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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

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning , 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 LAFAYETTE AND TIPPECANOE COUNTY, INDIANA, INC.

Doing Business As

Number and street (or P O box if mail is not delivered to street address): 1114 STATE STREET

Room/suite

City or town, state or country, and ZIP + 4: LAFAYETTE IN 47905

D Employer identification number: 35-0891621

E Telephone number: 765-742-9077

G Gross receipts $: 4,426,831

F Name and address of principal officer:
JAMES L. M. TAYLOR
SAME AS ABOVE

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No

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

H(c) Group exemption number ▶

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

J Website: ▶ WWW.UW.LAFAYETTE.IN.US

K Type of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1956

M State of legal domicile: IN

Part I Summary

1 Briefly describe the organization's mission or most significant activities

SEE FURTHER DETAILS IN SCHEDULE O.
OUR MISSION IS MOBILIZING OUR COMMUNITY TO IMPROVE LIVES. WE LOOK TO MARSHAL RESOURCES; FINANCIAL, HUMAN AND OTHERWISE; TO IMPROVE THE LIVES OF

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	25
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	25
5	Total number of employees (Part V, line 2a)	5	19
6	Total number of volunteers (estimate if necessary)	6	763
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	5,377,561	4,197,596
9	Program service revenue (Part VIII, line 2g)	47,801	64,296
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	243,796	110,973
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,988	1,967
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,671,146	4,374,832
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,332,077	3,902,720
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)	572,748	605,666
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 354,645		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	331,632	374,529
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	5,236,457	4,882,915
19	Revenue less expenses Subtract line 18 from line 12	434,689	-508,083

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	8,979,265	8,890,502
21	Total liabilities (Part X, line 26)	4,080,567	3,899,128
22	Net assets or fund balances Subtract line 21 from line 20	4,898,698	4,991,374

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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

Signature of officer — Date: 4/28/10

JAMES L. M. TAYLOR EXECUTIVE DIRECTOR

Type or print name and title

Paid Preparer's Use Only

Preparer's signature: Kimberly Marble CPA — Date: 04/23/10 — Check if self-employed ▶ ☐ — Preparer's identifying number (see instructions) P00337290

Firm's name (or yours if self-employed), address, and ZIP + 4:
HUTH THOMPSON LLP
PO BOX 970
LAFAYETTE, IN 47902-0970

EIN ▶ 35-2055043

Phone no ▶ 765-428-5000

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

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions

DAA

Form **990** (2009)

9

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

SEE SCHEDULE O

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the 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 $ 3,974,392 including grants of $ 3,902,720) (Revenue $)

UNITED WAY'S COMMUNITY INVESTMENT EFFORTS SEEK TO MEET IDENTIFIED HUMAN NEEDS IN TIPPECANOE COUNTY BY FUNDING SERVICES THAT GET RESULTS. WE BASE OUR FUNDING ON FINANCIAL OVERSIGHT AND ANSWERS TO THESE QUESTIONS:
-WHAT DOES YOUR AGENCY DO TO IMPROVE THE LIVES OF THE PEOPLE IT SERVES?
-HOW DO YOU KNOW THAT YOU ARE IMPROVING PEOPLE'S LIVES THIS WAY?
-HOW DO YOUR AGENCY'S EFFORTS FIT WITH UNITED WAY'S COMMUNITY LEVEL TARGET OUTCOMES?
-HOW DOES YOUR AGENCY FIT IN THE OVERALL CONTEXT OF TIPPECANOE COUNTY'S HEALTH AND HUMAN SERVICE EFFORTS TO IMPROVE LIVES?
-PLEASE EXPLAIN YOUR REQUEST FOR UNITED WAY FUNDING RELATIVE TO YOUR TOTAL BUDGET.

4b (Code) (Expenses $ 151,339 including grants of $) (Revenue $ 41,768)

THE INDIANA NONPROFIT RESOURCE NETWORK ASSISTS IN EDUCATING AND ASSISTING NONPROFIT ORGANIZATIONS IN THE WESTERN REGION OF THE STATE. BY BUILDING THE CAPACITY OF ORGANIZATIONS IN GOVERNANCE, ACCOUNTABILITY, FUNDRAISING, STRATEGIC PLANNING AND MORE, THE NETWORK ENHANCES THE NONPROFIT COMMUNITY'S ABILITY TO IMPROVE LIVES THROUGH OUT OUR REGION.

4c (Code) (Expenses $ 60,090 including grants of $) (Revenue $)

THE LABOR AND COMMUNITY SERVICES LIAISON RECRUITS AND EDUCATES EMPLOYEES AND UNION MEMBERS ON RESOURCES AVAILABLE IN OUR COMMUNITY TO ASSIST PEOPLE IN NEED AS WELL AS THE WAYS IN WHICH THEY CAN ASSIST THEIR CO-WORKERS, FAMILY MEMBERS AND NEIGHBORS IN LOCATING THE PROPER RESOURCES FOR THEIR NEEDS.

4d Other program services (Describe in Schedule O)
(Expenses $ 110,589 including grants of $) (Revenue $ 16,529)

4e Total program service expenses ▶ 4,296,410

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 related 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 organization'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 statements 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 statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional (Yes: , No: X)	12A		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, 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 committee 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 transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, 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	8			
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	19			
b	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 tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, 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		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		N/A	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		X
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		X
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

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	25		
b	Enter the number of voting members that are independent	1b	25		
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, 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 or 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. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (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 ▶ LAURA CARSON 1114 STATE STREET #200 LAFAYETTE IN 47902 765-742-9077

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

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			
BRENDA CLAPPER DIRECTOR	0.50	X						0	0	0
LARRY MCSHANE DIRECTOR	0.50	X						0	0	0
CANDY MINNIEAR DIRECTOR	0.50	X						0	0	0
DAVID BATHE PRESIDENT	0.50	X		X				0	0	0
SHARON BARDONNER DIRECTOR	0.50	X						0	0	0
RICK DAVIS 1ST VICE-PRE	0.50	X		X				0	0	0
TOM MURTAUGH DIRECTOR	0.50	X						0	0	0
GARY SUISMAN DIRECTOR	0.50	X						0	0	0
AARON COOKE DIRECTOR	0.50	X						0	0	0
JODI ROY 2ND VICE-PRE	0.50	X		X				0	0	0
JIMMY OGDEN DIRECTOR	0.50	X						0	0	0
TRACI ROBISON DIRECTOR	0.50	X						0	0	0
JULIE COLE DIRECTOR	0.50	X						0	0	0
ROGER BLALOCK DIRECTOR	0.50	X						0	0	0
ED DUNN DIRECTOR	0.50	X						0	0	0
CHERYL JORGENSON DIRECTOR	0.50	X						0	0	0
APRIL REASON TREASURER	0.50	X		X				0	0	0

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

(A) Name and Title	(B) Average hours per week	(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			
CARLOS VASQUEZ DIRECTOR	0.50	X						0	0	0
RANDY WILLIAMS DIRECTOR	0.50	X						0	0	0
TOM PARENT DIRECTOR	0.50	X						0	0	0
CINDY MURRAY DIRECTOR	0.50	X						0	0	0
TONY ALBRECHT DIRECTOR	0.50	X						0	0	0
LAURA DOWNEY DIRECTOR	0.50	X						0	0	0
LESLEY MORGAN DIRECTOR	0.50	X						0	0	0
TRACIE RANSOM DIRECTOR	0.50	X						0	0	0
JAMES L. M. TAYLOR EXEC. DIR	40.00			X				99,617	0	19,041
1b Total ▶								99,617		19,041

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 ▶ 0

		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 ▶ 0

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 4,002,771				
	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 194,825				
	g Noncash contributions included in lines 1a-1f $ 47,722					
	h Total. Add lines 1a–1f	▶	4,197,596			
Program Service Revenue		Busn Code				
	2a INRN WORKSHOP INCOME	900099	41,047	41,047		
	b ADMINISTRATIVE FEE	900099	16,529	16,529		
	c CHILD ABUSE SUMMIT (INRN)	900099	3,730	3,730		
	d INRN CONSULTATION INCOME	900099	2,990	2,990		
	e					
	f All other program service revenue					
	g Total. Add lines 2a–2f	▶	64,296			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	162,972			162,972
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
		(i) Real / (ii) Personal				
	6a Gross Rents					
	b Less rental exps					
	c Rental inc or (loss)					
	d Net rental income or (loss)	▶				
	7a Gross amount from sales of assets other than inventory	(i) Securities / (ii) Other				
	b Less cost or other basis & sales exps	51,758 / 241				
	c Gain or (loss)	-51,758 / -241				
	d Net gain or (loss)	▶	-51,999	-51,999		
	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				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
	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	Busn. Code				
	11a MISCELLANEOUS INCOME	900099	1,967	1,967		
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a–11d	▶	1,967			
	12 Total Revenue. See instructions	▶	4,374,832	14,264	0	162,972

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	3,902,720	3,902,720		
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	118,658	27,291	45,090	46,277
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	383,776	143,346	86,634	153,796
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	26,006	9,175	5,916	10,915
9 Other employee benefits	42,404	23,182	3,878	15,344
10 Payroll taxes	34,822	11,940	8,440	14,442
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	9,000	3,284	1,859	3,857
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	28,808		28,808	
g Other	3,688	2,934	246	508
12 Advertising and promotion				
13 Office expenses	33,362	6,963	11,911	14,488
14 Information technology	11,350	4,142	1,930	5,278
15 Royalties				
16 Occupancy	27,478	9,329	6,758	11,391
17 Travel	7,916	6,466	570	880
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	7,535	4,169	901	2,465
20 Interest				
21 Payments to affiliates	58,985	21,524	12,186	25,275
22 Depreciation, depletion, and amortization	14,291	5,271	2,971	6,049
23 Insurance	6,061	2,195	1,298	2,568
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 INRN CONSULTATION EXPENSE	45,311	45,311		
b IDA GRANT EXPENSE	23,404	23,404		
c EVENTS/ACTIVITIES	20,579			20,579
d CAMPAIGN/PUBLIC RELATIONS	18,424	18	376	18,030
e 4COMMUNITY2 GRANT EXPENSE	12,930	12,930		
f All other expenses	45,407	30,816	12,088	2,503
25 Total functional expenses. Add lines 1 through 24f	4,882,915	4,296,410	231,860	354,645
26 Joint costs. Check here ▶ [X] 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		22,464	1	559,833
	2	Savings and temporary cash investments		2,203,113	2	1,817,358
	3	Pledges and grants receivable, net		4,410,276	3	3,572,638
	4	Accounts receivable, net		70,366	4	63,259
	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		3,964	9	6,938
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 74,887			
	b	Less accumulated depreciation	10b 50,804	19,046	10c	24,083
	11	Investments—publicly traded securities		1,394,854	11	1,765,303
	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		855,182	15	1,081,090
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		8,979,265	16	8,890,502
Liabilities	17	Accounts payable and accrued expenses		128,191	17	148,316
	18	Grants payable		3,946,827	18	3,603,859
	19	Deferred revenue		3,000	19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		2,549	21	146,953
	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			24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	**Total liabilities** Add lines 17 through 25		4,080,567	26	3,899,128
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		373,834	27	958,772
	28	Temporarily restricted net assets		4,520,614	28	4,028,352
	29	Permanently restricted net assets		4,250	29	4,250
		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, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		4,898,698	33	4,991,374
	34	Total liabilities and net assets/fund balances		8,979,265	34	8,890,502

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

Open to Public Inspection

Name of the organization	Employer identification number
UNITED WAY OF GREATER LAFAYETTE AND TIPPECANOE COUNTY, INDIANA, INC.	35-0891621

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

The organization is not a private foundation because it is (For lines 1 through 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 a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ An 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 to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box 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 it 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?

(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?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

(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	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

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 any "unusual grants ")	4,876,513	4,849,579	4,847,841	5,377,561	4,197,596	24,149,090
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	4,876,513	4,849,579	4,847,841	5,377,561	4,197,596	24,149,090
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,009,617
6 **Public support.** Subtract line 5 from line 4						23,139,473

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	4,876,513	4,849,579	4,847,841	5,377,561	4,197,596	24,149,090
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	233,627	331,138	346,944	188,289	162,972	1,262,970
9 Net income from unrelated business activities, whether or not the business is regularly carried on					0	
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	4,210	5,320	1,960	1,988	1,967	15,445
11 **Total support.** Add lines 7 through 10						25,427,505
12 Gross receipts from related activities, etc (see instructions)					12	190,719

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	91.00 %
15	Public support percentage from 2008 Schedule A, Part II, line 14	15	91.44 %

16a **33 1/3 % support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3 % support test—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 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 any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 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 from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 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 line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here** The organization qualifies as a publicly supported organization ▶ ☐

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

Part IV **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

PART II, LINE 10 - OTHER INCOME DETAIL

MISCELLANEOUS	$	15,445

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, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990 ▶ See separate instructions

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
UNITED WAY OF GREATER LAFAYETTE AND TIPPECANOE COUNTY, INDIANA, INC.

Employer identification number
35-0891621

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	3	
2	Aggregate contributions to (during year)	25,294	4,197,596
3	Aggregate grants from (during year)	16,518	3,886,202
4	Aggregate value at end of year	27,676	4,963,698

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☒ No

Part II Conservation Easements. Complete if the organization answered "Yes" 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 Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included 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 taxable year ▶ _ _ _ _ _

4 Number of states where property subject to conservation easement is located ▶ _ _ _ _ _

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 section 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.

1a 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 the 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
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☒ 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	6,690	9,983			
b Contributions					
c Net investment earnings, gains, and losses	1,777	-3,293			
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	8,467	6,690			

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

- a Board designated or quasi-endowment ▶ _ _ _ _ %
- b Permanent endowment ▶ 51.00 %
- c Term endowment ▶ 49.00 %

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

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

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		74,887	50,804	24,083
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶				24,083

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
DESIGNATED FUND	1,004,270
SPECIAL FUND	76,820
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	1,081,090

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Amount
Federal income taxes	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	

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 Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,374,832
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,882,915
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-508,083
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	4,549
9	Total adjustments (net) Add lines 4 through 8	9	4,549
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	-503,534

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	3,711,141
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	18,990		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d			2e	18,990
3	Subtract line 2e from line 1			3	3,692,151
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	28,808		
b	Other (Describe in Part XIV)	4b	653,873		
c	Add lines 4a and 4b			4c	682,681
5	Total revenue Add lines 3 and 4c (This must equal Form 990, Part I, line 12)			5	4,374,832

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

1	Total expenses and losses per audited financial statements			1	4,214,675
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	18,990		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d			2e	18,990
3	Subtract line 2e from line 1			3	4,195,685
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	28,808		
b	Other (Describe in Part XIV)	4b	658,422		
c	Add lines 4a and 4b			4c	687,230
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	4,882,915

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

PART IV, LINE 2B - ESCROW LIABILITY ARRANGEMENT EXPLANATION

THE ORGANIZATION IS THE AGENT FOR THE ASSETS FOR INDEPENDANCE (AFI) DEMONSTRATION PROGRAM FROM THE DEPARTMENT OF HEALTH AND HUMAN SERVICES. THE FUNDS ARE HELD TO BE DISBURSED ONLY TO MEET THE OBJECTIVES OF THIS PROGRAM. THE ORGANIZATION FUNCTIONS AS AN AGENT TO HOLD AND ADMINISTER THESE FUNDS ON BEHALF OF THE DEPARTMENT OF HEALTH & HUMAN SERVICES.

Part XIV Supplemental Information (continued)

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS

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

PART XI, LINE 8 - RECONCILATION OF CHANGES - OTHER

OUT OF COUNTY PLEDGES	$ -238,834
DONOR DESIGNATIONS	$ -415,279
LOSS ON DISPOSAL	$ 240
DONOR DESIGNATED PLEDGES	$ 415,279
OUT OF COUNTY PLEDGES	$ 238,834
LOSS ON DISPOSAL	$ -240
ROUNDING ON BOOK TO TAX	$ -2
BOOK / TAX DEPRECIATION DIFFERENCE	$ 4,551

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

OUT OF COUNTY PLEDGES	$ 238,834
DONOR DESIGNATIONS	$ 415,279
LOSS ON DISPOSAL	$ -240

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

DONOR DESIGNATED PLEDGES	$ 415,279
OUT OF COUNTY PLEDGES	$ 238,834
LOSS ON DISPOSAL	$ -240
ROUNDING ON BOOK TO TAX	$ -2

Part XIV Supplemental Information (continued)

BOOK / TAX DEPRECIATION DIFFERENCE	$ 4,551

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: UNITED WAY OF GREATER LAFAYETTE AND TIPPECANOE COUNTY, INDIANA, INC.

Employer identification number: 35-0891621

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to 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
AMERICAN RED CROSS 615 N. 18TH STREET, #101 LAFAYETTE IN 47904	53-0196605	3	167,067				ALLOCATIONS
BIG BROTHERS BIG SISTERS 3805 FORTUNE DRIVE, STE 2 LAFAYETTE IN 47905	35-1157567	3	96,086				ALLOCATIONS
BOY SCOUTS OF SAGAMORE COUNCIL P.O. BOX 865 KOKOMO IN 46903	35-0867972	3	93,310				ALLOCATIONS/CAPITAL
COMMUNITY & FAMILY RESOURCE CTR. P.O. BOX 1186 LAFAYETTE IN 47902	35-1165883	3	336,398				ALLOCATIONS/CAPITAL
RIGGS COMMUNITY HEALTH CENTER 1716 HARTFORD STREET LAFAYETTE IN 47904	35-1965865	3	138,292				ALLOCATIONS
CRISIS CENTER 1244 N. 15TH STREET LAFAYETTE IN 47904	35-1186633	3	107,609				ALLOCATIONS/CAPITAL
FAMILY SERVICES, INC. 615 N. 18TH STREET, #201 LAFAYETTE IN 47904	35-1099083	3	258,624				ALLOCATIONS
FOOD FINDERS FOOD BANK 50 OLYMPIA COURT LAFAYETTE IN 47909	31-1020198	3	99,476				ALLOCATIONS
GIRL SCOUTS OF SYCAMORE COUNCIL 615 N. 18TH STREET #203 LAFAYETTE IN 47904	35-0876381	3	61,423				ALLOCATIONS

2 Enter total number of section 501(c)(3) and government organizations ▶ 33

3 Enter total number of other organizations ▶ 0

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.

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: UNITED WAY OF GREATER LAFAYETTE AND TIPPECANOE COUNTY, INDIANA, INC.

Employer identification number: 35-0891621

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
HANNA COMMUNITY CENTER 1201 N. 18TH STREET LAFAYETTE IN 47904	31-1024517	3	94,290				ALLOCATIONS
LAFAYETTE ADULT RESOURCE ACADEMY 1100 ELIZABETH STREET, STE 3 LAFAYETTE IN 47904	35-6002525	3	69,146				ALLOCATIONS
LAFAYETTE FAMILY YMCA 1950 S. 18TH STREET LAFAYETTE IN 47905	35-0868213	3	112,250				ALLOCATIONS
LAFAYETTE TRANSITIONAL HOUSING CENT 615 N. 18TH STREET, #102 LAFAYETTE IN 47904	35-1781229	3	218,214				ALLOCATIONS
LEGAL AID CORPORATION 212 N. 5TH STREET LAFAYETTE IN 47901	35-1187794	3	61,513				ALLOCATIONS
LYN TREECE BOYS & GIRLS CLUB 1529 N. 10TH STREET LAFAYETTE IN 47904	35-1262269	3	202,050				ALLOCATIONS
MEALS ON WHEELS 1501 HARTFORD STREET LAFAYETTE IN 47904	35-1144026	3	25,973				ALLOCATIONS
MENTAL HEALTH ASSOCIATION P. O. BOX 1626 LAFAYETTE IN 47902	38-3653969	3	147,721				ALLOCATIONS
SALVATION ARMY 1110 UNION STREET LAFAYETTE IN 47904	36-2167910	3	118,356				ALLOCATIONS
THE ARC OF TIPPECANOE COUNTY P.O. BOX 1222 LAFAYETTE IN 47902	35-1104089	3	30,532				ALLOCATIONS
TIPPECANOE COUNTY CHILD CARE 100 SAW MILL ROAD, SUITE 1200 LAFAYETTE IN 47905	35-1386694	3	501,099				ALLOCATIONS/CAPITAL

SCHEDULE I-1 (Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization UNITED WAY OF GREATER LAFAYETTE AND TIPPECANOE COUNTY, INDIANA, INC.

Employer identification number 35-0891621

Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
TIPPECANOE COUNTY COUNCIL ON AGING, 1915 SCOTT STREET LAFAYETTE IN 47904	35-1300844	3	197,560				ALLOCATIONS
WABASH CENTER P.O. BOX 6449 LAFAYETTE IN 47903	35-1115916	3	271,246				ALLOCATIONS/CAPITAL
YWCA 605 N. 6TH STREET LAFAYETTE IN 47901	35-0868224	3	222,480				ALLOCATIONS
UNITED WAY OF CENTRAL INDIANA P.O. BOX 88409 INDIANAPOLIS IN 46208-0409	35-1007590	3	27,690				OUT OF COUNTY DESIGN
CARROLL COUNTY UNITED FUND P.O. BOX 257 DELPHI IN 46923-0119	23-7170611	3	16,276				OUT OF COUNTY DESIGN
UNITED WAY FOR CLINTON COUNTY 51 WEST CLINTON STREET, SUITE #102 FRANKFORT IN 46041-1915	35-0996128	3	12,578				OUT OF COUNTY DESIGN
UNITED WAY OF WHITE COUNTY P.O. BOX 580 MONTICELLO IN 47960	35-1137113	3	10,468				OUT OF COUNTY DESIGN
MONTGOMERY UNITED FUND FOR YOU P.O. BOX 247 CRAWFORDSVILLE IN 47933	35-1173225	3	6,413				OUT OF COUNTY DESIGN
BENTON COMMUNITY FOUNDATION P.O. BOX 351 FOWLER IN 47944	26-0074023	3	6,069				OUT OF COUNTY DESIGN
UNITED WAY OF HOWARD CO. 210 W. WALNUT KOKOMO IN 46901	35-0877579	3	5,276				OUT OF COUNTY DESIGN
UNITED WAY OF GREATER LAFAYETTE 1114 STATE STREET LAFAYETTE IN 47905	35-0891621	3	5,360				PHILANTHROPIC

Part II Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)

(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

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

Open To Public Inspection

Name of the organization: UNITED WAY OF GREATER LAFAYETTE AND TIPPECANOE COUNTY, INDIANA, INC.

Employer identification number: 35-0891621

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	X	13	47,722	FAIR VALUE-DATE OF GIFT
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ ( )				
26	Other ▶ ( )				
27	Other ▶ ( )				
28	Other ▶ ( )				

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

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 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?	30a		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?	31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		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 II **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 LAFAYETTE AND TIPPECANOE COUNTY, INDIANA, INC.

Employer identification number: 35-0891621

FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES

SEE FURTHER DETAILS IN SCHEDULE O.

OUR MISSION IS MOBILIZING OUR COMMUNITY TO IMPROVE LIVES. WE LOOK TO MARSHAL RESOURCES; FINANCIAL, HUMAN AND OTHERWISE; TO IMPROVE THE LIVES OF THOSE IN NEED IN OUR COMMUNITY. OUR MOST PUBLIC EFFORT TO DO THIS IS OUR ANNUAL FUNDRAISING CAMPAIGN IN WHICH HUNDREDS OF COMMUNITY VOLUNTEERS WORK TOGETHER TO RAISE FUNDS THAT ARE THEN INVESTED IN HEALTH AND HUMAN SERVICES IN OUR COMMUNITY. UNITED WAY ADDS VALUE BEYOND THE UNIFIED FUNDRAISING CAMPAIGN IN A VARIETY OF WAYS INCLUDING THE PROCESS BY WHICH FUNDS RAISED ARE INVESTED IN OUR COMMUNITY. BY BRINGING TOGETHER COMMUNITY VOLUNTEERS FROM A VARIETY OF BACKGROUNDS, UNITED WAY IS ABLE TO MAKE DECISIONS ABOUT SERVICES THAT REPRESENT THE VALUES AND PRIORITIES OF OUR COMMUNITY. THESE VOLUNTEERS ALSO PROVIDE OVERSIGHT TO ENSURE THAT FUNDS WILL GET RESULTS AND WILL BE USED WISELY BY THE ORGANIZATIONS RECEIVING THEM. UNITED WAY ALSO PROVIDES COMMON GROUND FOR AGENCIES IN OUR COMMUNITY TO COME TOGETHER REGULARLY SO THAT RELATIONSHIPS EXIST WHERE THEY OTHERWISE MIGHT NOT. THIS SOCIAL SERVICE FRAMEWORK PROVIDES ADDITIONAL VALUE THROUGH FORMAL AND INFORMAL CONNECTIONS THAT, IN MANY CASES, INCREASE THE EFFECTIVENESS OF THE INDIVIDUAL AGENCIES. UNITED WAY ALSO PROVIDES LEADERSHIP TO THESE AGENCIES BY HELPING TO SET COMMUNITY PRIORITIES AND TO DEVELOP RESEARCH ON BOTH PERCEPTIONS AND DATA THAT ARE USEFUL IN DETERMINING WAYS THAT THE COMMUNITY CAN MOVE FORWARD EFFECTIVELY IN IMPROVING LIVES IN OUR COMMUNITY.

IN 2009 UNITED WAY CONTINUED TO PROVIDE SERVICES IN OUR COMMUNITY AND MOVED FORWARD IN ITS EFFORTS TO BUILD COMMUNITY CHANGE STRATEGIES THAT WILL HELP

ACHIEVE OUR FIVE TARGET OUTCOMES:

-CHILDREN ARE PREPARED TO SUCCEED IN SCHOOL

-YOUTHS WILL GRADUATE FROM HIGH SCHOOL

-EVERYONE WILL BE SAFE IN THEIR HOMES AND OUR COMMUNITY

-LOW INCOME INDIVIDUALS AND FAMILIES WILL AVOID FINANCIAL CRISES

-LOW INCOME INDIVIDUALS AND FAMILIES WILL ADOPT HEALTHY LIFESTYLES

UNITED WAY FUNDING HELPED TO PROVIDE MORE THAN 180,000 INSTANCES OF SERVICE IN OUR COMMUNITY. THESE NUMBERS UNDOUBTEDLY INCLUDE INDIVIDUALS RECEIVING MORE THAN ONE INSTANCE OF SERVICE FROM THE SAME AGENCY AND LIKELY FROM MULTIPLE AGENCIES. THEREFORE, IT IS NOT POSSIBLE AT THIS TIME TO ACCURATELY DEFINE THE NUMBER OF DISTINCT PEOPLE SERVED BY THE UNITED WAY AND ITS AGENCIES AT THIS TIME, THOUGH WE ESTIMATE IT TO BE MORE THAN 30,000.

UNITED WAY'S ANNUAL REPORT AND OTHER SIGNIFICANT DATA ARE AVAILABLE AT WWW.UWLAFAYETTE.ORG.

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

THE 4COMMUNITY2 PROGRAM WORKS TO BRING COMMUNITY PARTNERS TO IDENTIFY AND ADDRESS SIGNIFICANT COMMUNITY ISSUES. PARTICULARLY COMMUNITY ISSUES SURROUNDING LOW INCOME INDIVIDUALS AND FAMILIES. COMMUNITY IMPACT INITIATIVES FOCUS ON BASIC NEEDS AND FINANCIAL STABILITY; HEALTH AND WELLNESS; CHILDREN AND FAMILIES.

THE UNITED WAY VOLUNTEER CENTER PROGRAM SEEKS TO BUILD AND STRENGTHEN OUR

Name of the organization: UNITED WAY OF GREATER LAFAYETTE AND

Employer identification number: 35-0891621

COMMUNITY BY PROMOTING AND DEVELOPING VOLUNTEERISM THROUGH AWARENESS AMONG AREA RESIDENTS OF SOCIAL SERVICE NEEDS IN THE LAFAYETTE COMMUNITY; PROMOTING THE RECRUITMENT OF VOLUNTEERS TO WORK WITH SOCIAL SERVICE AGENCIES TO DEVELOP AND MAINTAIN QUALITY VOLUNTEER PROGRAMS.

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

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
A CODE OF ETHICS IS SIGNED BY ALL BOARD AND EMPLOYEES ANNUALLY. SELF MONITORING THROUGHOUT THE YEAR.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL COMPENSATION IS ESTABLISHED BY THE COMPENSATION COMMITTEE AND UTILIZES COMPENSATION SURVEYS OR STUDIES TO DETERMINE REASONABLE COMPENSATION. IN ADDITION APPROVAL IS GRANTED BY THE BOARD AND COMPENSATION COMMITTEE.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
SAME AS NOTED IN 15A.
PART V, LINE 2A - THE ORGANIZATION COMBINES THE GREATER LAFAYETTE COMMUNITY FOUNDATION, INC. PAYROLL PROCESSING WITH THEIR PAYROLL FILINGS FOR COST EFFECTIVENESS. THUS, PER THE W3, TOTAL COMBINED EMPLOYEES EQUAL 19. HOWEVER, ACTUAL EMPLOYEES OF THE ORGANIZATION TOTAL 11 WHICH IS NOTED ON PART I, LINE 5.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION AVAILABLE 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 LAFAYETTE AND TIPPECANOE COUNTY, INDIANA, INC.

Identifying number: 35-0891621

Business or activity to which this form relates: INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount See 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 instructions)	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 instr.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	7,509
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	459

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	5,342
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		3,455	3.0	HY	S/L	576
b	5-year property		4,054	5.0	HY	S/L	405
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	14,291
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	

THERE ARE NO AMOUNTS FOR PAGE 2