



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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

**2010**Open to Public  
Inspection**A** For the 2010 calendar year, or tax year beginning **JUL 1, 2010** and ending **JUN 30, 2011**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>UNITED WAY OF PORTER COUNTY INDIANA</b>		<b>D</b> Employer identification number <b>35-6006484</b>
	Doing Business As		<b>E</b> Telephone number <b>219-464-3583</b>
	Number and street (or P O box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <b>2,033,399.</b>
	City or town, state or country, and ZIP + 4 <b>VALPARAISO, IN 46384-2028</b>		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<b>F</b> Name and address of principal officer: <b>SHARON KISH</b> <b>SAME AS C ABOVE</b>		<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			<b>H(c)</b> Group exemption number ▶
<b>Website:</b> ▶ <b>UNITEDWAYPC.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation <b>1957</b> <b>M</b> State of legal domicile <b>IN</b>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>FUNDING TO LOCAL IMPACT PARTNERS AS PART OF THE ORGANIZATION'S COMMUNITY PLAN FOCUSED ON ACHIEVING</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b> 39	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b> 39	
	<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a)	<b>5</b> 80	
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b> 2392	
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b> 0.	
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b> 0.	
	<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 2,170,043. <b>Current Year</b> 1,852,511.
		<b>9</b> Program service revenue (Part VIII, line 2g)	0. 0.
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		26,923. 16,073.	
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		173,094. 164,815.	
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,370,060. 2,033,399.	
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		768,564. 960,128.	
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0. 0.	
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		475,901. 614,263.	
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0. 0.	
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)		141,387.	
<b>Expenses</b>	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	757,358. 690,057.	
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,001,823. 2,264,448.	
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	368,237. -231,049.	
	<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 5,228,510. <b>End of Year</b> 4,924,170.
		<b>21</b> Total liabilities (Part X, line 26)	368,071. 294,780.
		<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	4,860,439. 4,629,390.

**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.

<b>Sign Here</b>	<b>Signature of officer</b> <i>Todd P. Wagenblast</i>	<b>Date</b> <b>5-15-2012</b>
	<b>Type or print name and title</b> <b>Todd P. Wagenblast, Treasurer</b>	
<b>Paid Preparer Use Only</b>	<b>Print/Type preparer's name</b> <b>GARY D. BUSHUE</b>	<b>Preparer's signature</b> <i>Gary D. Bushue</i>
	<b>Firm's name</b> ▶ <b>ROWLEY, BUSHUE &amp; COMPANY LLP</b>	<b>Date</b> <b>5-14-2012</b>
	<b>Firm's address</b> ▶ <b>409 WEST KIEFFER ROAD</b> <b>MICHIGAN CITY, IN 46360</b>	<b>Check if self-employed</b> <input type="checkbox"/> <b>PTIN</b>
		<b>Firm's EIN</b> ▶
		<b>Phone no</b> <b>219-874-1437</b>

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

032001 02-22-11 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2010)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

9-18 18

**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐

- 1 Briefly describe the organization's mission:  
UNITED WAY WILL IMPROVE LIVES BY MOBILIZING THE CARING POWER OF THE PORTER COUNTY COMMUNITY.
- 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 \$ 1,707,872. including grants of \$ ) (Revenue \$ )  
FUNDING MEMBER AGENCY 501C(3) PROGRAMS. PARTICIPATING AGENCIES REQUEST FUNDING FOR PROGRAMS WITHIN THREE COMMUNITY IMPACT AREAS: EDUCATION, INCOME AND HEALTH. PROPOSALS ARE REVIEWED BY COMMUNITY INVESTMENT VOLUNTEERS AND SUBMITTED TO BOARD OF DIRECTORS FOR APPROVAL.
- 4b (Code: ) (Expenses \$ 299,579. including grants of \$ ) (Revenue \$ )  
SUCCESS BY 6 - THE NEW EARLY LEARNING COMMUNITY IMPACT INITIATIVE THAT HELPS PREPARE OUR YOUNGEST CHILDREN FOR LEARNING WHEN THEY GET TO SCHOOL. RESPONDING TO THE NEEDS OF YOUNG FAMILIES, THE SUCCESS BY 6 IN NORTHWEST INDIANA SUPPORTS THE COLLABORATIVE EFFORTS OF THE UNITED WAYS IN LAKE, PORTER AND LAPORTE COUNTIES IN CONJUNCTION WITH AGENCY PARTNER, CHILD CARE PROVIDERS, PARENTS OF YOUNG CHILDREN, SCHOOLS AND GOVERNMENTAL ORGANIZATIONS. THE FOCUS OF THE PROGRAMS AND SERVICES IS ON PARENTING, ACCESS TO PRENATAL, CONSISTENT ACCESS TO HEALTH CARE, HIGH QUALITY CHILD CARE, DEVELOPMENTAL SCREENING AND INTERVENTION AND CHILD ADVOCACY.
- 4c (Code: ) (Expenses \$ 15,000. including grants of \$ ) (Revenue \$ )  
VITA - PROVIDES FREE TAX SERVICE PREPARATION AND FINANCIAL LITERACY FOR LOW-INCOME TAXPAYERS IN PORTER COUNTY. THE 2010 TAX FILING SEASON RESULTED IN THE PREPARATION OF 195 FEDERAL TAX RETURNS. THE RETURNS RESULTED IN \$160,750 IN REFUNDS BACK INTO THE POCKETS OF LOW INCOME TAXPAYERS. EITC CLAIMED ON FEDERAL RETURNS EQUATED 309. BASED ON AVERAGES FOR EITC DOLLAR AMOUNT CLAIMED, THE TOTAL FOR EITC EQUATED TO \$61,668. THE PROGRAM SAVED LOW INCOME TAXPAYERS \$390,000 IN TAX PREPARATION FEES.
- 4d Other program services. (Describe in Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )
- 4e Total program service expenses **2,022,451.**

**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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i>		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? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		
20b		

Form 990 (2010)

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> 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? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>X</b>	
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i>		<b>X</b>
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		<b>X</b>
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		<b>X</b>
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		<b>X</b>
<b>25b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		<b>X</b>
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II</i>		<b>X</b>
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i>		<b>X</b>
<b>28</b> 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):		
<b>28a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>28b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>28c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		<b>X</b>
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		<b>X</b>
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		<b>X</b>
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)?		<b>X</b>
<b>a</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		<b>X</b>
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	<b>X</b>	

Form 990 (2010)

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

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<b>1a</b> 6		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b> 0		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>	X	
<b>2a</b> 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	<b>2a</b> 80		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	<b>2b</b>	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	<b>3b</b>		
<b>4a</b> 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)?	<b>4a</b>		X
<b>b</b> If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> 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?	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> 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?	<b>7a</b>		X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>		

Form 990 (2010)

**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.

Check if Schedule O contains a response to any question in this Part VI

☒**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	39	
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	39	
<b>2</b> 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?		X
<b>3</b> 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?		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b> Does the organization have members or stockholders?		X
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	X	
<b>9</b> 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		X

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

	Yes	No
<b>10a</b> Does the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>11a</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
<b>13</b> Does the organization have a written whistleblower policy?	X	
<b>14</b> Does the organization have a written document retention and destruction policy?	X	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	X	
<b>b</b> Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</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?		

**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: **KELLY D. COPPAGE**  
**PO BOX 2028, VALPARAISO, IN 46384**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
SCOTT AKINS DIRECTOR	1.50	X						0.	0.	0.
JEFF BIGGS DIRECTOR	1.50	X						0.	0.	0.
GEORGE CARBERRY SECRETARY	3.00	X		X				0.	0.	0.
DR. JAMES DWORKIN GOVERNANCE CHAIR	3.00	X		X				0.	0.	0.
JAYNE COOPER DIRECTOR	1.50	X						0.	0.	0.
CHERYL HARMON VICE CHAIR	3.00	X		X				0.	0.	0.
COLLIN CZILLI DIRECTOR	1.50	X						0.	0.	0.
GREG FOX DIRECTOR	1.50	X						0.	0.	0.
JODI JUHL DIRECTOR	1.50	X						0.	0.	0.
LAURIE MULLET COMMUNITY IMPACT CHAIR	3.00	X		X				0.	0.	0.
TODD LEETH DIRECTOR	1.50	X						0.	0.	0.
CAROL HALL DIRECTOR	1.50	X						0.	0.	0.
KEN TURNER IMMED. PAST CHAIR	1.50	X						0.	0.	0.
PAUL VON TOBEL AUDIT CHAIR	3.00	X		X				0.	0.	0.
STEPHANIE JONES DIRECTOR	1.50	X						0.	0.	0.
TIM WARNER DIRECTOR	1.50	X						0.	0.	0.
BRUCE LINDNER DIRECTOR	1.50	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 (describe hours for related organizations in Schedule O)	(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			
DONALD EVANS DIRECTOR	1.50	X						0.	0.	0.
GREG FARRAL LEADERSHIP CHAIR	3.00	X		X				0.	0.	0.
TOM KENNEDY DIRECTOR	1.50	X						0.	0.	0.
MARK MAASSEL DIRECTOR	1.50	X						0.	0.	0.
RENE MARTIN DIRECTOR	1.50	X						0.	0.	0.
CHRIS PARKER ELS LIASON	1.50	X						0.	0.	0.
JEAN PHELPS BOARD CHAIR	3.00	X		X				0.	0.	0.
JOHN STREETY DIRECTOR	1.50	X						0.	0.	0.
ROCCO SCHIRALLI DIRECTOR	1.50	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								144,185.	0.	48,060.
<b>d Total (add lines 1b and 1c)</b>								144,185.	0.	48,060.

**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**

- 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
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
<b>3</b>		X
<b>4</b>		X
<b>5</b>		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. **NONE**

(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**

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2010)

**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			
JEFF SPENCER DIRECTOR	1.50	X						0.	0.	0.
BROCK LLOYD DIRECTOR	1.50	X						0.	0.	0.
DR. ANDREW MELIN DIRECTOR	1.50	X						0.	0.	0.
TODD WAGENBLAST TREASURER & FINANCE CHAIR	3.00	X		X				0.	0.	0.
KELLY VENEGAS VOLUNTEER DEVELOP CHAIR	3.00	X		X				0.	0.	0.
GINA MOODY DIRECTOR	1.50	X						0.	0.	0.
DR. JON KILPINEN DIRECTOR	1.50	X						0.	0.	0.
LINDA MILLER DIRECTOR	1.50	X						0.	0.	0.
GLENDA OWENS DIRECTOR	1.50	X						0.	0.	0.
STUART REILLY DIRECTOR	1.50	X						0.	0.	0.
REX RICHARDS DIRECTOR	1.50	X						0.	0.	0.
ARAMON SARKISIAN DIRECTOR	1.50	X						0.	0.	0.
LUMA KHABBAZ DIRECTOR	1.50	X						0.	0.	0.
SHARON KISH PRESIDENT	40.00			X				90,046.	0.	28,068.
KELLY MOORE COPPAGE VICE PRESIDENT	40.00			X				54,139.	0.	19,992.
Total to Part VII, Section A, line 1c								144,185.		48,060.

**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	<b>1 a</b> Federated campaigns	<b>1a</b>	9,354.				
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	386,672.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	1,456,485.				
	<b>g</b> Noncash contributions included in lines 1a-1f \$						
	<b>h Total.</b> Add lines 1a-1f			1,852,511.			
Program Service Revenue	<b>2 a</b>	Business Code					
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f						
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			16,073.			16,073.
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6 a</b> Gross Rents	(i) Real	(ii) Personal				
	<b>b</b> Less: rental expenses						
	<b>c</b> Rental income or (loss)						
	<b>d</b> Net rental income or (loss)						
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses						
	<b>c</b> Gain or (loss)						
	<b>d</b> Net gain or (loss)						
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18						
	<b>b</b> Less: direct expenses						
	<b>c</b> Net income or (loss) from fundraising events						
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19						
	<b>b</b> Less: direct expenses						
	<b>c</b> Net income or (loss) from gaming activities						
	<b>10 a</b> Gross sales of inventory, less returns and allowances						
<b>b</b> Less: cost of goods sold							
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>			<b>Business Code</b>				
<b>11 a</b> NET EARNINGS ON ENDOWM	900099		131,304.			131,304.	
<b>b</b> OTHER INCOME	900099		32,322.			32,322.	
<b>c</b> PROCESSING FEE REVENUE	900099		1,189.			1,189.	
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d			164,815.				
<b>12</b> Total revenue. See instructions			2,033,399.	0.	0.	180,888.	

**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	960,128.	960,128.		
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	192,245.	132,300.	24,749.	35,196.
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	276,724.	268,146.		8,578.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	28,953.	28,055.		898.
9 Other employee benefits	72,282.	70,041.		2,241.
10 Payroll taxes	44,059.	40,184.	638.	3,237.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	12,390.	7,194.	1,991.	3,205.
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	42,748.	4,109.	24.	38,615.
13 Office expenses	97,438.	36,099.	51,392.	9,947.
14 Information technology				
15 Royalties				
16 Occupancy	47,059.	32,677.	5,886.	8,496.
17 Travel	25,888.	22,331.	1,197.	2,360.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,698.	3,659.	593.	446.
20 Interest				
21 Payments to affiliates	23,345.	14,240.	3,689.	5,416.
22 Depreciation, depletion, and amortization	16,627.	9,502.	2,833.	4,292.
23 Insurance	4,360.	2,673.	685.	1,002.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a LIVING ALLOWANCE	284,658.	284,658.		
b BOARD DESIGNATE EXPENSE	104,259.	85,530.	4,667.	14,062.
c CIVIC ENGAGEMENT	10,396.	8,572.	698.	1,126.
d MISC	5,272.	3,216.	833.	1,223.
e PROCESSING FEES	4,753.	2,971.	735.	1,047.
f All other expenses	6,166.	6,166.		
25 Total functional expenses. Add lines 1 through 24f	2,264,448.	2,022,451.	100,610.	141,387.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). 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
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	35,511.	<b>1</b>	56,616.
	<b>2</b> Savings and temporary cash investments	2,096,161.	<b>2</b>	2,408,296.
	<b>3</b> Pledges and grants receivable, net	1,013,870.	<b>3</b>	833,724.
	<b>4</b> Accounts receivable, net		<b>4</b>	
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges	2,500.	<b>9</b>	2,500.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 790,561.		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 240,656.	<b>10c</b>	549,905.
	<b>11</b> Investments - publicly traded securities		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11	977,434.	<b>12</b>	405,323.
	<b>13</b> Investments - program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11	536,502.	<b>15</b>	667,806.
	<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	5,228,510.	<b>16</b>	4,924,170.
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	368,071.	<b>17</b>	294,780.
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> Other liabilities. Complete Part X of Schedule D		<b>25</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25	368,071.	<b>26</b>	294,780.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	4,357,624.	<b>27</b>	4,446,410.
	<b>28</b> Temporarily restricted net assets	502,815.	<b>28</b>	182,980.
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33</b> <b>Total net assets or fund balances</b>	4,860,439.	<b>33</b>	4,629,390.
	<b>34</b> <b>Total liabilities and net assets/fund balances</b>	5,228,510.	<b>34</b>	4,924,170.

Form 990 (2010)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,033,399.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,264,448.
3	Revenue less expenses. Subtract line 2 from line 1	3	-231,049.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,860,439.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	4,629,390.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII ☒

- 1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- 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.
- 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 separate basis, consolidated 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?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

Form 990 (2010)



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2016345.	2016345.	2011711.	2170043.	1852511.	10066955.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	2016345.	2016345.	2011711.	2170043.	1852511.	10066955.
<b>5</b> 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)						192,730.
<b>6 Public support.</b> Subtract line 5 from line 4						9874225.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>7</b> Amounts from line 4	2016345.	2016345.	2011711.	2170043.	1852511.	10066955.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	67,152.	115,308.	71,285.	26,923.	16,073.	296,741.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				4,600.	33,511.	38,111.
<b>11 Total support.</b> Add lines 7 through 10						10401807.
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	249,649.

**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**

<b>14</b> Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	94.93 %
<b>15</b> Public support percentage from 2009 Schedule A, Part II, line 14	<b>15</b>	93.71 %

**16a 33 1/3% support test - 2010.** 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 - 2009.** 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 - 2010.** 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 - 2009.** 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 ► ☐

Schedule A (Form 990 or 990-EZ) 2010



**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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2009 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2010.** 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 - 2009.** 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. Also complete this part for any additional information. (See instructions).

**SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:**

PROCESSING FEE REVENUE

BAD DEBT

**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

**2010**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF PORTER COUNTY INDIANA

Employer identification number

35-6006484

**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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) 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 (ASC 958) 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
1c	
1d	
1e	
1f	

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

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the 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	536,502.	481,147.	599,246.		
b Contributions		275.	825.		
c Net investment earnings, gains, and losses	139,374.	60,662.	-113,275.		
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	8,070.	5,582.	5,649.		
g End of year balance	667,806.	536,502.	481,147.		

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:

- (i) unrelated organizations  
 (ii) related organizations

	Yes	No
3a(i)	X	
3a(ii)		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 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	250,463.			250,463.
b Buildings	485,257.		191,245.	294,012.
c Leasehold improvements				
d Equipment	54,841.		49,411.	5,430.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c))				549,905.

Schedule D (Form 990) 2010

**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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) VARIOUS CDS	275,323.	END-OF-YEAR MARKET VALUE
(B) 5/3 MUNICIPAL BOND	130,000.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.)	405,323.	

**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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col (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
(1) ENDOWMENT FUNDS HELD @ PORTER COMMUNITY FOUNDATION	667,806.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.)	667,806.

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

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.)	

FIN 48 (ASC 740) 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 (ASC 740).

**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	2,033,399.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,264,448.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-231,049.
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	
9	Total adjustments (net). Add lines 4 through 8	9	0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-231,049.

**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	2,001,077.
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	0.
3	Subtract line 2e from line 1	3	2,001,077.
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	
b	Other (Describe in Part XIV.)	4b	32,322.
c	Add lines 4a and 4b	4c	32,322.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,033,399.

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

1	Total expenses and losses per audited financial statements	1	2,232,126.
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	0.
3	Subtract line 2e from line 1	3	2,232,126.
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	
b	Other (Describe in Part XIV.)	4b	32,322.
c	Add lines 4a and 4b	4c	32,322.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,264,448.

**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 V, LINE 4: THE ENDOWMENT WAS CREATED WHEN UNITED WAY OF PORTER**

**COUNTY TRANSFERRED FUNDS TO AN ENDOWMENT MANAGED BY PORTER COUNTY**

**COMMUNITY FOUNDATION AND WILL CONTINUE TO EXIST SO LONG AS ASSETS ARE**

**AVAILABLE IN THE FUND AND THE PURPOSES OF THE FUND CAN BE SERVED BY ITS**

**CONTINUATION. IF THE FUND IS TERMINATED, THE PORTER COUNTY COMMUNITY**

**FOUNDATION SHALL DEVOTE ANY REMAINING ASSETS FOR CHARITABLE OR OTHER**

**EXEMPT PURPOSES. THE PURPOSE OF THE ENDOWMENT IS TO PROVIDE SUPPORT TO**

**THE UNITED WAY OF PORTER COUNTY ENABLING THE ORGANIZATION TO CARRY OUT ITS**

**Part XIV** Supplemental Information (continued)

MISSION. THE PRINCIPAL OF THE ENDOWMENT IS RESTRICTED AND MAY NOT BE  
INVADED WITHOUT APPROVAL OF THE PORTER COUNTY COMMUNITY FOUNDATION.

## PART XII, LINE 4B - OTHER ADJUSTMENTS:

BAD DEBTS 32,322.

## PART XIII, LINE 4B - OTHER ADJUSTMENTS:

BAD DEBTS 32,322.

**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, line 21 or 22.  
▶ Attach to Form 990.

OMB No 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

**UNITED WAY OF PORTER COUNTY INDIANA**

Employer identification number  
**35-6006484**

**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. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any

**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. Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of 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 755W LINCOLNWAY VALPARAISO, IN 46385	35-1091894	501(C)(3)	32,500.	0.			ARMED FORCES SERVICES AND DISASTER SERVICES
BOY SCOUTS-LASALLE 1340 SOUTH BEND AVE SOUTH BEND, IN 46617	35-0867966	501(C)(3)	10,500.	0.			COMPREHENSIVE YOUTH DEVELOPMENT
BOYS & GIRLS CLUB OF PORTER COUNTY 354 W JEFFERSON STREET VALPARAISO, IN 46384	35-1724072	501(C)(3)	36,500.	0.			CHILD CARE LOW INCOME, JUVENILE DIVERSION & ADVOCACY AND YOUTH GUIDANCE & SOCIAL
CARING PLACE 3107 CASCADE DRIVE VALPARAISO, IN 46383	31-0944075	501(C)(3)	52,000.	0.			TEMPORARY RESIDENT CARE ABUSED, EMERGENCY CRISIS INTERVENTION AND RAPE RELIEF
DUNELAND FAMILY YMCA 215 ROOSEVELT STREET CHESTERTON, IN 46304	35-1404559	501(C)(3)	15,000.	0.			CHILD CARE LOW INCOME AND YOUTH GUIDANCE & SOCIAL DEVELOPMENT
FAMILY & YOUTH SERVICES BUREAU 253 W LINCOLNWAY VALPARAISO, IN 46383	35-1350178	501(C)(3)	62,000.	0.			FAMILY PRESERVE AND STRENGTHEN, COUSLING AND JUVENILE DIVERSION AND ADVOCACY

**2** Enter total number of section 501(c)(3) and government organizations **37.**

**3** Enter total number of other organizations **0.**

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2010)



Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)								Schedule I (Form 990)	
(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		
GABRIEL'S HORN 792 MCCOOL AVENUE VALPARAISO, IN 46385	32-0075800	501(C)(3)	8,841.	0.			EMERGENCY SHELTER CARE HOMELESS		
GIRL SCOUTS OF GREATER CHICAGO & NW INDIANA - 8699 BROADWAY - MERRILLVILLE, IN 46410	35-0888016	501(C)(3)	5,800.	0.			COMPREHENSIVE YOUTH DEVELOPMENT		
HEALTHLINE 454 SOUTH COLLEGE AVE VALPARAISO, IN 46383	35-2147791	501(C)(3)	20,000.	0.			MEDICAL CARE LOW INCOME		
HILLTOP NEIGHBORHOOD HOUSE 460 SOUTH COLLEGE AVE VALPARAISO, IN 46383	35-1971819	501(C)(3)	12,500.	0.			CHILD CARE LOW INCOME AND FOOD PANTRY		
MENTAL HEALTH ASSOCIATION 402 INDIANA AVE VALPARAISO, IN 46383	35-1855589	501(C)(3)	22,862.	0.			BRIDGING THE GAP		
MORaine HOUSE 353 W LINCOLNWAY VALPARAISO, IN 46383	35-1379793	501(C)(3)	12,500.	0.			SUBSTANCE ABUSE PREVENTION		
NORTHSHORE HEALTH CENTERS 6450 US HWY 6 PORTAGE, IN 46368	35-2028588	501(C)(3)	20,000.	0.			MEDICAL CARE LOW INCOME DAY SERVICES, EMPLOYMENT SERVICES DISABLED, REHABILITATION SERVICES, EARLY INTERVENTION &		
OPPORTUNITY ENTERPRISES 2801 EVANS AVENUE VALPARAISO, IN 46383	35-1136833	501(C)(3)	77,500.	0.					
PORTAGE TOWNSHIP YNCA 3100 WILLOWCREEK ROAD PORTAGE, IN 46368	35-1404478	501(C)(3)	17,149.	0.			CHILD CARE LOW INCOME		
LHA									

## Schedule I (Form 990) UNITED WAY OF PORTER COUNTY INDIANA

35-6006484

Page 1

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 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
PORTER COUNTY COMMUNITY SERVICES 1005 CAMPBELL STREET VALPARAISO, IN 46385	35-1296781	501(C)(3)	78,000.	0.			VOLUNTARY FOOD SERVICE, SPECIAL TRANSPORTATION SELECT GROUPS, EMERGENCY ASSISTANCE, SUPPORTIVE
PORTER COUNTY EDUCATION SERVICES 750 RAMSON ROAD VALPARAISO, IN 46385	35-6005292	501(C)(3)	13,000.	0.			SPECIAL EDUCATION DEVELOP DISABLED
PORTER COUNTY FAMILY COUNSELING SERVICES - 554 LOCUST STREET - VALPARAISO, IN 46383	35-1183498	501(C)(3)	49,750.	0.			COUNSELING
DEAF SERVICES 6 EAST 67TH AVENUE MERRILLVILLE, IN 46410	35-1433171	501(C)(3)	16,000.	0.			EMERGENCY CRISIS INTERVENTION
ST. AGNES ADULT DAY SERVICE CENTER 1859 WEST HARRISON BLVD VALPARAISO, IN 46383	35-7122888	501(C)(3)	6,000.	0.			DAY SERVICES FOR THE ELDERLY
THE SALVATION ARMY 799 CAPITAL ROAD VALPARAISO, IN 46385	13-5561351	501(C)(3)	12,000.	0.			EMERGENCY ASSISTANCE
VALPARAISO YMCA 55 CHICAGO STREET VALPARAISO, IN 46383	35-0876401	501(C)(3)	7,440.	0.			CHILD CARE LOW INCOME
VISITING NURSE ASSOCIATION 501 MARQUETTE STREET VALPARAISO, IN 46385	35-1174866	501(C)(3)	63,500.	0.			VOLUNTARY FOOD SERVICE, RESPIRE CARE, HOME HEALTH CARE, HOSPICE
ALICE'S HOUSE 606 BROWN STREET VALPARAISO, IN 46383	35-2115434	501(C)(3)	5,500.	0.			SUBSTANCE ABUSE PREVENTION
LHA							

Schedule I (Form 990)

Part II 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 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
HOUSING OPPORTUNITIES 954 EASTPORT CENTRE DR. STE A VALPARAISO, IN 46383	35-1965214	501(C)(3)	19,168.	0.			LOW INCOME HOUSING ASSISTANCE
NORTHWEST INDIANA COMMUNITY ACTION 5240 FOUNTAIN DR CROWN POINT, IN 46307	35-1112290	501(C)(3)	15,000.	0.			211
FAMILY HOUSE 610 GLENDALE BLVD VALPARAISO, IN 46383	35-1511473	501(C)(3)	12,000.	0.			FAMILY PRESERVATION AND STRENGTHEN
PORTAGE ADULT EDUCATION 5391 CENTRAL AVENUE PORTAGE, IN 46368	45-0697456	501(C)(3)	11,000.	0.			ADULT EDUCATION/ILLITERACY ELIMINATION
PORTER COUNTY ASSOCIATION FOR HANDICAPPED CHILDREN AND ADULTS - 1390 BRANDYWINE ROAD - CROWN POINT, IN 46307	23-7422242	501(C)(3)	7,500.	0.			HEALTH FINANCIAL AID
PORTER STARKE SERVICES 601 WALL STREET VALPARAISO, IN 46383	35-1330771	501(C)(3)	14,500.	0.			SUBSTANCE ABUSE PREVENTION, FAMILY PRESERVATION & STRENGTHENING

LHA

Schedule I (Form 990)

**Part II****Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of 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, PART I, LINE 2: COMMUNITY IMPACT: ORGANIZATIONS RECEIVING**

ALLOCATED FUNDING FROM UWPC UNDERGO INTENSIVE PRE-SCREENING BEFORE BEING

AWARDED FUNDING. SUCH SCREENING INCLUDES:

1. AN APPLICATION PROCESS THAT INCLUDES EXPLANATIONS OF THE PROPOSED USE

AND RESULTS FROM USE OF FUNDING

2. VOLUNTEERS REVIEW OF THE ORGANIZATION TO GAIN A LEVEL OF ASSURANCE THAT

THE ORGANIZATION FOLLOWS SOUND FISCAL POLICIES

3. VERIFICATION OF COMPLIANCE WITH THE PROVISIONS OF THE PATRIOT ACT

4. VERIFICATION OF CURRENT STATUS AS AN IRS CODE SECTION 501(C)3 NONPROFIT

**Part IV** Supplemental Information

## ORGANIZATION

5. ANNUAL AUDITS AND FORM 990- ARE PROVIDED TO UWPC

DONOR DESIGNATIONS: ORGANIZATIONS RECEIVING DONOR DESIGNATED CONTRIBUTIONS THROUGH UWPC UNDERGO SCREENING PRIOR TO THE DISTRIBUTION OF FUNDS. SUCH SCREENING INCLUDES:

1. VERIFICATION OF COMPLIANCE WITH THE PROVISIONS OF THE PATRIOT ACT
2. VERIFICATION OF CURRENT STATUS AS AN IRS CODE SECTION 501(C)3 NONPROFIT ORGANIZATION

## PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: BOYS & GIRLS CLUB OF PORTER COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: CHILD CARE LOW INCOME, JUVENILE DIVERSION & ADVOCACY AND YOUTH GUIDANCE & SOCIAL DEVELOPMENT

NAME OF ORGANIZATION OR GOVERNMENT: OPPORTUNITY ENTERPRISES

(H) PURPOSE OF GRANT OR ASSISTANCE: DAY SERVICES, EMPLOYMENT SERVICES DISABLED, REHABILITATION SERVICES, EARLY INTERVENTION & DEVELOPMENT AND GROUP HOME.

NAME OF ORGANIZATION OR GOVERNMENT: PORTER COUNTY COMMUNITY SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: VOLUNTARY FOOD SERVICE, SPECIAL TRANSPORTATION SELECT GROUPS, EMERGENCY ASSISTANCE, SUPPORTIVE ASSIST TO AGED.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2010**  
**Open to Public**  
**Inspection**

Name of the organization

UNITED WAY OF PORTER COUNTY INDIANA

Employer identification number

35-6006484

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OUTCOMES IN THREE SPECIFIC AREAS DETERMINED TO BE ESSENTIAL IN

IMPROVING PEOPLE'S LIVES AND STRENGTHENING OUR COMMUNITY:

1. EDUCATION - HELPING CHILDREN AND YOUTH ACHIEVE THEIR EDUCATIONAL  
SUCCESS

2. HEALTH - IMPROVING PHYSICAL AND MENTAL HEALTH AND WELL-BEING

3. INCOME - ACHIEVING FINANCIAL STABILITY AND INDEPENDENCE

FORM 990, PART VI, SECTION B, LINE 11: BEFORE IT IS FILED, FORM 990 IS  
PRESENTED TO THE GOVERNING BODY AND ALL MEMBERS OF THE FINANCE COMMITTEE.  
THE FINANCE COMMITTEE REVIEWS THE TAX FORM BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION HAS A CONFLICT OF  
INTEREST DISCLOSURE STATEMENT THAT MEMBERS OF THE ORGANIZATION MUST  
COMPLETE EACH YEAR. MEMBERS NEED TO DISCLOSE AND WITHDRAW FROM DISCUSSION  
AND VOTING ON POTENTIAL CONFLICTS.

FORM 990, PART VI, SECTION B, LINE 15: BUDGET & SALARIES OF ALL EMPLOYEES  
REVIEWED WITH 3 YEAR COMPARISON RECEIVED AND APPROVED BY THE FINANCE  
COMMITTEE ANNUALLY.

FORM 990, PART VI, SECTION C, LINE 19: INDIVIDUALS INTERESTED IN REVIEWING  
THE DOCUMENTS CONTACT THE PRESIDENT TO MEET AND REVIEW THE POLICIES.

THE TREASURER AND EXECUTIVE DIRECTOR REVIEW THE AUDITED FINANCIAL  
STATEMENTS AND OVERSEE THE SELECTION OF AN INDEPENDENT ACCOUNTANT, THIS

Name of the organization

UNITED WAY OF PORTER COUNTY INDIANA

Employer identification number

35-6006484

PROCESS HAS REMAINED THE SAME AS LAST YEAR.

## Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

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

- 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.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

**Part I 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

Type or print	Name of exempt organization	Employer identification number
	UNITED WAY OF PORTER COUNTY INDIANA	35-6006484
	Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 2028	
File by the due date for filing your return See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions. VALPARAISO, IN 46384-2028	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

KELLY D. COPPAGE

- The books are in the care of ► PO BOX 2028 - VALPARAISO, IN 46384

Telephone No. ►

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.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until  
**FEBRUARY 15, 2012**, to file the exempt organization return for the organization named above. The extension  
is for the organization's return for:

► ☐ calendar year \_\_\_\_\_ or

► ☒ tax year beginning **JUL 1, 2010**, and ending **JUN 30, 2011**

- 2 If the tax year entered in line 1 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, 990-T, 4720, or 6069, 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, 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.

LHA For Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2011)



- 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).

<b>Part II</b> <b>Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed).	
Type or print	Name of exempt organization
File by the extended due date for filing your return. See instructions.	Employer identification number
UNITED WAY OF PORTER COUNTY INDIANA	35-6006484
Number, street, and room or suite no. If a P.O. box, see instructions.	
PO BOX 2028	
City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
VALPARAISO, IN 46384-2028	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

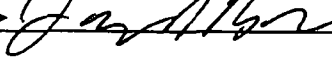
KELLY D. COPPAGE

- The books are in the care of **PO BOX 2028 - VALPARAISO, IN 46384**
- Telephone No.  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 **MAY 15, 2012**
- 5 For calendar year , or other tax year beginning **JUL 1, 2010**, and ending **JUN 30, 2011**
- 6 If the tax year entered in line 5 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 RESPECTFULLY REQUESTED TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE INCOME TAX RETURN**

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 <b>Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	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  Title **CPE** Date **2-14-12**

Form 8868 (Rev. 1-2011)