Michigan City	334	9894	$911 00	$5,343 60	$550 00	$0 00	34		$200 14	$6,804 60
Stepping Stone Shelter for Women	335	7070	$470 00	$5,338 38	$0 00	$0 00	48		$121 01	$5 808 38
Swanson Center	336	489	$150 00	$611 00	$0 00	$0 00	12		$63 42	$761 00
VNA HomeCare Private Duty & Hospice	337	53199	$0 00	$70 00	$0 00	$0 00	2		$35 00	$70 00

DC Summary Management Report

Campaign Year	2008
Start Date	01/01/2000
Cut-Off Date	12/31/2009
Summarize Allocable to Checkoff	Yes
Report Type	Summarized By Federation/Agency (with Program Information)

Name	Book#	Account	Cash	Payroll	Bill Direct	Pay Direct	Number Of Designations	Number Of Designating Agencies	Average Designation	Total Designation
FEDERATIONS										
Youth Service Bureau	338	505	$850 00	$1 886 88	$0 00	$0 00	18		$152 05	$2,736 88
FEDERATION TOTAL			$13,796 00	$62,532 26	$82,486 00	$4,283 00	693	33	$235 35	$163,097 26
TOTAL FOR FEDERATIONS			**$15,673 50**	**$79,841 39**	**$84,628 00**	**$6,551 80**	**818**	**83**	**$228 23**	**$186,694 69**
Grand Total			**$158,376 67**	**$599,952 22**	**$210,872 67**	**$8,927 80**	**4701**	**83**	**$208 07**	**$978,129 36**

DCP Payee Summarized Report

Summarized Payee Report

Campaign Year 2008
Definition 2008 for auditor (185) (Full Payout)
Cut-Off-Date 06/14/2010
Payee Account All

Payee Type / Dsg/ Rcv	Payee Name (Acct#) / Design Bill Direct	Design Pay Direct	Design Payroll	Design Cash	Total Design	Vendor Number / Undesign Equal Share	Undesign % Share	Gross Distn	Admin Expense	Shrink Amount	Net Distn	Adj Amount	Less Pay Direct	Less Previous Paid	Payment Due	Overpaid
Agency	Catholic Charities(463)					CATCMC										
Dsg	100 00	175 00	2 771 48	192 00	3 238 48	0 00	0 00	3 238 48	0 00	0 00	3 238 48	0 00	175 00	2 856 42	207 06	
Rcv	100 00	175 00	2 577 59	192 00	3,044 59	0 00	0 00	3 044 59	0 00	0 00	3 044 59	0 00	175 00	2 856 42	13 17	
Agency	Swanson Center(489)					SWACEN										
Dsg	0 00	0 00	611 00	150 00	761 00	0 00	0 00	761 00	0 00	0 00	761 00	0 00	0 00	759 44	1 56	
Rcv	0 00	0 00	609 44	150 00	759 44	0 00	0 00	759 44	0 00	0 00	759 44	0 00	0 00	759 44	0 00	
Agency	Michiana Resources, Inc (497)					MICRES										
Dsg	0 00	156 00	2 078 84	1,177 50	3,412 34	0 00	0 00	3 412 34	0 00	0 00	3 412 34	0 00	156 00	2 879 59	376 75	
Rcv	0 00	156 00	1 743 90	1 177 50	3 077 40	0 00	0 00	3 077 40	0 00	0 00	3 077 40	0 00	156 00	2 879 59	41 81	
Agency	Youth Service Bureau(505)					YOUSER										
Dsg	0 00	0 00	1 886 88	850 00	2 736 88	0 00	0 00	2 736 88	0 00	0 00	2 736 88	0 00	0 00	2 559 98	176 90	
Rcv	0 00	0 00	1 718 35	850 00	2 568 35	0 00	0 00	2 568 35	0 00	0 00	2 568 35	0 00	0 00	2 559 98	8 37	
Agency	LaSalle Council Boy Scouts, #165(513)					BOYSCO										
Dsg	0 00	728 00	1 501 45	211 50	2 440 95	0 00	0 00	2 440 95	0 00	0 00	2 440 95	0 00	728 00	1 423 88	289 07	
Rcv	0 00	728 00	1 213 93	211 50	2 153 43	0 00	0 00	2 153 43	0 00	0 00	2 153 43	0 00	728 00	1 423 88	1 55	
Agency	Parents & Friends/LP Co C O A(521)					PARFRI										
Dsg	0 00	0 00	662 00	225 00	887 00	0 00	0 00	887 00	0 00	0 00	887 00	0 00	0 00	886 78	0 22	
Rcv	0 00	0 00	661 78	225 00	886 78	0 00	0 00	886 78	0 00	0 00	886 78	0 00	0 00	886 78	0 00	
Agency	Salvation Army of LaPorte(539)					SALARL										
Dsg	500 00	0 00	2 659 82	1,095 00	4 254 82	0 00	0 00	4,254 82	0 00	0 00	4 254 82	0 00	0 00	3,804 22	450 60	
Rcv	500 00	0 00	2 230 13	1 095 00	3 825 13	0 00	0 00	3 825 13	0 00	0 00	3 825 13	0 00	0 00	3 804 22	20 91	
Agency	Barker Woods Enrichment Center(547)					BARWOO										
Dsg	0 00	0 00	3,102 53	345 00	3 447 53	0 00	0 00	3 447 53	0 00	0 00	3 447 53	0 00	0 00	3 196 56	250 97	
Rcv	0 00	0 00	2 851 56	345 00	3 196 56	0 00	0 00	3 196 56	0 00	0 00	3,196 56	0 00	0 00	3 196 56	0 00	
Agency	La Porte Family YMCA(562)					YMCALA										
Dsg	0 00	10 00	3 769 00	1 750 00	5,529 00	0 00	0 00	5,529 00	0 00	0 00	5 529 00	0 00	10 00	4 700 08	818 92	
Rcv	0 00	10 00	2 950 08	1 750 00	4 710 08	0 00	0 00	4,710 08	0 00	0 00	4 710 08	0 00	10 00	4 700 08	0 00	
Agency	American Red Cross - LP Co Chap(2014)					AMERED										
Dsg	1 000 00	0 00	4 107 70	650 00	5,757 70	0 00	0 00	5 757 70	0 00	0 00	5,757 70	0 00	0 00	5 296 17	461 53	
Rcv	1,000 00	0 00	3 656 69	650 00	5 306 69	0 00	0 00	5 306 69	0 00	0 00	5,306 69	0 00	0 00	5,296 17	10 52	
Master	Lake Area United Way(6668)					UWLAKE										
Dsg	100 00	0 00	624 00	150 00	874 00	0 00	0 00	874 00	0 00	0 00	874 00	0 00	0 00	759 24	114 76	
Rcv	0 00	0 00	609 24	150 00	759 24	0 00	0 00	759 24	0 00	0 00	759 24	0 00	0 00	759 24	0 00	
Master	United Way of St Joseph County(6676)					UWSTJO										
Dsg	0 00	0 00	490 00	0 00	490 00	0 00	0 00	490 00	98 00	0 00	392 00	0 00	0 00	195 96	196 04	
Rcv	0 00	0 00	289 79	0 00	289 79	0 00	0 00	289 79	93 83	0 00	195 96	0 00	0 00	195 96	0 00	
Agency	Dunebrook-Prevent Child Abuse LP(7062)					DUNEBR										
Dsg	80,091 00	260 00	6,276 05	762 00	87,389 05	0 00	0 00	87 389 05	0 00	0 00	87 389 05	48 000 00	260 00	6 181 97	32 947 08	
Rcv	48 000 00	260 00	5 497 89	762 00	54,519 89	0 00	0 00	54 519 89	0 00	0 00	54 519 89	48 000 00	260 00	6 181 97	77 92	

DCP Payee Summarized Report

Payee Type / Dsg/ Rcv	Payee Name (Acct#) / Design Bill Direct	Design Pay Direct	Design Payroll	Design Cash	Total Design	Vendor Number / Undesign Equal Share	Undesign % Share	Gross Distn	Admin Expense	Shrink Amount	Net Distn	Adj Amount	Less Pay Direct	Less Previous Paid	Payment Due	Overpaid
Agency	Stepping Stone Shelter for Women(7070)					STESTO										
Dsg	0 00	0 00	5,338 38	470 00	5 808 38	0 00	0 00	5 808 38	0 00	0 00	5 808 38	0 00	0 00	5 022 38	786 00	
Rcv	0 00	0 00	4 563 47	470 00	5 033 47	0 00	0 00	5 033 47	0 00	0 00	5 033 47	0 00	0 00	5 022 38	11 09	
Agency	Open Door Health Center(7211)					OPDOHC										
Dsg	0 00	0 00	1,397 00	385 00	1 782 00	0 00	0 00	1 782 00	0 00	0 00	1 782 00	0 00	0 00	1,585 89	196 11	
Rcv	0 00	0 00	1 202 30	385 00	1 587 30	0 00	0 00	1 587 30	0 00	0 00	1 587 30	0 00	0 00	1,585 89	1 41	
Agency	LaPorte County Animal Shelter(7526)					ANISHE										
Dsg	0 00	0 00	130 00	0 00	130 00	0 00	0 00	130 00	13 00	0 00	117 00	0 00	0 00	83 76	33 24	
Rcv	0 00	0 00	98 76	0 00	96 76	0 00	0 00	96 76	13 00	0 00	83 76	0 00	0 00	83 76	0 00	
Master	United Way of Porter County(7989)					UWPORT										
Dsg	1,052 08	0 00	3 864 30	1 210 00	6 126 38	0 00	0 00	6 126 38	0 00	0 00	6 126 38	0 00	0 00	5 889 13	237 25	
Rcv	1 000 08	0 00	3 679 05	1 210 00	5 889 13	0 00	0 00	5 889 13	0 00	0 00	5,889 13	0 00	0 00	5 889 13	0 00	
Master	United Way of Southwest Michigan(8375)					UWSWMI										
Dsg	0 00	0 00	650 00	0 00	650 00	0 00	0 00	650 00	130 00	0 00	520 00	0 00	0 00	520 00	0 00	
Rcv	0 00	0 00	643 08	0 00	643 08	0 00	0 00	643 08	130 00	0 00	513 08	0 00	0 00	520 00	6 92-	***
Agency	Girl Scouts of N Indiana-Michiana Counc(8466)					GIRSCO										
Dsg	0 00	0 00	549 00	80 00	629 00	0 00	0 00	629 00	0 00	0 00	629 00	0 00	0 00	523 23	105 77	
Rcv	0 00	0 00	446 06	80 00	526 06	0 00	0 00	526 06	0 00	0 00	526 06	0 00	0 00	523 23	2 83	
Agency	Salvation Army of Michigan City(9894)					SAARMC										
Dsg	550 00	0 00	5 343 60	911 00	6 804 60	0 00	0 00	6 804 60	0 00	0 00	6,804 60	0 00	0 00	5 951 74	852 86	
Rcv	500 00	0 00	4 676 60	911 00	6 087 60	0 00	0 00	6 087 60	0 00	0 00	6 087 60	0 00	0 00	5 951 74	135 86	
Agency	LaPorte County Meals on Wheels(11791)					MEAWHE										
Dsg	45 00	2 122 00	5 914 16	915 00	8,996 16	0 00	0 00	8 996 16	0 00	0 00	8,996 16	0 00	2 122 00	6 096 91	777 25	
Rcv	25 00	2 122 00	5 162 17	915 00	8 224 17	0 00	0 00	8 224 17	0 00	0 00	8 224 17	0 00	2 122 00	6,096 91	5 26	
Agency	Retired Senior Volunteer Program(11617)					RSVPLP										
Dsg	0 00	0 00	106 60	10 00	116 60	0 00	0 00	116 60	0 00	0 00	116 60	0 00	0 00	96 88	19 72	
Rcv	0 00	0 00	86 88	10 00	96 88	0 00	0 00	96 88	0 00	0 00	96 88	0 00	0 00	96 88	0 00	
Agency	Citizens Concerned for Homeless(11833)					CITCON										
Dsg	0 00	0 00	719 34	330 00	1,049 34	0 00	0 00	1 049 34	0 00	0 00	1,049 34	0 00	0 00	779 06	270 28	
Rcv	0 00	0 00	453 30	330 00	783 30	0 00	0 00	783 30	0 00	0 00	783 30	0 00	0 00	779 06	4 24	
Agency	Unity Foundation of LaPorte Co(14191)					UNIFOU										
Dsg	0 00	159 00	1 150 11	50 00	1 359 11	0 00	0 00	1 359 11	120 01	0 00	1,239 10	0 00	159 00	505 12	574 98	
Rcv	0 00	159 00	575 13	50 00	784 13	0 00	0 00	784 13	120 01	0 00	664 12	0 00	159 00	505 12	0 00	
Agency	Starke United Inc (14597)					STARUN										
Dsg	72 12	0 00	754 18	0 00	826 30	0 00	0 00	826 30	0 00	0 00	826 30	0 00	0 00	441 95	384 35	
Rcv	72 12	0 00	443 47	0 00	515 59	0 00	0 00	515 59	0 00	0 00	515 59	0 00	0 00	441 95	73 64	
Agency	Activity Center for Older Adults(21279)					ACTCEN										
Dsg	0 00	0 00	195 00	0 00	195 00	0 00	0 00	195 00	0 00	0 00	195 00	0 00	0 00	195 00	0 00	
Rcv	0 00	0 00	195 00	0 00	195 00	0 00	0 00	195 00	0 00	0 00	195 00	0 00	0 00	195 00	0 00	
Agency	American Cancer Society(21311)					AMECAN										
Dsg	0 00	59 80	26 00	0 00	85 80	0 00	0 00	85 80	2 60	0 00	83 20	0 00	59 80	23 40	0 00	
Rcv	0 00	59 80	26 00	0 00	85 80	0 00	0 00	85 80	2 60	0 00	83 20	0 00	59 80	23 40	0 00	
Agency	Boys & Girls Club of MC(21477)					BOYGIR										
Dsg	0 00	52 00	2,798 24	847 00	3 697 24	0 00	0 00	3 697 24	0 00	0 00	3 697 24	0 00	52 00	3 364 66	280 58	
Rcv	0 00	52 00	2,521 19	847 00	3 420 19	0 00	0 00	3 420 19	0 00	0 00	3 420 19	0 00	52 00	3 364 66	3 53	

DCP Payee Summarized Report

Payee Type / Dsg/ Rcv	Payee Name (Acct#) / Design Bill Direct	Design Pay Direct	Design Payroll	Design Cash	Total Design	Vendor Number / Undesign Equal Share	Undesign % Share	Gross Distn	Admin Expense	Shrink Amount	Net Distn	Adj Amount	Less Pay Direct	Less Previous Paid	Payment Due	Overpaid
Agency	Boys & Girls Club of NW Indiana(21493)					BGNWIN										
Dsg	323 70	0 00	325 00	50 00	698 70	0 00	0 00	698 70	139 74	0 00	558 96	0 00	0 00	488 11	70 85	
Rcv	323 70	0 00	254 15	50 00	627 85	0 00	0 00	627 85	139 74	0 00	488 11	0 00	0 00	488 11	0 00	
Agency	Child Care Consortium(21550)					CHICAR										
Dsg	0 00	0 00	69 33	0 00	69 33	0 00	0 00	69 33	0 00	0 00	69 33	0 00	0 00	58 59	10 74	
Rcv	0 00	0 00	58 59	0 00	58 59	0 00	0 00	58 59	0 00	0 00	58 59	0 00	0 00	58 59	0 00	
Agency	LaPorte County Council on Aging(21758)					COUAGI										
Dsg	0 00	0 00	974 00	300 00	1 274 00	0 00	0 00	1,274 00	0 00	0 00	1 274 00	0 00	0 00	1 078 94	195 06	
Rcv	0 00	0 00	778 94	300 00	1 078 94	0 00	0 00	1 078 94	0 00	0 00	1 078 94	0 00	0 00	1 078 94	0 00	
Agency	READ LaPorte County Inc (21782)					READLP										
Dsg	0 00	0 00	720 00	190 00	910 00	0 00	0 00	910 00	0 00	0 00	910 00	0 00	0 00	741 61	168 39	
Rcv	0 00	0 00	551 61	190 00	741 61	0 00	0 00	741 61	0 00	0 00	741 61	0 00	0 00	741 61	0 00	
Agency	Lutheran Social Service of IND(21840)					LUTSOC										
Dsg	0 00	0 00	0 00	20 00	20 00	0 00	0 00	20 00	4 00	0 00	16 00	0 00	0 00	16 00	0 00	
Rcv	0 00	0 00	0 00	20 00	20 00	0 00	0 00	20 00	4 00	0 00	16 00	0 00	0 00	16 00	0 00	
Agency	LaPorte Meals On Wheels(21899)					MEAWHL										
Dsg	200 00	780 00	2,218 20	895 00	4,093 20	0 00	0 00	4 093 20	0 00	0 00	4 093 20	0 00	780 00	2 770 16	543 04	
Rcv	200 00	780 00	1 677 99	895 00	3,552 99	0 00	0 00	3 552 99	0 00	0 00	3 552 99	0 00	780 00	2 770 16	2 83	
Agency	Michiana Humane Society(21915)					MICHUM										
Dsg	0 00	0 00	130 00	0 00	130 00	0 00	0 00	130 00	13 00	0 00	117 00	0 00	0 00	83 76	33 24	
Rcv	0 00	0 00	96 76	0 00	96 76	0 00	0 00	96 76	13 00	0 00	83 76	0 00	0 00	83 76	0 00	
Agency	Multiple Sclerosis Society-IN Ch(21964)					MULSCL										
Dsg	0 00	0 00	1 000 00	0 00	1 000 00	0 00	0 00	1 000 00	200 00	0 00	800 00	0 00	0 00	544 32	255 68	
Rcv	0 00	0 00	744 32	0 00	744 32	0 00	0 00	744 32	200 00	0 00	544 32	0 00	0 00	544 32	0 00	
Agency	HOPE Program(22129)					HOPPRO										
Dsg	0 00	0 00	121 00	0 00	121 00	0 00	0 00	121 00	0 00	0 00	121 00	0 00	0 00	121 00	0 00	
Rcv	0 00	0 00	121 00	0 00	121 00	0 00	0 00	121 00	0 00	0 00	121 00	0 00	0 00	121 00	0 00	
Agency	Red Cross of Porter County(22178)					AMERPC										
Dsg	0 00	520 00	0 00	0 00	520 00	0 00	0 00	520 00	0 00	0 00	520 00	0 00	520 00	0 00	0 00	
Rcv	0 00	520 00	0 00	0 00	520 00	0 00	0 00	520 00	0 00	0 00	520 00	0 00	520 00	0 00	0 00	
Agency	Sickle Cell Foundation, Lake Cty(22194)					SICCEL										
Dsg	0 00	0 00	104 00	0 00	104 00	0 00	0 00	104 00	20 80	0 00	83 20	0 00	0 00	75 99	7 21	
Rcv	0 00	0 00	96 79	0 00	96 79	0 00	0 00	96 79	20 80	0 00	75 99	0 00	0 00	75 99	0 00	
Agency	The Caring Place Advocacy Center(22251)					CARPLA										
Dsg	0 00	360 00	104 00	0 00	464 00	0 00	0 00	464 00	20 80	0 00	443 20	0 00	360 00	81 95	1 25	
Rcv	0 00	360 00	102 75	0 00	462 75	0 00	0 00	462 75	20 80	0 00	441 95	0 00	360 00	81 95	0 00	
Agency	United Negro College Fund(22301)					UNINEG										
Dsg	0 00	0 00	130 00	0 00	130 00	0 00	0 00	130 00	26 00	0 00	104 00	0 00	0 00	94 50	9 50	
Rcv	0 00	0 00	120 50	0 00	120 50	0 00	0 00	120 50	26 00	0 00	94 50	0 00	0 00	94 50	0 00	
Agency	Visiting Nurse Association of Porter Co (22418)					VISNUR										
Dsg	0 00	570 00	0 00	0 00	570 00	0 00	0 00	570 00	0 00	0 00	570 00	0 00	570 00	0 00	0 00	
Rcv	0 00	570 00	0 00	0 00	570 00	0 00	0 00	570 00	0 00	0 00	570 00	0 00	570 00	0 00	0 00	
Agency	North Central Community Action(31070)					NORCEN										
Dsg	0 00	0 00	52 00	0 00	52 00	0 00	0 00	52 00	5 20	0 00	46 80	0 00	0 00	46 80	0 00	
Rcv	0 00	0 00	52 00	0 00	52 00	0 00	0 00	52 00	5 20	0 00	46 80	0 00	0 00	46 80	0 00	

DCP Payee Summarized Report

Payee Type / Dsg/ Rcv	Payee Name (Acct#) / Design Bill Direct	Design Pay Direct	Design Payroll	Design Cash	Total Design	Vendor Number / Undesign Equal Share	Undesign % Share	Gross Distn	Admin Expense	Shrink Amount	Net Distn	Adj Amount	Less Pay Direct	Less Previous Paid	Payment Due	Overpaid
Agency	American Red Cross-Lake County(33993)					AMERLC										
Dsg	0 00	260 00	0 00	0 00	260 00	0 00	0 00	260 00	0 00	0 00	260 00	0 00	260 00	0 00	0 00	
Rcv	0 00	260 00	0 00	0 00	260 00	0 00	0 00	260 00	0 00	0 00	260 00	0 00	260 00	0 00	0 00	
Agency	Samaritan Counseling Center(34025)					SAMCOU										
Dsg	0 00	0 00	120 00	0 00	120 00	0 00	0 00	120 00	12 00	0 00	108 00	0 00	0 00	106 55	1 45	
Rcv	0 00	0 00	118 55	0 00	118 55	0 00	0 00	118 55	12 00	0 00	106 55	0 00	0 00	106 55	0 00	
Agency	Harmony House/CASA of La Porte County(34041)					HARHOU										
Dsg	0 00	0 00	182 00	325 00	507 00	0 00	0 00	507 00	0 00	0 00	507 00	0 00	0 00	482 69	24 31	
Rcv	0 00	0 00	166 04	325 00	491 04	0 00	0 00	491 04	0 00	0 00	491 04	0 00	0 00	482 69	8 35	
Agency	Opportunity Enterprises-Porter(34074)					OPPENT										
Dsg	0 00	0 00	240 00	0 00	240 00	0 00	0 00	240 00	48 00	0 00	192 00	0 00	0 00	130 63	61 37	
Rcv	0 00	0 00	178 63	0 00	178 63	0 00	0 00	178 63	48 00	0 00	130 63	0 00	0 00	130 63	0 00	
Agency	Boys & Girls Club of Porter Co (34090)					BGPORT										
Dsg	0 00	0 00	240 00	0 00	240 00	0 00	0 00	240 00	48 00	0 00	192 00	0 00	0 00	130 63	61 37	
Rcv	0 00	0 00	178 63	0 00	178 63	0 00	0 00	178 63	48 00	0 00	130 63	0 00	0 00	130 63	0 00	
Agency	LaPorte Hospital Foundation(34843)					HOSFOU										
Dsg	0 00	0 00	120 00	0 00	120 00	0 00	0 00	120 00	12 00	0 00	108 00	0 00	0 00	108 00	0 00	
Rcv	0 00	0 00	120 00	0 00	120 00	0 00	0 00	120 00	12 00	0 00	108 00	0 00	0 00	108 00	0 00	
Agency	Porter County Cancer Society, In(49544)					AMECPC										
Dsg	0 00	0 00	52 00	0 00	52 00	0 00	0 00	52 00	10 40	0 00	41 60	0 00	0 00	37 80	3 80	
Rcv	0 00	0 00	48 20	0 00	48 20	0 00	0 00	48 20	10 40	0 00	37 80	0 00	0 00	37 80	0 00	
Agency	Horton VNA Hospice Center-Porter(52555)					HORVNA										
Dsg	0 00	0 00	594 36	0 00	594 36	0 00	0 00	594 36	118 87	0 00	475 49	0 00	0 00	467 75	7 74	
Rcv	0 00	0 00	586 62	0 00	586 62	0 00	0 00	586 62	118 87	0 00	467 75	0 00	0 00	467 75	0 00	
Agency	Juvenile Diabetes Research Foundation(52753)					JUVDIA										
Dsg	0 00	0 00	130 00	0 00	130 00	0 00	0 00	130 00	26 00	0 00	104 00	0 00	0 00	94 51	9 49	
Rcv	0 00	0 00	120 51	0 00	120 51	0 00	0 00	120 51	26 00	0 00	94 51	0 00	0 00	94 51	0 00	
Agency	Salvation Army/Lake County(52761)					ARMLAK										
Dsg	5 99	0 00	0 00	0 00	5 99	0 00	0 00	5 99	1 20	0 00	4 79	0 00	0 00	2 39	2 40	
Rcv	2 99	0 00	0 00	0 00	2 99	0 00	0 00	2 99	0 60	0 00	2 39	0 00	0 00	2 39	0 00	
Agency	Catholic Charities/Lake Co IN(52787)					CATCHA										
Dsg	0 00	0 00	157 00	0 00	157 00	0 00	0 00	157 00	31 40	0 00	125 60	0 00	0 00	108 01	17 59	
Rcv	0 00	0 00	139 41	0 00	139 41	0 00	0 00	139 41	31 40	0 00	108 01	0 00	0 00	108 01	0 00	
Agency	VNA HomeCare Private Duty & Hospice(53199)					VNAHOM										
Dsg	0 00	0 00	70 00	0 00	70 00	0 00	0 00	70 00	0 00	0 00	70 00	0 00	0 00	60 96	9 04	
Rcv	0 00	0 00	60 96	0 00	60 96	0 00	0 00	60 96	0 00	0 00	60 96	0 00	0 00	60 96	0 00	
Agency	YMCA-Portage Township(53793)					YMCAPT										
Dsg	0 00	0 00	260 00	0 00	260 00	0 00	0 00	260 00	52 00	0 00	208 00	0 00	0 00	189 02	18 98	
Rcv	0 00	0 00	241 02	0 00	241 02	0 00	0 00	241 02	52 00	0 00	189 02	0 00	0 00	189 02	0 00	
Master	United Way of Allegheny County(56531)					UWALLG										
Dsg	0 00	0 00	120 00	0 00	120 00	0 00	0 00	120 00	24 00	0 00	96 00	0 00	0 00	65 32	30 68	
Rcv	0 00	0 00	89 32	0 00	89 32	0 00	0 00	89 32	24 00	0 00	65 32	0 00	0 00	65 32	0 00	
Agency	Lupus Foundation of America(58123)					LUPFOU										
Dsg	0 00	0 00	52 00	0 00	52 00	0 00	0 00	52 00	10 40	0 00	41 60	0 00	0 00	34 89	6 71	
Rcv	0 00	0 00	45 29	0 00	45 29	0 00	0 00	45 29	10 40	0 00	34 89	0 00	0 00	34 89	0 00	

DCP Payee Summarized Report

Payee Type / Dsg/ Rcv	Payee Name (Acct#) / Design Bill Direct	Design Pay Direct	Design Payroll	Design Cash	Total Design	Vendor Number / Undesign Equal Share	Undesign % Share	Gross Distn	Admin Expense	Shrink Amount	Net Distn	Adj Amount	Less Pay Direct	Less Previous Paid	Payment Due	Overpaid
Agency	Healthy Communities of LaPorte(66167)					HEACOM										
Dsg	130 00	0 00	0 00	0 00	130 00	0 00	0 00	130 00	13 00	0 00	117 00	0 00	0 00	117 00	0 00	
Rcv	130 00	0 00	0 00	0 00	130 00	0 00	0 00	130 00	13 00	0 00	117 00	0 00	0 00	117 00	0 00	
Agency	LaPorte Co Special Olympics(68536)					SPEOLY										
Dsg	0 00	0 00	52 00	0 00	52 00	0 00	0 00	52 00	5 20	0 00	46 80	0 00	0 00	40 60	6 20	
Rcv	0 00	0 00	45 80	0 00	45 80	0 00	0 00	45 80	5 20	0 00	40 60	0 00	0 00	40 60	0 00	
Agency	St Margaret s House(68627)					STMARG										
Dsg	0 00	0 00	1,000 00	0 00	1 000 00	0 00	0 00	1 000 00	200 00	0 00	800 00	0 00	0 00	544 32	255 68	
Rcv	0 00	0 00	744 32	0 00	744 32	0 00	0 00	744 32	200 00	0 00	544 32	0 00	0 00	544 32	0 00	
Agency	Salvation Army - SB Adult Rehab(70714)					SALASB										
Dsg	0 00	0 00	260 00	0 00	260 00	0 00	0 00	260 00	52 00	0 00	208 00	0 00	0 00	208 00	0 00	
Rcv	0 00	0 00	257 23	0 00	257 23	0 00	0 00	257 23	52 00	0 00	205 23	0 00	0 00	208 00	2 77-	
Agency	YWCA of St Joseph County(71233)					YWCASJ										
Dsg	350 00	0 00	0 00	0 00	350 00	0 00	0 00	350 00	70 00	0 00	280 00	0 00	0 00	280 00	0 00	
Rcv	350 00	0 00	0 00	0 00	350 00	0 00	0 00	350 00	70 00	0 00	280 00	0 00	0 00	280 00	0 00	
Master	United Way of the Bay Area(71308)					UWBAYA										
Dsg	0 00	0 00	480 00	0 00	480 00	0 00	0 00	480 00	96 00	0 00	384 00	0 00	0 00	261 28	122 72	
Rcv	0 00	0 00	357 28	0 00	357 28	0 00	0 00	357 28	96 00	0 00	261 28	0 00	0 00	261 28	0 00	
Agency	Family Learning Center/MCAS Gant Accepta(71639)					FAMLEA										
Dsg	0 00	0 00	1 507 36	250 00	1 757 36	0 00	0 00	1 757 36	0 00	0 00	1 757 36	0 00	0 00	1 600 22	157 14	
Rcv	0 00	0 00	1,350 22	250 00	1,600 22	0 00	0 00	1,600 22	0 00	0 00	1 600 22	0 00	0 00	1,600 22	0 00	
Agency	Hours for Ours-School Based Mentoring(71647)					HOUOUR										
Dsg	0 00	0 00	398 17	55 00	453 17	0 00	0 00	453 17	0 00	0 00	453 17	0 00	0 00	401 70	51 47	
Rcv	0 00	0 00	346 70	55 00	401 70	0 00	0 00	401 70	0 00	0 00	401 70	0 00	0 00	401 70	0 00	
Agency	Safe Harbor/MCAS Grant(74724)					SAFHAR										
Dsg	0 00	0 00	1 760 63	320 00	2,080 63	0 00	0 00	2 080 63	0 00	0 00	2 080 63	0 00	0 00	1,780 72	299 91	
Rcv	0 00	0 00	1 460 72	320 00	1 780 72	0 00	0 00	1 780 72	0 00	0 00	1 780 72	0 00	0 00	1 780 72	0 00	
Agency	Baby Talk/MCAS Grant(74732)					BABTAL										
Dsg	0 00	0 00	2,671 50	45 00	2 716 50	0 00	0 00	2 716 50	0 00	0 00	2 716 50	0 00	0 00	2 448 00	268 50	
Rcv	0 00	0 00	2 403 00	45 00	2 448 00	0 00	0 00	2 448 00	0 00	0 00	2 448 00	0 00	0 00	2,448 00	0 00	
Agency	MCAS Grant Acceptance Fund(74898)					MCAGRA										
Dsg	0 00	0 00	0 00	10 00	10 00	0 00	0 00	10 00	0 00	0 00	10 00	0 00	0 00	10 00	0 00	
Rcv	0 00	0 00	0 00	10 00	10 00	0 00	0 00	10 00	0 00	0 00	10 00	0 00	0 00	10 00	0 00	
Agency	Rolling Prairie Community Center(75440)					ROLPRA										
Dsg	0 00	0 00	240 00	0 00	240 00	0 00	0 00	240 00	24 00	0 00	216 00	0 00	0 00	215 08	0 92	
Rcv	0 00	0 00	240 00	0 00	240 00	0 00	0 00	240 00	24 00	0 00	216 00	0 00	0 00	215 08	0 92	
Agency	Open Door Adolescent Health Center(87106)					OPEDOR										
Dsg	0 00	0 00	52 00	50 00	102 00	0 00	0 00	102 00	0 00	0 00	102 00	0 00	0 00	86 25	15 75	
Rcv	0 00	0 00	36 25	50 00	86 25	0 00	0 00	86 25	0 00	0 00	86 25	0 00	0 00	86 25	0 00	
Agency	El Puente of LaPorte County(123620)					ELPUEN										
Dsg	0 00	340 00	384 00	0 00	724 00	0 00	0 00	724 00	38 40	0 00	685 60	0 00	340 00	247 42	98 18	
Rcv	0 00	340 00	285 82	0 00	625 82	0 00	0 00	625 82	38 40	0 00	587 42	0 00	340 00	247 42	0 00	
Agency	Junior Achievement(123646)					JUNACH										
Dsg	0 00	0 00	1 512 00	50 00	1 562 00	0 00	0 00	1 562 00	156 20	0 00	1 405 80	0 00	0 00	1 400 82	4 98	
Rcv	0 00	0 00	1,507 02	50 00	1 557 02	0 00	0 00	1 557 02	156 20	0 00	1 400 82	0 00	0 00	1,400 82	0 00	

DCP Payee Summarized Report

Payee Type / Dsg/ Rcv	Payee Name (Acct#) / Design Bill Direct	Design Pay Direct	Design Payroll	Design Cash	Total Design	Vendor Number / Undesign Equal Share	Undesign % Share	Gross Distn	Admin Expense	Shrink Amount	Net Distn	Adj Amount	Less Pay Direct	Less Previous Paid	Payment Due	Overpaid
Agency	LaPorte Educational Development Found (123653)					EDUDEV										
Dsg	30 00	0 00	724 00	290 00	1 044 00	0 00	0 00	1 044 00	0 00	0 00	1 044 00	0 00	0 00	965 53	78 47	
Rcv	30 00	0 00	645 53	290 00	965 53	0 00	0 00	965 53	0 00	0 00	965 53	0 00	0 00	965 53	0 00	
Agency	Blue Chip Employee Crisis Fund(156224)					EMPCRIS										
Dsg	0 00	0 00	197 00	7 50	204 50	0 00	0 00	204 50	0 00	0 00	204 50	0 00	0 00	190 11	14 39	
Rcv	0 00	0 00	182 61	7 50	190 11	0 00	0 00	190 11	0 00	0 00	190 11	0 00	0 00	190 11	0 00	
Agency	Alzheimer Association(161554)					ALZASC										
Dsg	0 00	0 00	0 00	50 00	50 00	0 00	0 00	50 00	10 00	0 00	40 00	0 00	0 00	40 00	0 00	
Rcv	0 00	0 00	0 00	50 00	50 00	0 00	0 00	50 00	10 00	0 00	40 00	0 00	0 00	40 00	0 00	
Master	High Country United Way(161562)					UWHIGH										
Dsg	0 00	0 00	240 00	0 00	240 00	0 00	0 00	240 00	48 00	0 00	192 00	0 00	0 00	130 63	61 37	
Rcv	0 00	0 00	178 63	0 00	178 63	0 00	0 00	178 63	48 00	0 00	130 63	0 00	0 00	130 63	0 00	
Agency	Hospice of the Calumet Area(161588)					HOSCAL										
Dsg	5 99	0 00	0 00	0 00	5 99	0 00	0 00	5 99	1 20	0 00	4 79	0 00	0 00	2 39	2 40	
Rcv	2 99	0 00	0 00	0 00	2 99	0 00	0 00	2 99	0 60	0 00	2 39	0 00	0 00	2 39	0 00	
Agency	Porter-Starke Mental Health Services(161596)					PORSTA										
Dsg	0 00	0 00	130 00	0 00	130 00	0 00	0 00	130 00	26 00	0 00	104 00	0 00	0 00	94 51	9 49	
Rcv	0 00	0 00	120 51	0 00	120 51	0 00	0 00	120 51	26 00	0 00	94 51	0 00	0 00	94 51	0 00	
Agency	Safe Harbor of Greater West Chester(161604)					SAFHAW										
Dsg	72 12	0 00	219 00	0 00	291 12	0 00	0 00	291 12	58 22	0 00	232 90	0 00	0 00	51 81	181 09	
Rcv	72 12	0 00	95 61	0 00	167 73	0 00	0 00	167 73	58 22	0 00	109 51	0 00	0 00	51 81	57 70	
Agency	Starke County Youth Club(161612)					SCYOUT										
Dsg	0 00	0 00	72 18	0 00	72 18	0 00	0 00	72 18	14 44	0 00	57 74	0 00	0 00	52 46	5 28	
Rcv	0 00	0 00	68 42	0 00	68 42	0 00	0 00	68 42	14 44	0 00	53 98	0 00	0 00	52 46	1 52	
Master	United Way of Henry County OH(161620)					UWHENO										
Dsg	0 00	0 00	120 00	0 00	120 00	0 00	0 00	120 00	24 00	0 00	96 00	0 00	0 00	65 32	30 68	
Rcv	0 00	0 00	89 32	0 00	89 32	0 00	0 00	89 32	24 00	0 00	65 32	0 00	0 00	65 32	0 00	
Master	United Way of St Joe County MI(161638)					UWSTJM										
Dsg	0 00	0 00	60 00	0 00	60 00	0 00	0 00	60 00	12 00	0 00	48 00	0 00	0 00	32 66	15 34	
Rcv	0 00	0 00	44 66	0 00	44 66	0 00	0 00	44 66	12 00	0 00	32 66	0 00	0 00	32 66	0 00	
	Report Total															
Dsg	84,628 00	6 551 80	79 841 39	15 673 50	186,694 69	0 00	0 00	186 694 69	2 036 08	0 00	184 658 61	48 000 00	6 551 80	86 067 11	44,039 70	
Rcv	52 309 00	6 551 80	68 589 06	15 673 50	143 123 36	0 00	0 00	143,123 36	2 030 71	0 00	141 092 65	48 000 00	6 551 80	86 067 11	473 74	
	Reversal Of Over Payment															
Dsg	0 00	0 00	910 00-	0 00	910 00-	0 00	0 00	910 00-	182 00-	0 00	728 00-	0 00	0 00	728 00-	0 00	
Rcv	0 00	0 00	900 31-	0 00	900 31-	0 00	0 00	900 31-	182 00-	0 00	718 31-	0 00	0 00	728 00-	9 69	
	Actual Report Payout Total															
Dsg	84 628 00	6 551 80	78 931 39	15,673 50	185 784 69	0 00	0 00	185 784 69	1,854 08	0 00	183 930 61	48,000 00	6 551 80	85 339 11	44 039 70	
Rcv	52 309 00	6 551 80	67 688 75	15 673 50	142 223 05	0 00	0 00	142 223 05	1 848 71	0 00	140,374 34	48,000 00	6 551 80	85 339 11	483 43	

DCP Distribution Payment Report

Print Options: Report in summary Amount in projection Exclude agencies with all zero amount

Campaign Year: 2008
Definition: 2008 4th quarter 12-31-09 (195) (Full Payout)
Cut Off Date: 12/31/2009
Master Account: 34 United Way of LaPorte County
Combined Campaign: 26 Designations from other Campaigns
Federation Account: 76877 Service Categories

Reversal Type -
1 Overpayment
2 - No Bank Info
3 - Hold Payment
4 Minimum Check

Agency Type / Dsg/ Rcv	Agency Name (Acct#) / Design Bill Direct	Design Pay Direct	Design Payroll	Design Cash	Total Design	Undesign Equal Share	Undesign % Share	Gross Distn	Admin Expense	Shrink Amount	Net Distn	Adj Amount	Less Pay Direct	Less Previous Paid	Payment Due	Rev Type	Rem
							Book Number										
Undesignated	United Way Undesignations(76885)																
Dsg	121 68	0 00	116 138 71	0 00	116 260 39	0 00	0 00	116 260 39	0 00	0 00	116,260 39	0 00	0 00	0 00	116,260 39	3	0500
Rcv	121 68	0 00	65,705 69	0 00	65 827 37	0 00	0 00	65 827 37	0 00	0 00	65 827 37	0 00	0 00	0 00	65 827 37	3	
	Federation Total																
Dsg	121 68	0 00	116 138 71	0 00	116 260 39	0 00	0 00	116 260 39	0 00	0 00	116 260 39	0 00	0 00	0 00	116 260 39		
Rcv	121 68	0 00	65,705 69	0 00	65 827 37	0 00	0 00	65 827 37	0 00	0 00	65 827 37	0 00	0 00	0 00	65 827 37		
	Reversal Of Held Payment For Federation																
Dsg	121 68	0 00	116 138 71	0 00	116 260 39	0 00	0 00	116 260 39-	0 00	0 00	116 260 39	0 00	0 00	0 00	116 260 39		
Rcv	121 68-	0 00	65,705 69-	0 00	65 827 37-	0 00	0 00	65 827 37-	0 00	0 00	65 827 37-	0 00	0 00	0 00	65 827 37-		
	Actual Payout Total For Federation																
Dsg	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00		
Rcv	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00		

Number of Service Categories in Federation is 1

DCP Distribution Payment Report

Print Options: Report in summary Amount in projection Exclude agencies with all zero amount

Campaign Year: 2008
Definition: 2008 4th quarter 12 31-09 (195) (Full Payout)
Cut-Off-Date: 12/31/2009
Master Account: 34 United Way of LaPorte County
Combined Campaign: 18 United Way Campaign
Federation Account: 76877 Service Categories

Reversal Type -
1 Overpayment
2 - No Bank Info
3 - Held Payment
4 - Minimum Check

Agency Type / Dsg/ Rcv	Agency Name (Acct#) / Design Bill Direct	Design Pay Direct	Design Payroll	Design Cash	Total Design	Undesign Equal Share	Book Number / Undesign % Share	Gross Distn	Admin Expense	Shrink Amount	Net Distn	Adj Amount	Less Pay Direct	Less Previous Paid	Payment Due	Rev Type	Rem
ServiceCat	Building a Learning Community(87114)						2001										
Dsg	130 00	0 00	1,568 00	0 00	1 698 00	0 00	0 00	1 698 00	0 00	0 00	1,698 00	0 00	0 00	0 00	1 698 00	3	0500
Rcv	0 00	0 00	1 252 74	0 00	1 252 74	0 00	0 00	1 252 74	0 00	0 00	1 252 74	0 00	0 00	0 00	1 252 74	3	
CommCare	Community Care(76893)						2000										
Dsg	2 080 00	0 00	114 223 89	7 179 00	123 482 89	0 00	0 00	123 482 89	0 00	0 00	123 482 89	0 00	0 00	0 00	123 482 89	3	0500
Rcv	1 755 00	0 00	90 521 46	7 129 00	99 405 46	0 00	0 00	99 405 46	0 00	0 00	99 405 46	0 00	0 00	0 00	99,405 46	3	
ServiceCat	Fostering Health and Wellness(87122)						2002										
Dsg	130 00	0 00	156 00	0 00	286 00	0 00	0 00	286 00	0 00	0 00	286 00	0 00	0 00	0 00	286 00	3	0500
Rcv	0 00	0 00	86 15	0 00	86 15	0 00	0 00	86 15	0 00	0 00	86 15	0 00	0 00	0 00	86 15	3	
Undesignated	United Way Undesignations(76885)																
Dsg	123 782 99	2 376 00	288 024 23	135 524 17	549 707 39	0 00	0 00	549,707 39	0 00	0 00	549 707 39	0 00	2 376 00	0 00	547 331 39	3	0500
Rcv	110 968 67	2 376 00	220 300 79	135 574 17	469,219 63	0 00	0 00	469,219 63	0 00	0 00	469 219 63	0 00	2 376 00	0 00	466 843 63	3	
	Federation Total																
Dsg	126 122 99	2 376 00	403 972 12	142 703 17	675 174 28	0 00	0 00	675 174 28	0 00	0 00	675 174 28	0 00	2 376 00	0 00	672 798 28		
Rcv	112 723 67	2,376 00	312 161 14	142 703 17	569 963 98	0 00	0 00	569 963 98	0 00	0 00	569 963 98	0 00	2 376 00	0 00	567 587 98		
	Reversal Of Held Payment For Federation																
Dsg	126 122 99-	2 376 00-	403 972 12	142 703 17-	675 174 28	0 00	0 00	675 174 28-	0 00	0 00	675 174 28	0 00	2 376 00-	0 00	672 798 28		
Rcv	112 723 67	2 376 00-	312 161 14	142 703 17	569 963 98-	0 00	0 00	569 963 98	0 00	0 00	569 963 98	0 00	2 376 00-	0 00	567 587 98		
	Actual Payout Total For Federation																
Dsg	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00		
Rcv	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00		

Number of Service Categories in Federation is 4

DCP Distribution Payment Report

Print Options: Report in summary Amount in projection Exclude agencies with all zero amount

Campaign Year: 2008
Definition: 2008 4th quarter 12-31-09 (195) (Full Payout)
Cut-Off-Date: 12/31/2009
Master Account: 34 United Way of LaPorte County
Combined Campaign: 18 United Way Campaign
Federation Account: 76927 Non-Affiliated - LaPorte Co

Reversal Type -
1 - Overpayment
2 - No Bank Info
3 - Held Payment
4 - Minimum Check

Agency Type / Dsg/ Rcv	Agency Name (Acct#) / Design Bill Direct	Design Pay Direct	Design Payroll	Design Cash	Total Design	Undesign Equal Share	Book Number / Undesign % Share	Gross Distn	Admin Expense	Shrink Amount	Net Distn	Adj Amount	Less Pay Direct	Less Previous Paid	Payment Due	Rev Type	Rem
Agency	American Cancer Society La Porte County Unit #6(21311)						404										
Dsg	0 00	59 80	26 00	0 00	85 80	0 00	0 00	85 80	2 60	0 00	83 20	0 00	59 80	23 40	0 00	1	0500
Rcv	0 00	59 80	23 35	0 00	83 15	0 00	0 00	83 15	2 60	0 00	80 55	0 00	59 80	23 40	2 65-	1	
Agency	Blue Chip Employee Crisis Fund(156224)						451										
Dsg	0 00	0 00	197 00	7 50	204 50	0 00	0 00	204 50	0 00	0 00	204 50	0 00	0 00	190 11	14 39	1	0500
Rcv	0 00	0 00	174 04	7 50	181 54	0 00	0 00	181 54	0 00	0 00	181 54	0 00	0 00	190 11	8 57	1	
Agency	El Puente of LaPorte County(123620)						443										
Dsg	0 00	340 00	384 00	0 00	724 00	0 00	0 00	724 00	38 40	0 00	685 60	0 00	340 00	247 42	98 18	1	0500
Rcv	0 00	340 00	265 08	0 00	605 08	0 00	0 00	605 08	38 40	0 00	566 68	0 00	340 00	247 42	20 74	1	
Agency	Healthy Communities of LaPorte(66167)						414										
Dsg	130 00	0 00	0 00	0 00	130 00	0 00	0 00	130 00	13 00	0 00	117 00	0 00	0 00	117 00	0 00		0500
Rcv	130 00	0 00	0 00	0 00	130 00	0 00	0 00	130 00	13 00	0 00	117 00	0 00	0 00	117 00	0 00		
Agency	Junior Achievement(123646)						444										
Dsg	0 00	0 00	1 512 00	50 00	1 562 00	0 00	0 00	1 562 00	156 20	0 00	1 405 80	0 00	0 00	1 400 82	4 98	1	0500
Rcv	0 00	0 00	1 243 73	50 00	1 293 73	0 00	0 00	1 293 73	156 20	0 00	1 137 53	0 00	0 00	1 400 82	263 29	1	
Agency	LaPorte Co Special Olympics(68536)						417										
Dsg	0 00	0 00	52 00	0 00	52 00	0 00	0 00	52 00	5 20	0 00	46 80	0 00	0 00	40 60	6 20		0500
Rcv	0 00	0 00	45 80	0 00	45 80	0 00	0 00	45 80	5 20	0 00	40 60	0 00	0 00	40 60	0 00		
Agency	LaPorte County Animal Shelter(7526)						441										
Dsg	0 00	0 00	130 00	0 00	130 00	0 00	0 00	130 00	13 00	0 00	117 00	0 00	0 00	83 76	33 24	1	0500
Rcv	0 00	0 00	89 74	0 00	89 74	0 00	0 00	89 74	13 00	0 00	76 74	0 00	0 00	83 76	7 02	1	
Agency	LaPorte Educational Development Found (123653)						445										
Dsg	30 00	0 00	724 00	290 00	1 044 00	0 00	0 00	1 044 00	0 00	0 00	1,044 00	0 00	0 00	965 53	78 47		0500
Rcv	30 00	0 00	645 53	290 00	965 53	0 00	0 00	965 53	0 00	0 00	965 53	0 00	0 00	965 53	0 00		
Agency	LaPorte Hospital Foundation(34843)						420										
Dsg	0 00	0 00	120 00	0 00	120 00	0 00	0 00	120 00	12 00	0 00	108 00	0 00	0 00	108 00	0 00		0500
Rcv	0 00	0 00	120 00	0 00	120 00	0 00	0 00	120 00	12 00	0 00	108 00	0 00	0 00	108 00	0 00		
Agency	Michiana Humane Society(21915)						425										
Dsg	0 00	0 00	130 00	0 00	130 00	0 00	0 00	130 00	13 00	0 00	117 00	0 00	0 00	83 76	33 24	1	0500
Rcv	0 00	0 00	89 74	0 00	89 74	0 00	0 00	89 74	13 00	0 00	76 74	0 00	0 00	83 76	7 02-	1	
Agency	North Central Community Action(31070)						426										
Dsg	0 00	0 00	52 00	0 00	52 00	0 00	0 00	52 00	5 20	0 00	46 80	0 00	0 00	46 80	0 00	1	0500
Rcv	0 00	0 00	35 88	0 00	35 88	0 00	0 00	35 88	5 20	0 00	30 68	0 00	0 00	46 80	16 12-	1	
Agency	Rolling Prairie Community Center(75440)						430										
Dsg	0 00	0 00	240 00	0 00	240 00	0 00	0 00	240 00	24 00	0 00	216 00	0 00	0 00	215 08	0 92		0500
Rcv	0 00	0 00	240 00	0 00	240 00	0 00	0 00	240 00	24 00	0 00	216 00	0 00	0 00	215 08	0 92		
Agency	Samaritan Counseling Center(34025)						431										
Dsg	0 00	0 00	120 00	0 00	120 00	0 00	0 00	120 00	12 00	0 00	108 00	0 00	0 00	106 55	1 45	1	0500
Rcv	0 00	0 00	107 87	0 00	107 87	0 00	0 00	107 87	12 00	0 00	95 87	0 00	0 00	106 55	10 68	1	

DCP Distribution Payment Report

Agency Type Dsg/ Rcv	Agency Name (Acct#) Design Bill Direct	Design Pay Direct	Design Payroll	Design Cash	Total Design	Undesign Equal Share	Book Number Undesign % Share	Gross Distn	Admin Expense	Shrink Amount	Net Distn	Adj Amount	Less Pay Direct	Less Previous Paid	Payment Due	Rev Type	Rem
Agency	Unity Foundation of LaPorte Co(14191)						447										
Dsg	0 00	159 00	1 150 11	50 00	1 359 11	0 00	0 00	1 359 11	120 01	0 00	1 239 10	0 00	159 00	505 12	574 98		0500
Rcv	0 00	159 00	575 13	50 00	784 13	0 00	0 00	784 13	120 01	0 00	664 12	0 00	159 00	505 12	0 00		
	Federation Total																
Dsg	160 00	558 80	4,837 11	397 50	5 953 41	0 00	0 00	5 953 41	414 61	0 00	5 538 80	0 00	558 80	4 133 95	846 05		
Rcv	160 00	558 80	3 655 89	397 50	4 772 19	0 00	0 00	4 772 19	414 61	0 00	4 357 58	0 00	558 80	4 133 95	335 17		
	Reversal Of Over Payment For Federation																
Dsg	0 00	399 80-	2 551 00-	57 50-	3,008 30-	0 00	0 00	3,008 30-	240 40-	0 00	2 767 90	0 00	399 80-	2 182 62	185 48		
Rcv	0 00	399 80-	2 029 43	57 50-	2 486 73	0 00	0 00	2 486 73	240 40	0 00	2 246 33	0 00	399 80	2 182 62-	336 09		
	Actual Payout Total For Federation																
Dsg	160 00	159 00	2 286 11	340 00	2 945 11	0 00	0 00	2 945 11	174 21	0 00	2 770 90	0 00	159 00	1 951 33	660 57		
Rcv	160 00	159 00	1 626 46	340 00	2 285 46	0 00	0 00	2 285 46	174 21	0 00	2 111 25	0 00	159 00	1 951 33	0 92		

Number of Agencies in Federation is 14

DCP Distribution Payment Report

Print Options: Report in summary Amount in projection Exclude agencies with all zero amount

Campaign Year: 2008
Definition: 2008 4th quarter 12 31-09 (195) (Full Payout)
Cut Off-Date: 12/31/2009
Master Account: 34 *United Way of LaPorte County*
Combined Campaign: 18 United Way Campaign
Federation Account: 76935 Non-Affiliated Other

Reversal Type -
1 - Overpayment
2 No Bank Info
3 Held Payment
4 - Minimum Check

Agency Type / Dsg/ Rcv	Agency Name (Acct#) / Design Bill Direct	Design Pay Direct	Design Payroll	Design Cash	Total Design	Undesign Equal Share	Book Number / Undesign % Share	Gross Distn	Admin Expense	Shrink Amount	Net Distn	Adj Amount	Less Pay Direct	Less Previous Paid	Payment Due	Rev Type	Rem
Agency	Alzheimer Association(161554)						621										
Dsg	0 00	0 00	0 00	50 00	50 00	0 00	0 00	50 00	10 00	0 00	40 00	0 00	0 00	40 00	0 00		0500
Rcv	0 00	0 00	0 00	50 00	50 00	0 00	0 00	50 00	10 00	0 00	40 00	0 00	0 00	40 00	0 00		
Agency	American Red Cross-Lake County(33993)						507										
Dsg	0 00	260 00	0 00	0 00	260 00	0 00	0 00	260 00	0 00	0 00	260 00	0 00	260 00	0 00	0 00		0500
Rcv	0 00	260 00	0 00	0 00	260 00	0 00	0 00	260 00	0 00	0 00	260 00	0 00	260 00	0 00	0 00		
Agency	Boys & Girls Club of NW Indiana(21493)						516										
Dsg	323 70	0 00	325 00	50 00	698 70	0 00	0 00	698 70	139 74	0 00	558 96	0 00	0 00	488 11	70 85	1	0500
Rcv	323 70	0 00	233 30	50 00	607 00	0 00	0 00	607 00	139 74	0 00	467 26	0 00	0 00	488 11	20 85	1	
Agency	Boys & Girls Club of Porter Co (34090)						517										
Dsg	0 00	0 00	240 00	0 00	240 00	0 00	0 00	240 00	48 00	0 00	192 00	0 00	0 00	130 63	61 37	1	0500
Rcv	0 00	0 00	165 67	0 00	165 67	0 00	0 00	165 67	48 00	0 00	117 67	0 00	0 00	130 63	12 96	1	
Agency	The Caring Place Advocacy Center(22251)						521										
Dsg	0 00	360 00	104 00	0 00	464 00	0 00	0 00	464 00	20 80	0 00	443 20	0 00	360 00	81 95	1 25	1	0500
Rcv	0 00	360 00	93 49	0 00	453 49	0 00	0 00	453 49	20 80	0 00	432 69	0 00	360 00	81 95	9 26	1	
Agency	Catholic Charities/Lake Co IN(52787)						522										
Dsg	0 00	0 00	157 00	0 00	157 00	0 00	0 00	157 00	31 40	0 00	125 60	0 00	0 00	108 01	17 59		0500
Rcv	0 00	0 00	139 41	0 00	139 41	0 00	0 00	139 41	31 40	0 00	108 01	0 00	0 00	108 01	0 00		
Agency	Horton VNA Hospice Center-Porter(52555)						540										
Dsg	0 00	0 00	594 36	0 00	594 36	0 00	0 00	594 36	118 87	0 00	475 49	0 00	0 00	467 75	7 74	1	0500
Rcv	0 00	0 00	523 93	0 00	523 93	0 00	0 00	523 93	118 87	0 00	405 06	0 00	0 00	467 75	62 69	1	
Agency	Hospice of the Calumet Area(161588)						623										
Dsg	5 99	0 00	0 00	0 00	5 99	0 00	0 00	5 99	1 20	0 00	4 79	0 00	0 00	2 39	2 40		0500
Rcv	2 99	0 00	0 00	0 00	2 99	0 00	0 00	2 99	0 60	0 00	2 39	0 00	0 00	2 39	0 00		
Agency	Juvenile Diabetes Research Foundation(52753)						544										
Dsg	0 00	0 00	130 00	0 00	130 00	0 00	0 00	130 00	26 00	0 00	104 00	0 00	0 00	94 51	9 49	1	0500
Rcv	0 00	0 00	114 83	0 00	114 83	0 00	0 00	114 83	26 00	0 00	88 83	0 00	0 00	94 51	5 68	1	
Agency	Lupus Foundation of America(58123)						620										
Dsg	0 00	0 00	52 00	0 00	52 00	0 00	0 00	52 00	10 40	0 00	41 60	0 00	0 00	34 89	6 71	1	0500
Rcv	0 00	0 00	43 58	0 00	43 58	0 00	0 00	43 58	10 40	0 00	33 18	0 00	0 00	34 89	1 71	1	
Agency	Lutheran Social Service of IND(21840)						547										
Dsg	0 00	0 00	0 00	20 00	20 00	0 00	0 00	20 00	4 00	0 00	16 00	0 00	0 00	16 00	0 00		0500
Rcv	0 00	0 00	0 00	20 00	20 00	0 00	0 00	20 00	4 00	0 00	16 00	0 00	0 00	16 00	0 00		
Agency	Multiple Sclerosis Society-IN Ch(21964)						553										
Dsg	0 00	0 00	1 000 00	0 00	1 000 00	0 00	0 00	1 000 00	200 00	0 00	800 00	0 00	0 00	544 32	255 68	1	0500
Rcv	0 00	0 00	690 32	0 00	690 32	0 00	0 00	690 32	200 00	0 00	490 32	0 00	0 00	544 32	54 00	1	
Agency	Opportunity Enterprises-Porter(34074)						565										
Dsg	0 00	0 00	240 00	0 00	240 00	0 00	0 00	240 00	48 00	0 00	192 00	0 00	0 00	130 63	61 37	1	0500
Rcv	0 00	0 00	165 67	0 00	165 67	0 00	0 00	165 67	48 00	0 00	117 67	0 00	0 00	130 63	12 96	1	

DCP Distribution Payment Report

Agency Type Dsg/ Rcv	Agency Name (Acct#) Design Bill Direct	Design Pay Direct	Design Payroll	Design Cash	Total Design	Undesign Equal Share	Book Number Undesign % Share	Gross Distn	Admin Expense	Shrink Amount	Net Distn	Adj Amount	Less Pay Direct	Less Previous Paid	Payment Due	Rev Type	Rem
Agency	Porter County Cancer Society, In(49544)						615										
Dsg	0 00	0 00	52 00	0 00	52 00	0 00	0 00	52 00	10 40	0 00	41 60	0 00	0 00	37 80	3 80	1	0500
Rcv	0 00	0 00	45 93	0 00	45 93	0 00	0 00	45 93	10 40	0 00	35 53	0 00	0 00	37 80	2 27	1	
Agency	Porter-Starke Mental Health Services(161596)						624										
Dsg	0 00	0 00	130 00	0 00	130 00	0 00	0 00	130 00	26 00	0 00	104 00	0 00	0 00	94 51	9 49	1	0500
Rcv	0 00	0 00	114 84	0 00	114 84	0 00	0 00	114 84	26 00	0 00	88 84	0 00	0 00	94 51	5 67	1	
Agency	Red Cross of Porter County(22178)						574										
Dsg	0 00	520 00	0 00	0 00	520 00	0 00	0 00	520 00	0 00	0 00	520 00	0 00	520 00	0 00	0 00		0500
Rcv	0 00	520 00	0 00	0 00	520 00	0 00	0 00	520 00	0 00	0 00	520 00	0 00	520 00	0 00	0 00		
Agency	Safe Harbor of Greater West Chester(161604)						625										
Dsg	72 12	0 00	219 00	0 00	291 12	0 00	0 00	291 12	58 22	0 00	232 90	0 00	0 00	51 81	181 09		0500
Rcv	72 12	0 00	82 51	0 00	154 63	0 00	0 00	154 63	58 22	0 00	96 41	0 00	0 00	51 81	44 60		
Agency	Salvation Army SB Adult Rehab(70714)						578										
Dsg	0 00	0 00	260 00	0 00	260 00	0 00	0 00	260 00	52 00	0 00	208 00	0 00	0 00	208 00	0 00	1	0500
Rcv	0 00	0 00	196 81	0 00	196 81	0 00	0 00	196 81	52 00	0 00	144 81	0 00	0 00	208 00	63 19	1	
Agency	Salvation Army/Lake County(52761)						608										
Dsg	5 99	0 00	0 00	0 00	5 99	0 00	0 00	5 99	1 20	0 00	4 79	0 00	0 00	2 39	2 40		0500
Rcv	2 99	0 00	0 00	0 00	2 99	0 00	0 00	2 99	0 60	0 00	2 39	0 00	0 00	2 39	0 00		
Agency	Sickle Cell Foundation Lake Cty(22194)						582										
Dsg	0 00	0 00	104 00	0 00	104 00	0 00	0 00	104 00	20 80	0 00	83 20	0 00	0 00	75 99	7 21	1	0500
Rcv	0 00	0 00	90 22	0 00	90 22	0 00	0 00	90 22	20 80	0 00	69 42	0 00	0 00	75 99	6 57	1	
Agency	St Margaret s House(68627)						585										
Dsg	0 00	0 00	1 000 00	0 00	1 000 00	0 00	0 00	1 000 00	200 00	0 00	800 00	0 00	0 00	544 32	255 68	1	0500
Rcv	0 00	0 00	690 32	0 00	690 32	0 00	0 00	690 32	200 00	0 00	490 32	0 00	0 00	544 32	54 00	1	
Agency	Starke County Youth Club(161612)						626										
Dsg	0 00	0 00	72 18	0 00	72 18	0 00	0 00	72 18	14 44	0 00	57 74	0 00	0 00	52 46	5 28	1	0500
Rcv	0 00	0 00	51 90	0 00	51 90	0 00	0 00	51 90	14 44	0 00	37 46	0 00	0 00	52 46	15 00	1	
Agency	United Negro College Fund(22301)						587										
Dsg	0 00	0 00	130 00	0 00	130 00	0 00	0 00	130 00	26 00	0 00	104 00	0 00	0 00	94 50	9 50	1	0500
Rcv	0 00	0 00	114 83	0 00	114 83	0 00	0 00	114 83	26 00	0 00	88 83	0 00	0 00	94 50	5 67	1	
Agency	Visiting Nurse Association of Porter Co (22418)						589										
Dsg	0 00	570 00	0 00	0 00	570 00	0 00	0 00	570 00	0 00	0 00	570 00	0 00	570 00	0 00	0 00		0500
Rcv	0 00	570 00	0 00	0 00	570 00	0 00	0 00	570 00	0 00	0 00	570 00	0 00	570 00	0 00	0 00		
Agency	YMCA Portage Township(53793)						594										
Dsg	0 00	0 00	260 00	0 00	260 00	0 00	0 00	260 00	52 00	0 00	208 00	0 00	0 00	189 02	18 98	1	0500
Rcv	0 00	0 00	229 68	0 00	229 68	0 00	0 00	229 68	52 00	0 00	177 68	0 00	0 00	189 02	11 34	1	
Agency	YWCA of St Joseph County(71233)						596										
Dsg	350 00	0 00	0 00	0 00	350 00	0 00	0 00	350 00	70 00	0 00	280 00	0 00	0 00	280 00	0 00		0500
Rcv	350 00	0 00	0 00	0 00	350 00	0 00	0 00	350 00	70 00	0 00	280 00	0 00	0 00	280 00	0 00		
	Federation Total																
Dsg	757 80	1 710 00	5 069 54	120 00	7 657 34	0 00	0 00	7 657 34	1 189 47	0 00	6 467 87	0 00	1 710 00	3 769 99	987 88		
Rcv	751 80	1 710 00	3 787 24	120 00	6 369 04	0 00	0 00	6 369 04	1 188 27	0 00	5 180 77	0 00	1 710 00	3 769 99	299 22		
	Reversal Of Over Payment For Federation																
Dsg	323 70	360 00	4 693 54	50 00	5 427 24	0 00	0 00	5 427 24	1 013 45-	0 00	4 413 79-	0 00	360 00-	3 269 39	784 40		

DCP Distribution Payment Report

Agency Type Dsg/ Rcv	Agency Name (Acct#) Design Bill Direct	Design Pay Direct	Design Payroll	Design Cash	Total Design	Book Number Undesign Equal Share	Undesign % Share	Gross Distri	Admin Expense	Shrink Amount	Net Distri	Adj Amount	Less Pay Direct	Less Previous Paid	Payment Due	Rev Type	Rem
Rcv	323 70-	360 00-	3 565 32-	50 00-	4 299 02-	0 00	0 00	4,299 02	1 013 45-	0 00	3 285 57-	0 00	360 00	3 269 39	343 82		
	Actual Payout Total For Federation																
Dsg	434 10	1 350 00	376 00	70 00	2,230 10	0 00	0 00	2 230 10	176 02	0 00	2 054 08	0 00	1 350 00	500 60	203 48		
Rcv	428 10	1,350 00	221 92	70 00	2 070 02	0 00	0 00	2 070 02	174 82	0 00	1 895 20	0 00	1 350 00	500 60	44 60		

Number of Agencies in Federation is 26

DCP Distribution Payment Report

Print Options: Report in summary Amount in projection Exclude agencies with all zero amount

Campaign Year: 2008
Definition: 2008 4th quarter 12-31-09 (195) (Full Payout)
Cut-Off-Date: 12/31/2009
Master Account: 34 United Way of LaPorte County
Combined Campaign: 18 United Way Campaign
Federation Account: 76943 Other United Ways

Reversal Type
1 - Overpayment
2 - No Bank Info
3 - Held Payment
4 - Minimum Check

Agency Type / Dsg/ Rcv	Agency Name (Acct#)	Design Bill Direct	Design Pay Direct	Design Payroll	Design Cash	Total Design	Undesign Equal Share	Book Number / Undesign % Share	Gross Distri	Admin Expense	Shrink Amount	Net Distri	Adj Amount	Less Pay Direct	Less Previous Paid	Payment Due	Rev Type	Rem
Master	High Country United Way(161562)							124										
Dsg		0 00	0 00	240 00	0 00	240 00	0 00	0 00	240 00	48 00	0 00	192 00	0 00	0 00	130 63	61 37	1	0500
Rcv		0 00	0 00	165 67	0 00	165 67	0 00	0 00	165 67	48 00	0 00	117 67	0 00	0 00	130 63	12 96	1	
Master	Lake Area United Way(6668)							45										
Dsg		100 00	0 00	624 00	150 00	874 00	0 00	0 00	874 00	0 00	0 00	874 00	0 00	0 00	759 24	114 76	1	0500
Rcv		0 00	0 00	488 79	150 00	638 79	0 00	0 00	638 79	0 00	0 00	638 79	0 00	0 00	759 24	120 45	1	
Agency	Starke United Inc (14597)							75										
Dsg		72 12	0 00	754 18	0 00	826 30	0 00	0 00	826 30	0 00	0 00	826 30	0 00	0 00	441 95	384 35		0500
Rcv		72 12	0 00	389 29	0 00	461 41	0 00	0 00	461 41	0 00	0 00	461 41	0 00	0 00	441 95	19 46		
Master	United Way of Allegheny County(56531)							105										
Dsg		0 00	0 00	120 00	0 00	120 00	0 00	0 00	120 00	24 00	0 00	96 00	0 00	0 00	65 32	30 68	1	0500
Rcv		0 00	0 00	82 84	0 00	82 84	0 00	0 00	82 84	24 00	0 00	58 84	0 00	0 00	65 32	6 48-	1	
Master	United Way of the Bay Area(71308)							106										
Dsg		0 00	0 00	480 00	0 00	480 00	0 00	0 00	480 00	96 00	0 00	384 00	0 00	0 00	261 28	122 72	1	0500
Rcv		0 00	0 00	331 36	0 00	331 36	0 00	0 00	331 36	96 00	0 00	235 36	0 00	0 00	261 28	25 92	1	
Master	United Way of Henry County OH(161620)							122										
Dsg		0 00	0 00	120 00	0 00	120 00	0 00	0 00	120 00	24 00	0 00	96 00	0 00	0 00	65 32	30 68	1	0500
Rcv		0 00	0 00	82 84	0 00	82 84	0 00	0 00	82 84	24 00	0 00	58 84	0 00	0 00	65 32	6 48-	1	
Master	United Way of Porter County(7989)							64										
Dsg		1 052 08	0 00	3 864 30	1 210 00	6 126 38	0 00	0 00	6,126 38	0 00	0 00	6 126 38	0 00	0 00	5 889 13	237 25	1	0500
Rcv		1 000 08	0 00	3 516 28	1 210 00	5 726 36	0 00	0 00	5 726 36	0 00	0 00	5 726 36	0 00	0 00	5 889 13	162 77	1	
Master	United Way of Southwest Michigan(8375)							114										
Dsg		0 00	0 00	650 00	0 00	650 00	0 00	0 00	650 00	130 00	0 00	520 00	0 00	0 00	520 00	0 00	1	0500
Rcv		0 00	0 00	492 03	0 00	492 03	0 00	0 00	492 03	130 00	0 00	362 03	0 00	0 00	520 00	157 97	1	
Master	United Way of St Joe County MI(161638)							123										
Dsg		0 00	0 00	60 00	0 00	60 00	0 00	0 00	60 00	12 00	0 00	48 00	0 00	0 00	32 66	15 34	1	0500
Rcv		0 00	0 00	41 42	0 00	41 42	0 00	0 00	41 42	12 00	0 00	29 42	0 00	0 00	32 66	3 24-	1	
Master	United Way of St Joseph County(6676)							71										
Dsg		0 00	0 00	490 00	0 00	490 00	0 00	0 00	490 00	98 00	0 00	392 00	0 00	0 00	195 96	196 04	1	0500
Rcv		0 00	0 00	270 34	0 00	270 34	0 00	0 00	270 34	93 83	0 00	176 51	0 00	0 00	195 96	19 45	1	
	Federation Total																	
Dsg		1 224 20	0 00	7 402 48	1 360 00	9 986 68	0 00	0 00	9 986 68	432 00	0 00	9 554 68	0 00	0 00	8 361 49	1 193 19		
Rcv		1,072 20	0 00	5 860 86	1 360 00	8 293 06	0 00	0 00	8 293 06	427 83	0 00	7 865 23	0 00	0 00	8 361 49	496 26		
	Reversal Of Over Payment For Federation																	
Dsg		1 152 08-	0 00	6 648 30-	1 360 00-	9,160 38	0 00	0 00	9 160 38	432 00-	0 00	8 728 38-	0 00	0 00	7,919 54-	808 84		
Rcv		1 000 08	0 00	5 471 57	1 360 00	7 831 65	0 00	0 00	7 831 65-	427 83	0 00	7 403 82-	0 00	0 00	7 919 54-	515 72		
	Actual Payout Total For Federation																	
Dsg		72 12	0 00	754 18	0 00	826 30	0 00	0 00	826 30	0 00	0 00	826 30	0 00	0 00	441 95	384 35		

DCP Distribution Payment Report

Agency Type Dsg/ Rcv	Agency Name (Acct#) Design Bill Direct	Design Pay Direct	Design Payroll	Design Cash	Total Design	Undesign Equal Share	Book Number Undesign % Share	Gross Distri	Admin Expense	Shrink Amount	Net Distri	Adj Amount	Less Pay Direct	Less Previous Paid	Payment Due	Rev Type Rem
Rcv	72 12	0 00	389 29	0 00	461 41	0 00	0 00	461 41	0 00	0 00	461 41	0 00	0 00	441 95	19 46	

Number of Agencies in Federation is 10

DCP Distribution Payment Report

Print Options: Report in summary Amount in projection Exclude agencies with all zero amount

Campaign Year: 2008
Definition: 2008 4th quarter 12 31-09 (195) (Full Payout)
Cut Off-Date: 12/31/2009
Master Account: 34 United Way of LaPorte County
Combined Campaign: 18 United Way Campaign
Federation Account: 76919 United Way Agencies

Reversal Type -
1 - Overpayment
2 - No Bank Info
3 - Held Payment
4 - Minimum Check

Agency Type / Dsg/Rcv	Agency Name (Acct#) / Design Bill Direct	Design Pay Direct	Design Payroll	Design Cash	Total Design	Undesign Equal Share	Book Number / Undesign % Share	Gross Distn	Admin Expense	Shrink Amount	Net Distn	Adj Amount	Less Pay Direct	Less Previous Paid	Payment Due	Rev Type	Rem
Agency	Activity Center for Older Adults(21279)						301										
Dsg	0 00	0 00	195 00	0 00	195 00	0 00	0 00	195 00	0 00	0 00	195 00	0 00	0 00	195 00	0 00	1	0500
Rcv	0 00	0 00	171 28	0 00	171 28	0 00	0 00	171 28	0 00	0 00	171 28	0 00	0 00	195 00	23 72-	1	
Agency	American Red Cross - LP Co Chap(2014)						302										
Dsg	1,000 00	0 00	4 107 70	650 00	5 757 70	0 00	0 00	5 757 70	0 00	0 00	5 757 70	0 00	0 00	5 296 17	461 53	1	0500
Rcv	1 000 00	0 00	3 360 84	650 00	5 010 84	0 00	0 00	5 010 84	0 00	0 00	5 010 84	0 00	0 00	5 296 17	285 33	1	
Agency	Baby Talk/MCAS Grant(74732)						341										
Dsg	0 00	0 00	2 671 50	45 00	2 716 50	0 00	0 00	2 716 50	0 00	0 00	2 716 50	0 00	0 00	2 448 00	268 50	1	0500
Rcv	0 00	0 00	2 318 97	45 00	2 363 97	0 00	0 00	2 363 97	0 00	0 00	2 363 97	0 00	0 00	2 448 00	84 03	1	
Agency	Barker Woods Enrichment Center(547)						303										
Dsg	0 00	0 00	3 102 53	345 00	3 447 53	0 00	0 00	3 447 53	0 00	0 00	3 447 53	0 00	0 00	3 196 56	250 97 *	1	0500
Rcv	0 00	0 00	2 486 96	345 00	2 831 96	0 00	0 00	2 831 96	0 00	0 00	2 831 96	0 00	0 00	3 196 56	364 60	1	
Agency	Boys & Girls Club of MC(21477)						304										
Dsg	0 00	52 00	2 798 24	847 00	3 697 24	0 00	0 00	3 697 24	0 00	0 00	3 697 24	0 00	52 00	3 364 66	280 58	1	0500
Rcv	0 00	52 00	2,198 97	847 00	3 097 97	0 00	0 00	3 097 97	0 00	0 00	3 097 97	0 00	52 00	3 364 66	318 69 *	1	
Agency	Catholic Charities(463)						305										
Dsg	100 00	175 00	2 771 48	192 00	3 238 48	0 00	0 00	3 238 48	0 00	0 00	3 238 48	0 00	175 00	2 856 42	207 06	1	0500
Rcv	100 00	175 00	2 271 04	192 00	2 738 04	0 00	0 00	2 738 04	0 00	0 00	2 738 04	0 00	175 00	2 856 42	293 38-	1	
Agency	Child Care Consortium dba Imagination Station(21550)						306										
Dsg	0 00	0 00	69 33	0 00	69 33	0 00	0 00	69 33	0 00	0 00	69 33	0 00	0 00	58 59	10 74	1	0500
Rcv	0 00	0 00	46 87	0 00	46 87	0 00	0 00	46 87	0 00	0 00	46 87	0 00	0 00	58 59	11 72	1	
Agency	Citizens Concerned for Homeless Sand Castle Shelter(11833)						307										
Dsg	0 00	0 00	719 34	330 00	1 049 34	0 00	0 00	1 049 34	0 00	0 00	1 049 34	0 00	0 00	779 06	270 28	1	0500
Rcv	0 00	0 00	437 21	330 00	767 21	0 00	0 00	767 21	0 00	0 00	767 21	0 00	0 00	779 06	11 85	1	
Agency	Dunebrook-Prevent Child Abuse LP(7062)						309										
Dsg	80,091 00	260 00	6 276 05	762 00	87 389 05	0 00	0 00	87 389 05	0 00	0 00	87 389 05	48,000 00	260 00	6 181 97	32 947 08	1	0500
Rcv	48 000 00	260 00	4 448 42	762 00	53 470 42	0 00	0 00	53 470 42	0 00	0 00	53 470 42	48 000 00	260 00	6 181 97	971 55	1	
Agency	Family Learning Center/MCAS Gant Accepta(71639)						310										
Dsg	0 00	0 00	1 507 36	250 00	1 757 36	0 00	0 00	1 757 36	0 00	0 00	1 757 36	0 00	0 00	1 600 22	157 14	1	0500
Rcv	0 00	0 00	1 328 70	250 00	1 578 70	0 00	0 00	1 578 70	0 00	0 00	1 578 70	0 00	0 00	1 600 22	21 52	1	
Agency	Girl Scouts of N Indiana-Michiana Counc(8466)						311										
Dsg	0 00	0 00	549 00	80 00	629 00	0 00	0 00	629 00	0 00	0 00	629 00	0 00	0 00	523 23	105 77	1	0500
Rcv	0 00	0 00	421 01	80 00	501 01	0 00	0 00	501 01	0 00	0 00	501 01	0 00	0 00	523 23	22 22	1	
Agency	Harmony House/CASA of La Porte County(34041)						312										
Dsg	0 00	0 00	182 00	325 00	507 00	0 00	0 00	507 00	0 00	0 00	507 00	0 00	0 00	482 69	24 31	1	0500
Rcv	0 00	0 00	154 44	325 00	479 44	0 00	0 00	479 44	0 00	0 00	479 44	0 00	0 00	482 69	3 25-	1	
Agency	HOPE Program(22129)						313										
Dsg	0 00	0 00	121 00	0 00	121 00	0 00	0 00	121 00	0 00	0 00	121 00	0 00	0 00	121 00	0 00		0500
Rcv	0 00	0 00	121 00	0 00	121 00	0 00	0 00	121 00	0 00	0 00	121 00	0 00	0 00	121 00	0 00		

DCP Distribution Payment Report

Agency Type / Dsg/Rcv	Agency Name (Acct#)	Design Bill Direct	Design Pay Direct	Design Payroll	Design Cash	Total Design	Undesign Equal Share	Book Number Undesign % Share	Gross Distn	Admin Expense	Shrink Amount	Net Distn	Adj Amount	Less Pay Direct	Less Previous Paid	Payment Due	Rev Type	Rem
Agency	Hours for Ours-School Based Mentoring MCAS GRANT(71647)							315										
Dsg		0 00	0 00	398 17	55 00	453 17	0 00	0 00	453 17	0 00	0 00	453 17	0 00	0 00	401 70	51 47	1	0500
Rcv		0 00	0 00	340 74	55 00	395 74	0 00	0 00	395 74	0 00	0 00	395 74	0 00	0 00	401 70	5 96-	1	
Agency	La Porte Family YMCA(562)							319										
Dsg		0 00	10 00	3 769 00	1 750 00	5 529 00	0 00	0 00	5 529 00	0 00	0 00	5 529 00	0 00	10 00	4 700 08	818 92	1	0500
Rcv		0 00	10 00	2 304 51	1 750 00	4 064 51	0 00	0 00	4 064 51	0 00	0 00	4 064 51	0 00	10 00	4 700 08	645 57-	1	
Agency	LaPorte County Council on Aging(21758)							317										
Dsg		0 00	0 00	974 00	300 00	1 274 00	0 00	0 00	1 274 00	0 00	0 00	1 274 00	0 00	0 00	1 078 94	195 06	1	0500
Rcv		0 00	0 00	724 14	300 00	1 024 14	0 00	0 00	1 024 14	0 00	0 00	1,024 14	0 00	0 00	1 078 94	54 80-	1	
Agency	LaPorte County Meals on Wheels(11791)							318										
Dsg		45 00	2 122 00	5 914 16	915 00	8 996 16	0 00	0 00	8 996 16	0 00	0 00	8,996 16	0 00	2 122 00	6 096 91	777 25	1	0500
Rcv		25 00	2 122 00	4 415 43	915 00	7 477 43	0 00	0 00	7,477 43	0 00	0 00	7 477 43	0 00	2 122 00	6,096 91	741 48	1	
Agency	LaPorte Meals On Wheels(21899)							324										
Dsg		200 00	780 00	2 218 20	895 00	4 093 20	0 00	0 00	4 093 20	0 00	0 00	4 093 20	0 00	780 00	2 770 16	543 04	1	0500
Rcv		200 00	780 00	1,589 30	895 00	3 464 30	0 00	0 00	3 464 30	0 00	0 00	3 464 30	0 00	780 00	2 770 16	85 86	1	
Agency	LaSalle Council Boy Scouts #165(513)							321										
Dsg		0 00	728 00	1 501 45	211 50	2 440 95	0 00	0 00	2 440 95	0 00	0 00	2 440 95	0 00	728 00	1 423 88	289 07	1	0500
Rcv		0 00	728 00	1 135 88	211 50	2 075 38	0 00	0 00	2 075 38	0 00	0 00	2 075 38	0 00	728 00	1 423 88	76 50	1	
Agency	MCAS Grant Acceptance Fund(74898)							343										
Dsg		0 00	0 00	0 00	10 00	10 00	0 00	0 00	10 00	0 00	0 00	10 00	0 00	0 00	10 00	0 00		0500
Rcv		0 00	0 00	0 00	10 00	10 00	0 00	0 00	10 00	0 00	0 00	10 00	0 00	0 00	10 00	0 00		
Agency	Michiana Resources Inc (497)							325										
Dsg		0 00	156 00	2 078 84	1 177 50	3 412 34	0 00	0 00	3 412 34	0 00	0 00	3 412 34	0 00	156 00	2 879 59	376 75	1	0500
Rcv		0 00	156 00	1 632 42	1 177 50	2 965 92	0 00	0 00	2 965 92	0 00	0 00	2 965 92	0 00	156 00	2 879 59	69 67	1	
Agency	Open Door Adolescent Health Center(87106)							344										
Dsg		0 00	0 00	52 00	50 00	102 00	0 00	0 00	102 00	0 00	0 00	102 00	0 00	0 00	86 25	15 75	1	0500
Rcv		0 00	0 00	34 19	50 00	84 19	0 00	0 00	84 19	0 00	0 00	84 19	0 00	0 00	86 25	2 06	1	
Agency	Open Door Health Center(7211)							328										
Dsg		0 00	0 00	1 397 00	385 00	1 782 00	0 00	0 00	1 782 00	0 00	0 00	1 782 00	0 00	0 00	1 585 89	196 11	1	0500
Rcv		0 00	0 00	1,015 56	385 00	1 400 56	0 00	0 00	1 400 56	0 00	0 00	1 400 56	0 00	0 00	1 585 89	185 33	1	
Agency	Parents & Friends/LP Co C O A(521)							329										
Dsg		0 00	0 00	662 00	225 00	887 00	0 00	0 00	887 00	0 00	0 00	887 00	0 00	0 00	886 78	0 22		0500
Rcv		0 00	0 00	661 78	225 00	886 78	0 00	0 00	886 78	0 00	0 00	886 78	0 00	0 00	886 78	0 00		
Agency	READ LaPorte County Inc (21782)							330										
Dsg		0 00	0 00	720 00	190 00	910 00	0 00	0 00	910 00	0 00	0 00	910 00	0 00	0 00	741 61	168 39	1	0500
Rcv		0 00	0 00	531 03	190 00	721 03	0 00	0 00	721 03	0 00	0 00	721 03	0 00	0 00	741 61	20 58-	1	
Agency	Retired Senior Volunteer Program(11817)							332										
Dsg		0 00	0 00	106 60	10 00	116 60	0 00	0 00	116 60	0 00	0 00	116 60	0 00	0 00	96 88	19 72	1	0500
Rcv		0 00	0 00	82 68	10 00	92 68	0 00	0 00	92 68	0 00	0 00	92 68	0 00	0 00	96 88	4 20	1	
Agency	Safe Harbor/MCAS Grant(74724)							340										
Dsg		0 00	0 00	1 760 63	320 00	2 080 63	0 00	0 00	2 080 63	0 00	0 00	2,080 63	0 00	0 00	1 780 72	299 91	1	0500
Rcv		0 00	0 00	1 371 42	320 00	1 691 42	0 00	0 00	1,691 42	0 00	0 00	1 691 42	0 00	0 00	1 780 72	89 30-	1	
Agency	Salvation Army of LaPorte(539)							333										
Dsg		500 00	0 00	2,659 82	1 095 00	4 254 82	0 00	0 00	4 254 82	0 00	0 00	4 254 82	0 00	0 00	3 804 22	450 60	1	0500
Rcv		500 00	0 00	2 022 22	1 095 00	3 617 22	0 00	0 00	3 617 22	0 00	0 00	3 617 22	0 00	0 00	3 804 22	187 00-	1	

DCP Distribution Payment Report

Agency Type Dsg/ Rcv	Agency Name (Acct#) Design Brt Direct	Design Pay Direct	Design Payroll	Design Cash	Total Design	Undesign Equal Share	Book Number Undesign % Share	Gross Distn	Admin Expense	Shrink Amount	Net Distn	Adj Amount	Less Pay Direct	Less Previous Paid	Payment Due	Rev Type	Rem
Agency	Salvation Army of Michigan City(9894)						334										
Dsg	550 00	0 00	5 343 60	911 00	6 804 60	0 00	0 00	6 804 60	0 00	0 00	6 804 60	0 00	0 00	5 951 74	852 86	1	0500
Rcv	500 00	0 00	4 184 02	911 00	5,595 02	0 00	0 00	5 595 02	0 00	0 00	5 595 02	0 00	0 00	5 951 74	356 72	1	
Agency	Stepping Stone Shelter for Women(7070)						335										
Dsg	0 00	0 00	5 338 38	470 00	5 808 38	0 00	0 00	5,808 38	0 00	0 00	5 808 38	0 00	0 00	5 022 38	786 00	1	0500
Rcv	0 00	0 00	4,082 23	470 00	4 552 23	0 00	0 00	4 552 23	0 00	0 00	4 552 23	0 00	0 00	5 022 38	470 15-	1	
Agency	Swanson Center(489)						336										
Dsg	0 00	0 00	611 00	150 00	761 00	0 00	0 00	761 00	0 00	0 00	761 00	0 00	0 00	759 44	1 56	1	0500
Rcv	0 00	0 00	539 37	150 00	689 37	0 00	0 00	689 37	0 00	0 00	689 37	0 00	0 00	759 44	70 07	1	
Agency	VNA HomeCare Private Duty & Hospice(53199)						337										
Dsg	0 00	0 00	70 00	0 00	70 00	0 00	0 00	70 00	0 00	0 00	70 00	0 00	0 00	60 96	9 04	1	0500
Rcv	0 00	0 00	55 62	0 00	55 62	0 00	0 00	55 62	0 00	0 00	55 62	0 00	0 00	60 96	5 34	1	
Agency	Youth Service Bureau(505)						338										
Dsg	0 00	0 00	1 886 88	850 00	2 736 88	0 00	0 00	2 736 88	0 00	0 00	2 736 88	0 00	0 00	2 559 98	176 90	1	0500
Rcv	0 00	0 00	1,640 63	850 00	2 490 63	0 00	0 00	2 490 63	0 00	0 00	2 490 63	0 00	0 00	2 559 98	69 35	1	
	Federation Total																
Dsg	82 486 00	4 283 00	62 532 26	13 796 00	163 097 26	0 00	0 00	163 097 26	0 00	0 00	163 097 26	48 000 00	4 283 00	69 801 68	41 012 58		
Rcv	50 325 00	4 283 00	48 128 88	13 796 00	116 532 88	0 00	0 00	116,532 88	0 00	0 00	116 532 88	48 000 00	4 283 00	69,801 68	5 551 80		
	Reversal Of Over Payment For Federation																
Dsg	82 486 00	4 283 00	61 749 26	13 561 00	162 079 26	0 00	0 00	162 079 26	0 00	0 00	162 079 26	48 000 00	4 283 00	68 783 90	41 012 36		
Rcv	50 325 00	4 283 00	47 346 10	13 561 00	115 515 10-	0 00	0 00	115 515 10	0 00	0 00	115 515 10	48 000 00-	4 283 00	68 783 90	5 551 80		
	Actual Payout Total For Federation																
Dsg	0 00	0 00	783 00	235 00	1 018 00	0 00	0 00	1 018 00	0 00	0 00	1 018 00	0 00	0 00	1 017 78	0 22		
Rcv	0 00	0 00	782 78	235 00	1 017 78	0 00	0 00	1 017 78	0 00	0 00	1 017 78	0 00	0 00	1 017 78	0 00		
	Campaign Total																
Dsg	210 750 99	8 927 80	483 813 51	158 376 67	861 868 97	0 00	0 00	861 868 97	2 036 08	0 00	859 832 89	48 000 00	8 927 80	86 067 11	716 837 98		
Rcv	165 032 67	8 927 80	373 594 01	158 376 67	705 931 15	0 00	0 00	705 931 15	2 030 71	0 00	703 900 44	48 000 00	8 927 80	86 067 11	560 905 53		
	Master Total																
Dsg	210 872 67	8 927 80	599 952 22	158 376 67	978 129 36	0 00	0 00	978 129 36	2 036 08	0 00	976 093 28	48 000 00	8 927 80	86 067 11	833 098 37		
Rcv	165 154 35	8 927 80	439 299 70	158 376 67	771,758 52	0 00	0 00	771 758 52	2 030 71	0 00	769 727 81	48 000 00	8 927 80	86 067 11	626 732 90		
	Reversal Of Over Payment																
Dsg	83 961 78	5 042 80	75 642 10-	15 028 50-	179 675 18-	0 00	0 00	179 675 18	1 685 85	0 00	177 989 33-	48 000 00	5 042 80	82 155 45	42 791 08		
Rcv	51 648 78-	5,042 80-	58 412 42-	15 028 50-	130 132 50-	0 00	0 00	130 132 50-	1 681 68	0 00	128 450 82	48 000 00	5 042 80-	82 155 45	6 747 43		
	Reversal Of Held Payment																
Dsg	126,244 67	2 376 00-	520 110 83-	142 703 17-	791 434 67-	0 00	0 00	791 434 67-	0 00	0 00	791 434 67-	0 00	2 376 00-	0 00	789 058 67-		
Rcv	112 845 35-	2 376 00	377,866 83-	142 703 17-	635 791 35	0 00	0 00	635 791 35	0 00	0 00	635 791 35	0 00	2 376 00	0 00	633 415 35-		
	Actual Master Payout Total																
Dsg	666 22	1,509 00	4,199 29	645 00	7 019 51	0 00	0 00	7 019 51	350 23	0 00	6 669 28	0 00	1 509 00	3 911 66	1,248 62		
Rcv	660 22	1 509 00	3 020 45	645 00	5 834 67	0 00	0 00	5 834 67	349 03	0 00	5 485 64	0 00	1 509 00	3 911 66	64 98		
	Report Total																
Dsg	210 872 67	8 927 80	599 952 22	158 376 67	978 129 36	0 00	0 00	978 129 36	2 036 08	0 00	976 093 28	48 000 00	8 927 80	86 067 11	833 098 37		
Rcv	165 154 35	8 927 80	439 299 70	158 376 67	771 758 52	0 00	0 00	771 758 52	2 030 71	0 00	769 727 81	48 000 00	8 927 80	86 067 11	626 732 90		
	Total Reversal Of Over Payment																
Dsg	83 961 78-	5,042 80-	75 642 10-	15 028 50	179 675 18	0 00	0 00	179 675 18	1 685 85	0 00	177,989 33	48 000 00	5 042 80	82 155 45-	42 791 08		

DCP Distribution Payment Report

Agency Type Dsg/ Rcv	Agency Name (Acct#) Design Bill Direct	Design Pay Direct	Design Payroll	Design Cash	Total Design	Undesign Equal Share	Book Number Undesign % Share	Gross Distn	Admin Expense	Shrink Amount	Net Distn	Adj Amount	Less Pay Direct	Less Previous Paid	Payment Due	Rev Type	Rem
Rcv	51 648 78-	5 042 80	58,412 42	15 028 50-	130 132 50-	0 00	0 00	130 132 50-	1,681 68-	0 00	128 450 82-	48 000 00	5 042 80-	82 155 45-	6 747 43		
	Total Reversal Of Held Payment Processing Fundraiser Payees																
Dsg	126 244 67	2 376 00	520 110 83-	142 703 17-	791 434 67	0 00	0 00	791 434 67	0 00	0 00	791 434 67	0 00	2 376 00	0 00	789 058 67-		
Rcv	112 845 35-	2 376 00	377 866 83	142 703 17-	635 791 35-	0 00	0 00	635 791 35-	0 00	0 00	635 791 35-	0 00	2 376 00	0 00	633 415 35-		
	Actual Report Payout Total																
Dsg	666 22	1 509 00	4 199 29	645 00	7 019 51	0 00	0 00	7 019 51	350 23	0 00	6 669 28	0 00	1 509 00	3 911 66	1 248 62		
Rcv	660 22	1 509 00	3 020 45	645 00	5,834 67	0 00	0 00	5 834 67	349 03	0 00	5 485 64	0 00	1 509 00	3 911 66	64 98		

Number of Agencies in Federation is 33

Number of Agencies in Campaign is 83
Number of Agencies in Master Account is 83

Eligibility Codes In Remark
0010 Form Sent
0020 Form Returned
0100 Membership Application sent to Committee
0500 - Eligible Agency
0501 Out Of Area Eligibility
0502 Out Of Area Selective Eligibility
9999 Permanently Ineligible

2009

UNITED WAY OF GREATER LAPORTE COUNTY 35-0782893

SCHEDULES OF AGENCY ALLOCATIONS

For the years ended December 31, 2009

Schedule A Part I Line h/Schedule I Part II

	2009
LaPorte Family YMCA	$ 14,500
Red Cross - LaPorte County	44,000
Adolescent Health Center	7,000
Salvation Army - Michigan City	27,900
Salvation Army - LaPorte	15,000
Girl Scouts	6,500
Boy Scouts	5,600
Catholic Family & Community Services of LaPorte County	17,000
Barker Woods Enrichment Center	45,000
Stepping Stone Shelter	34,500
Meals-on-Wheels - Michigan City	21,300
Meals-on-Wheels - LaPorte	14,500
Youth Service Bureau - Big Brothers/ Big Sisters of LaPorte County	28,100
Michiana Resources	25,500
R.S.V.P.	10,575
Parents and Friends	10,200
Dunebrook - Prevent Child Abuse of LaPorte County	23,645
Child Care Consortium	14,000
READ LaPorte County	1,933
Michigan City Area Schools GAF	46,450
Citizens Concerned for the Homeless	20,200
Harmony House of LaPorte County/C.A.S.A.	8,000
Boys and Girls Club - Michigan City	14,385
Total allocations	$455,788

Form **8868**
(Rev April 2009)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**

OMB No 1545 1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ► [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only ► [ ]

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing *(e-file)*. Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit *www irs gov/efile* and click on *e-file for Charities & Nonprofits*

Type or print	Name of Exempt Organization	Employer identification number
	UNITED WAY OF GREATER LAPORTE COUNTY	35-0782893
File by the due date for filing your return See instructions	Number, street, and room or suite number If a P O box, see instructions 800 LINCOLNWAY, STE 200	
	City, town or post office, state, and ZIP code For a foreign address, see instructions LAPORTE IN 46350	

Check type of return to be filed (file a separate application for each return)

[X] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (section 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ► WILLIAM HANNA

Telephone No ► (219) 362-6256 FAX No ►

- If the organization does not have an office or place of business in the United States, check this box ► [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ► [ ] If it is for part of the group, check this box ► [ ] and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until Aug 16, 20 10, to file the exempt organization return for the organization named above
The extension is for the organization's return for
► [X] calendar year 20 09 or
► [ ] tax year beginning _____, 20 ___, and ending _____, 20 ___

2 If this tax year is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	**3a**	$ 0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	**3b**	$ 0.
c Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	**3c**	$ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form **8868** (Rev 4-2009)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box ► [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)

Type or print

File by the extended due date for filing the return See instructions

Name of Exempt Organization: UNITED WAY OF GREATER LAPORTE COUNTY

Employer identification number: 35-0782893

Number, street, and room or suite number If a P O box, see instructions: 800 LINCOLNWAY, STE 200

For IRS use only

City, town or post office, state, and ZIP code For a foreign address, see instructions: LAPORTE IN 46350

Check type of return to be filed (File a separate application for each return)

[X] Form 990	[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 6069
[ ] Form 990-BL	[ ] Form 990-T (section 401(a) or 408(a) trust)	[ ] Form 4720	[ ] Form 8870
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of ► WILLIAM HANNA
  Telephone No ► (219) 362-6256 FAX No ►
- If the organization does not have an office or place of business in the United States, check this box ► [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ► [ ] If it is for part of the group, check this box ► [ ] and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until Nov 15, 20 10

5 For calendar year 2009, or other tax year beginning _____, 20__, and ending _____, 20__

6 If this tax year is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension

Additional time is required to complete the Form 990.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	**8a**	$ 0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	**8b**	$ 0.
c Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instrs	**8c**	$ 0.

Signature and Verification

Under penalties of perjury I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ► [signature] Title ► CPA Date ► 8/11/10