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Form 990

## Return of Organization Exempt From Income Tax

2011

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable

 Address change Name change Initial return Terminated Amended return Application pendingC Name of organization  
UNITED WAY OF MARSHALL COUNTY INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite  
PO BOX 392City or town, state or country, and ZIP + 4  
PLYMOUTH, IN 46563F Name and address of principal officer  
LINDA K YODER  
2701 N MICHIGAN ST  
PLYMOUTH, IN 46563D Employer identification number  
23-7220922E Telephone number  
(574) 936-3366

G Gross receipts \$ 461,578

H(a) Is this a group return for affiliates?  Yes  NoH(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)  501(c) ( ) (insert no)  4947(a)(1) or  527

J Website: WWW MARSHALLCOUNTYUW.ORG

K Form of organization  Corporation  Trust  Association  Other

L Year of formation 1960

M State of legal domicile IN

## Part I Summary

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

UNITED WAY OF MARSHALL COUNTY, INC SERVES AS A LINK BETWEEN DONORS AND THE COMMUNITY OF MARSHALL COUNTY, INDIANA THROUGH WHICH INDIVIDUALS AND ORGANIZATIONS MAY SHARE THEIR RESOURCES IN ORDER TO ENHANCE THE QUALITY OF LIFE UNITED WAY IS LOCALLY OWNED AND LOCALLY GOVERNED AND IS SUPPORTED PRIMARILY THROUGH DONOR CONTRIBUTIONS AND FUNDRAISING ACTIVITIES

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 21

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

4 21

5 Total number of individuals employed in calendar year 2011 (Part V, line 2a) . . . . .

5 16

6 Total number of volunteers (estimate if necessary) . . . . .

6 138

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

7a 0

b Net unrelated business taxable income from Form 990-T, line 34 . . . . .

7b 0

		Prior Year		Current Year	
		3	21	4	21
8	Contributions and grants (Part VIII, line 1h) . . . . .	483,605		434,385	
9	Program service revenue (Part VIII, line 2g) . . . . .	0		0	
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	-10,738		2,523	
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	23,663		7,439	
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	496,530		444,347	

		Prior Year		Current Year	
		351,081	330,529	0	0
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .	-10,738	2,523	69,829	33,659
14	Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	23,663	7,439	2,593	2,161
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	496,530	444,347		
16a	Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	351,081	330,529		
b	Total fundraising expenses (Part IX, column (D), line 25) 35,177	0	0		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . .	86,664	48,325		
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	510,167	414,674		
19	Revenue less expenses Subtract line 18 from line 12 . . . . .	-13,637	29,673		

		Beginning of Current Year		End of Year	
		465,960	485,322	43,705	43,215
20	Total assets (Part X, line 16) . . . . .	422,255	442,107		
21	Total liabilities (Part X, line 26) . . . . .				
22	Net assets or fund balances Subtract line 21 from line 20 . . . . .				

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	*****	2012-09-19
	Signature of officer	Date

LINDA K YODER EXECUTIVE DIRECTOR

Type or print name and title

Paid Preparer's Use Only	Preparer's signature	MARGENE L ZINK	Date	Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (see instructions) P01222961
	Firm's name (or yours if self-employed), address, and ZIP + 4	KRUGEL LAWTON & COMPANY LLC 317 W FRANKLIN ST ELKHART, IN 46516			EIN 35-1307701
					Phone no (574) 264-2247

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

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**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III **1** Briefly describe the organization's mission

TO INSPIRE OUR COMMUNITY TO INVEST ITS TIME, TALENTS AND TREASURES TO HELP OUR NEIGHBORS MEET THE MOST BASIC NEEDS OF EDUCATION, HEALTH, AND INCOME BY IGNITING THE CARING POWER OF THE HUMAN SPIRIT

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

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

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

If "Yes," describe these changes on Schedule O

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 \$ 320,239 including grants of \$ 320,239 ) (Revenue \$ 3,995 )

THE UNITED WAY OF MARSHALL COUNTY, INC CONDUCTS COUNTY-WIDE FUNDRAISING EFFORTS ANNUALLY TO SUPPORT OTHER LOCAL AGENCIES AND SERVICE PROVIDERS THAT ADDRESS HEALTH AND HUMAN SERVICES NEEDS IN MARSHALL COUNTY, INDIANA. THE ORGANIZATION IS DEDICATED TO PROVIDING FUNDS FOR CHARITABLE, EDUCATIONAL, CIVIC, AND PHILANTHROPIC PURPOSES. THE ORGANIZATION ALSO RECEIVED DONATED SERVICES OF \$52,281 FOR THE YEAR ENDED DECEMBER 31, 2011

**4b** (Code ) (Expenses \$ 7,257 including grants of \$ 4,800 ) (Revenue \$ )

THE UNITED WAY OF MARSHALL COUNTY, INC FORMED THE UNITED WAY FINANCIAL STABILITY COMMITTEE IN ORDER TO PROVIDE INITIATIVES TO DEVELOP, SUPPORT AND ADVANCE YEAR-ROUND EFFORTS THAT PROVIDE HARD-WORKING INDIVIDUALS AND FAMILIES WITH THE TOOLS, RESOURCES AND SUPPORT NEEDED TO BECOME MORE FINANCIALLY STABLE AND ECONOMICALLY INDEPENDENT. SPECIFICALLY, THE GRANT ADDRESSES THE UNITED WAY OF AMERICA'S INCOME GOAL OF HELPING FAMILIES BECOME FINANCIALLY STABLE AND INDEPENDENT BY PROVIDING FINANCIAL EDUCATION. SEE SCHEDULE O FOR TOP THREE PROGRAMS RELATED TO THIS PROGRAM ACTIVITY

**4c** (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )

THE UNITED WAY OF MARSHALL COUNTY, INC RECEIVED A GRANT TO PROVIDE FLEXIBLE FUNDING FOR THE PURPOSES OF ASSESSING AND EVALUATING THE FUNDING NEEDS IN MARSHALL COUNTY, INDIANA AS A RESULT OF THE 2008 FLOODS, TORNADOS, AND STORMS. THE FUNDING MAY BE USED FOR IMMEDIATE NEEDS AND FOR IDENTIFYING AND VALUING THE COUNTY'S FUTURE NEEDS AS A RESULT OF DISASTERS

(Code ) (Expenses \$ 28,904 including grants of \$ ) (Revenue \$ )

BALANCE SHOWN IN OTHER PROGRAM SERVICES EXPENSES REPRESENTS OTHER EXPENSES ALLOCATED TO PROGRAM SERVICES INCLUDED ON PART IX, STATEMENT OF FUNCTIONAL EXPENSES, COLUMN B, PROGRAM SERVICE EXPENSES

**4d** Other program services (Describe in Schedule O )

(Expenses \$ 28,904 including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses \$ 356,400

**Part IV Checklist of Required Schedules**

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, *Schedule of Contributors* (see instructions)?

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

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

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? If "Yes," complete Schedule C, Part III

6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I

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

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

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

10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V

11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII

b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I

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 U.S.? If "Yes," complete Schedule F, Part II and IV

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 U.S.? If "Yes," complete Schedule F, Part III and IV

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

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

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

20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements

	Yes	No
1	Yes	
2	Yes	
3		No
4		No
5		No
6		No
7		No
8		No
9		No
10	Yes	
11a	Yes	
11b		No
11c		No
11d		No
11e	Yes	
11f	Yes	
12a		No
12b		No
13		No
14a		No
14b		No
15		No
16		No
17		No
18	Yes	
19		No
20a		No
20b		

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

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	Yes	
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	No	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	No	
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a	No	
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	<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? If "Yes," complete Schedule L, Part I	25a	No	
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	No	
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	No	
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	No	
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)	28a	No	
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	No	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c	No	
c	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 owner? If "Yes," complete Schedule L, Part IV	29	No	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30	No	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	31	No	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	32	No	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	33	No	
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	34	No	
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	35a	No	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35b	No	
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)? If "Yes," complete Schedule R, Part V, line 2	36	No	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	37	No	
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	38	Yes	
38	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			

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check 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	1a	2
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	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?	1c	Yes
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	16
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes
<p><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
<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 or securities account)?	4a	No
<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?	5a	No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
<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?	6a	No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>	7a	Yes
<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?	7b	Yes
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	No
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	7e	No
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8	
<b>8</b>	<b>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?	9a	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>	9b	
<b>a</b>	Did the organization make any taxable distributions under section 4966?	10a	
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?	10b	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	11a	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	11b	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter	12a	
<b>a</b>	Gross income from members or shareholders	11a	
<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)	11b	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12b	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	13a	
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13b	
<b>b</b>	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13c	
<b>c</b>	Enter the aggregate amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 21	
b	Enter the number of voting members included in line 1a, above, who are independent	1b 21	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2 No	
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 No	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4 Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5 No	
6	Did the organization have members or stockholders?	6 No	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a No	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b No	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a Yes	
b	Each committee with authority to act on behalf of the governing body?	8b No	
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 No	

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

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

### 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 Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply  
 Own website  Another's website  Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization   
DEBORAH PFLEDDERER  
2701 N MICHIGAN ST  
PLYMOUTH, IN 46563  
(574) 936-3366

**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, and **current** key employees. 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, or 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 organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Or Director	Indi- vidual trustee	Institutional Trustee	Offi- cial	Key employ- ee	Highest compen- sated Employee	Former		
(1) BLACKBURN TOM DIRECTOR	2 50	X							0	0
(2) CULP DUANE DIRECTOR	2 50	X							0	0
(3) DREIBELBIS CHAD CAMPAIGN CHAIR	2 50	X							0	0
(4) FEATHERSTONE RICHARD DIRECTOR	2 50	X							0	0
(5) KELLERSTRASS CYNTHIA DIRECTOR	2 50	X							0	0
(6) MIKEL RUSS DIRECTOR	2 50	X							0	0
(7) PARSONS DIANN DIRECTOR	2 50	X							0	0
(8) RANA YAQOOB ANJUM DIRECTOR	2 50	X							0	0
(9) RIPLEY RYAN DIRECTOR	2 50	X							0	0
(10) RUIZ EDWARD R DIRECTOR	2 50	X							0	0
(11) WAGNER JIM DIRECTOR	2 50	X							0	0
(12) WILLHITE H LEE JR DIRECTOR	2 50	X							0	0
(13) OLIVER JESSICA ALLOCATION CHAIR	2 50	X							0	0
(14) ELLERT FRANCIS DIRECTOR	2 50	X							0	0
(15) OWEN MELISSA DIRECTOR	2 50	X							0	0
(16) MURASKO PAUL DIRECTOR	2 50	X							0	0
(17) COMPTON GREG DIRECTOR	2 50	X							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 (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(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			
(18) MORRIS-DODSON AMY DIRECTOR	2 50	X					0	0	0
(19) OLSON JILL DIRECTOR	2 50	X					0	0	0
(20) RASH CINDY DIRECTOR	2 50	X					0	0	0
(21) ZEGLIS JOHN DIRECTOR	2 50	X					0	0	0
(22) KREPS RICK PRESIDENT	2 50	X		X			0	0	0
(23) EBERLY CHRIS VICE-PRESIDENT, PRESIDENT	2 50	X		X			0	0	0
(24) FELDMAN MARK S TREASURER, DIRECTOR	2 50	X		X			0	0	0
(25) YODER LINDA K EXECUTIVE DIRECTOR	15 00			X			4,423	0	0
(26) MADDOX JENNIFER EXECUTIVE DIRECTOR	15 00			X			13,295	0	0
<b>1b Sub-Total . . . . .</b>									
<b>c Total from continuation sheets to Part VII, Section A . . . . .</b>									
<b>d Total (add lines 1b and 1c) . . . . .</b>							17,718	0	0

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►0

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .	3	No
<b>4</b> 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 . . . . .	4	No
<b>5</b> 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 . . . . .	5	No

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►0		

## Part VIII Statement of 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
<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>			
<b>b</b>	Membership dues . . . . .	<b>1b</b>			
<b>c</b>	Fundraising events . . . . .	<b>1c</b>	7,667		
<b>d</b>	Related organizations . . . . .	<b>1d</b>			
<b>e</b>	Government grants (contributions)	<b>1e</b>			
<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	426,718		
<b>g</b>	Noncash contributions included in lines 1a-1f \$	13,136			
<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		434,385		
Program Service Revenue		Business Code			
	<b>2a</b>				
	<b>b</b>				
	<b>c</b>				
	<b>d</b>				
	<b>e</b>				
	<b>f</b>	All other program service revenue			
<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . .				
<b>3</b>	Investment income (including dividends, interest and other similar amounts) . . . . .		7,167		7,167
<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . .				
<b>5</b>	Royalties . . . . .				
<b>6a</b>	Gross rents	(I) Real			
<b>b</b>	Less rental expenses	(II) Personal			
<b>c</b>	Rental income or (loss)				
<b>d</b>	Net rental income or (loss) . . . . .				
<b>7a</b>	Gross amount from sales of assets other than inventory	(I) Securities			
<b>b</b>	Less cost or other basis and sales expenses	4,644			
<b>c</b>	Gain or (loss)	-4,644			
<b>d</b>	Net gain or (loss) . . . . .		-4,644		-4,644
<b>8a</b>	Gross income from fundraising events (not including \$ 7,667 of contributions reported on line 1c) See Part IV, line 18 . . . . .				
<b>b</b>	Less direct expenses . . . . .	<b>b</b> 16,031			
<b>c</b>	Net income or (loss) from fundraising events . . . . .		3,444		3,444
<b>9a</b>	Gross income from gaming activities See Part IV, line 19 . . . . .				
<b>b</b>	Less direct expenses . . . . .	<b>b</b>			
<b>c</b>	Net income or (loss) from gaming activities . . . . .				
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .				
<b>b</b>	Less cost of goods sold . . . . .	<b>b</b>			
<b>c</b>	Net income or (loss) from sales of inventory . . . . .				
	Miscellaneous Revenue	Business Code			
<b>11a</b>	<b>SERVICE FEES</b>	561000	3,995	3,995	
<b>b</b>					
<b>c</b>					
<b>d</b>	All other revenue . . . . .				
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		3,995		
<b>12</b>	<b>Total revenue.</b> See Instructions . . . . .		444,347	3,995	0 5,967

**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)

Check if Schedule O contains a response to any question in this Part IX **Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the United States See Part IV, line 21	330,529	330,529		
<b>2</b> Grants and other assistance to individuals in the United States See Part IV, line 22				
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	18,573	6,191	6,191	6,191
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages	5,130	9,158	-15,611	11,583
<b>8</b> Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	3,737	436	2,650	651
<b>9</b> Other employee benefits . . . . .				
<b>10</b> Payroll taxes . . . . .	6,219	1,192	3,646	1,381
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .				
<b>c</b> Accounting . . . . .	10,000		10,000	
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising See Part IV, line 17 . . .	2,161			2,161
<b>f</b> Investment management fees . . . . .	5,362		5,362	
<b>g</b> Other . . . . .	1,915	1,915		
<b>12</b> Advertising and promotion . . . . .	177		177	
<b>13</b> Office expenses . . . . .	13,651	3,901	4,419	5,331
<b>14</b> Information technology . . . . .				
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .				
<b>17</b> Travel . . . . .	131	32	19	80
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	604	356	208	40
<b>20</b> Interest . . . . .				
<b>21</b> Payments to affiliates . . . . .	3,925	867	1,915	1,143
<b>22</b> Depreciation, depletion, and amortization . . . . .	2,768	770	999	999
<b>23</b> Insurance . . . . .	2,233	358	1,410	465
<b>24</b> 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 )				
<b>a</b> CAMPAIGN EXPENSE	4,794	151	203	4,440
<b>b</b> DUES AND SUBSCRIPTIONS	1,938	428	945	565
<b>c</b> EQUIPMENT REPAIRS	517	104	282	131
<b>d</b> MISCELLANEOUS	137		137	
<b>e</b>				
<b>f</b> All other expenses	173	12	145	16
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24f	414,674	356,400	23,097	35,177
<b>26</b> <b>Joint costs.</b> Check here <input type="checkbox"/> <input checked="" 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**

		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
Assets	1 Cash—non-interest-bearing	214,584	<b>1</b>	15,989
	2 Savings and temporary cash investments	513	<b>2</b>	228,191
	3 Pledges and grants receivable, net		<b>3</b>	
	4 Accounts receivable, net		<b>4</b>	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		<b>5</b>	
	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		<b>6</b>	
	7 Notes and loans receivable, net		<b>7</b>	
	8 Inventories for sale or use		<b>8</b>	
	9 Prepaid expenses and deferred charges		<b>9</b>	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	19,034	<b>10a</b>	
	b Less accumulated depreciation	14,097	<b>10b</b>	3,115 <b>10c</b> 4,937
	11 Investments—publicly traded securities	2,468	<b>11</b>	0
	12 Investments—other securities See Part IV, line 11	241,190	<b>12</b>	233,843
	13 Investments—program-related See Part IV, line 11		<b>13</b>	
	14 Intangible assets		<b>14</b>	
	15 Other assets See Part IV, line 11	4,090	<b>15</b>	2,362
	<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)	465,960	<b>16</b>	485,322
Liabilities	17 Accounts payable and accrued expenses		<b>17</b>	
	18 Grants payable		<b>18</b>	
	19 Deferred revenue		<b>19</b>	
	20 Tax-exempt bond liabilities		<b>20</b>	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		<b>21</b>	
	22 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>	
	23 Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	24 Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	43,705	<b>25</b>	43,215
	<b>26 Total liabilities.</b> Add lines 17 through 25	43,705	<b>26</b>	43,215
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets	379,118	<b>27</b>	392,027
	28 Temporarily restricted net assets	43,137	<b>28</b>	50,080
	29 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>			
	30 Capital stock or trust principal, or current funds		<b>30</b>	
	31 Paid-in or capital surplus, or land, building or equipment fund		<b>31</b>	
	32 Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	33 Total net assets or fund balances	422,255	<b>33</b>	442,107
	<b>34 Total liabilities and net assets/fund balances</b>	465,960	<b>34</b>	485,322

**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	444,347
2	Total expenses (must equal Part IX, column (A), line 25)	2	414,674
3	Revenue less expenses Subtract line 2 from line 1	3	29,673
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	422,255
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-9,821
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	442,107

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

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input checked="" type="checkbox"/> Other <u>Modified Cash</u> 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? <input type="checkbox"/>	2a	No
2b Were the organization's financial statements audited by an independent accountant? <input type="checkbox"/>	2b	Yes
2c If "Yes," to 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 <input type="checkbox"/>	2c	Yes
2d 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 <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated 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? <input type="checkbox"/>	3a	No
3b 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 <input type="checkbox"/>	3b	

2011

Open to Public  
Inspection**SCHEDULE A**  
(Form 990 or 990EZ)**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.

Department of the Treasury

Internal Revenue Service

Name of the organization

UNITED WAY OF MARSHALL COUNTY INC

Employer identification number

23-7220922

**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 **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

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 the supported organization?

(ii) a family member of a person described in (i) above?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

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

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

(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	
<b>Total</b>									

**Part II Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	477,203	502,935	437,794	509,450	434,384	2,361,766
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 <b>Total.</b> Add lines 1 through 3	477,203	502,935	437,794	509,450	434,384	2,361,766
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public Support.</b> Subtract line 5 from line 4						2,361,766

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	477,203	502,935	437,794	509,450	434,384	2,361,766
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	57,472	8,621	582	-10,738	7,167	63,104
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets			31,315	26,661	20,026	78,002
11 <b>Total support</b> (Add lines 7 through 10)						2,502,872
12 Gross receipts from related activities, etc (See instructions)					12	
13 <b>First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b>						►

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

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	94 360 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	94 340 %
16a <b>33 1/3% support test—2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		►
b <b>33 1/3% support test—2010.</b> If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		►
17a <b>10%-facts-and-circumstances test—2011.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		►
b <b>10%-facts-and-circumstances test—2010.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		►
18 <b>Private Foundation</b> 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 IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 <b>Total.</b> 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 <b>Public Support</b> (Subtract line 7c from line 6 )						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 <b>Total support</b> (Add lines 9, 10c, 11 and 12 )						
14 <b>First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b>						

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

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15
16 Public support percentage from 2010 Schedule A, Part III, line 15	16

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

17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18
19a <b>33 1/3% support tests—2011.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization	
b <b>33 1/3% support tests—2010.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization	
20 <b>Private Foundation</b> If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions	

**Part IV** **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

**Facts And Circumstances Test**

**Explanation**

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## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 23-7220922  
**Name:** UNITED WAY OF MARSHALL COUNTY INC

### Form 990, Special Condition Description:

#### Special Condition Description

### Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

#### 4d. Other program services

(Code ) (Expenses \$ 28,904 including grants of \$ ) (Revenue \$ )

BALANCE SHOWN IN OTHER PROGRAM SERVICES EXPENSES REPRESENTS OTHER EXPENSES ALLOCATED TO PROGRAM SERVICES INCLUDED ON PART IX, STATEMENT OF FUNCTIONAL EXPENSES, COLUMN B, PROGRAM SERVICE EXPENSES

**SCHEDULE D**  
(Form 990)**Supplemental Financial Statements****2011****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service

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

**Name of the organization**

UNITED WAY OF MARSHALL COUNTY INC

**Employer identification number**

23-7220922

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

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

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

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

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

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

Preservation of land for public use (e.g., recreation or pleasure)  Preservation of an historically importantly land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
2a	
2b	
2c	
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 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 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      d  Loan or exchange programs  
 b  Scholarly research      e  Other  
 c  Preservation for future generations

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	

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 . . . . .	29,273	26,186			
b Contributions . . . . .	3,604		25,000		
c Investment earnings or losses . . . . .	-778	3,294	1,466		
d Grants or scholarships . . . . .	1,163				
e Other expenditures for facilities and programs . . . . .	433	207	280		
g End of year balance . . . . .	30,503	29,273	26,186		

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

a Board designated or quasi-endowment ► 100 000 %

b Permanent endowment ►

c Term endowment ►

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

	Yes	No
3a(i) unrelated organizations . . . . .	Yes	
3a(ii) related organizations . . . . .		No

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 property	(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 . . . . .	19,034		14,097	4,937	
e Other . . . . .					
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ►				4,937	

**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) NON-PERMANENT FUND	203,339	F
(B) PERMANENT ENDOWMENT FUND	30,504	F

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	444,347
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	414,674
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	29,673
4	Net unrealized gains (losses) on investments	4	-6,316
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-3,505
9	Total adjustments (net) Add lines 4 - 8	9	-9,821
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	19,852

**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	390,908
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-6,316
b	Donated services and use of facilities	2b	29,305
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	12,587
e	Add lines 2a through 2d	2e	35,576
3	Subtract line 2e from line 1	3	355,332
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	433
b	Other (Describe in Part XIV)	4b	88,582
c	Add lines 4a and 4b	4c	89,015
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 )	5	444,347

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

1	Total expenses and losses per audited financial statements	1	371,056
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	29,305
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	12,587
e	Add lines 2a through 2d	2e	41,892
3	Subtract line 2e from line 1	3	329,164
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	433
b	Other (Describe in Part XIV)	4b	85,077
c	Add lines 4a and 4b	4c	85,510
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 )	5	414,674

**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, 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.

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE PURPOSE OF THE FUND IS TO PROVIDE SUPPORT TO THE UNITED WAY OF MARSHALL COUNTY AS DIRECTED BY THE BOARD OF DIRECTORS OF THE COMMUNITY FOUNDATION. SUCH SUPPORT SHALL BE USED TO FURTHER THE CHARITABLE OR OTHER EXEMPT PURPOSES OF THE DESIGNATED AGENCY AND SHALL BE CONSISTENT WITH THE MISSION AND PURPOSES OF THE COMMUNITY FOUNDATION.
		PART X, LINE 2. UNITED WAY OF MARSHALL COUNTY, INC. IS A NOT-FOR-PROFIT ORGANIZATION THAT IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND CLASSIFIED BY THE INTERNAL REVENUE SERVICE AS OTHER THAN A PRIVATE FOUNDATION. THE INCOME TAXES TOPIC OF THE FINANCIAL ACCOUNTING STANDARDS BOARD ACCOUNTING STANDARDS CODIFICATION (ASC) 740 CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED IN AN ENTERPRISE'S FINANCIAL STATEMENTS. ASC 740 REQUIRES AN ENTERPRISE TO DISCLOSE THE NATURE OF UNCERTAIN TAX POSITIONS TAKEN, IF ANY, WHEN FILING ITS INCOME TAX RETURN UTILIZING A TWO-STEP PROCESS TO RECOGNIZE AND MEASURE ANY UNCERTAIN TAX POSITIONS TAKEN. THE ENTITY RECOGNIZES A TAX BENEFIT ONLY IF IT IS MORE LIKELY THAN NOT THE POSITION WOULD BE SUSTAINED IN A TAX EXAMINATION, WITH A TAX EXAMINATION BEING PRESUMED TO OCCUR. NO TAX BENEFIT WILL BE RECORDED ON TAX POSITIONS NOT MEETING THE MORE LIKELY THAN NOT TEST. INTEREST AND PENALTIES ACCRUED OR INCURRED, IF ANY, AS A RESULT OF APPLYING ASC 740 WILL BE RECORDED TO INTEREST EXPENSE AND OTHER EXPENSE, RESPECTIVELY. BASED ON ITS EVALUATION, THE ORGANIZATION HAS CONCLUDED THAT THERE ARE NO UNCERTAIN TAX POSITIONS REQUIRING RECOGNITION IN ITS FINANCIAL STATEMENTS. THE ORGANIZATION'S EVALUATION WAS PERFORMED FOR ALL FEDERAL AND STATE TAX PERIODS STILL SUBJECT TO EXAMINATION. PART XII, LINE 2D FUNDRAISING EVENTS DIRECT EXPENSES INCLUDED IN PART VIII, PART XII, LINE 4B DONOR DESIGNATIONS. PART XIII, LINE 2D FUNDRAISING EVENTS DIRECT EXPENSES INCLUDED IN PART VIII, PART XIII, LINE 4B DONOR DESIGNATIONS.

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

## **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No 1545-0047

2011

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

► **Attach to Form 990 or Form 990-EZ.** ► **See separate instructions.**

F Attach to Form 990 or Form 990 EZ. F See separate instructions.

Name of the organization

## UNITED WAY OF MARSHALL COUNTY INC

**Employer identification number**

23-7220922

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17

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

- a**  Mail solicitations
- b**  Internet and e-mail solicitations
- c**  Phone solicitations
- d**  In-person solicitations
- e**  Solicitation of non-government grants
- f**  Solicitation of government grants
- g**  Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

Yes  No

**b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

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

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

		(a) Event #1 <u>THANK YOU AUCTION</u> (event type)	(b) Event #2 <u>50TH AUCTION</u> (event type)	(c) Other Events <u>0</u> (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts . . .	10,861	7,630		18,491
	2 Less Charitable contributions . . .	10,861	5,360		16,221
	3 Gross income (line 1 minus line 2) . . .		2,270		2,270
Direct Expenses	4 Cash prizes . . .				
	5 Non-cash prizes . . .				
	6 Rent/facility costs . . .	2,400	652		3,052
	7 Food and beverages . . .		755		755
	8 Entertainment . . .		4,500		4,500
	9 Other direct expenses . . .	2,024	2,256		4,280
	10 Direct expense summary Add lines 4 through 9 in column (d) . . . . .				(12,587)
	11 Net income summary Combine lines 3 and 10 in column (d) . . . . .				-10,317

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue . . .				
Direct Expenses	2 Cash prizes . . . .				
	3 Non-cash prizes . . . .				
	4 Rent/facility costs . . . .				
	5 Other direct expenses . . . .				
	6 Volunteer labor . . .	<input type="checkbox"/> Yes . . . <input type="checkbox"/> No	<input type="checkbox"/> Yes . . . <input type="checkbox"/> No	<input type="checkbox"/> Yes . . . <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d) . . . . .				( )
	8 Net gaming income summary Combine lines 1 and 7 in column (d) . . . . .				

9 Enter the state(s) in which the organization operates gaming activities \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states? . . . . .  Yes  No

b If "No," Explain \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .  Yes  No

b If "Yes," Explain \_\_\_\_\_

**11** Does the organization operate gaming activities with nonmembers?  Yes  No

**12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

**13** Indicate the percentage of gaming activity operated in

<b>13a</b>	
<b>13b</b>	

**14** Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ► DEBORAH PFLEDDERER

Address ► PO BOX 392  
PLYMOUTH, IN 46563

**15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No

**b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_

**c** If "Yes," enter name and address

Name ►

Address ►

**16** Gaming manager information

Name ►

Gaming manager compensation ► \$ \_\_\_\_\_

Description of services provided ►

Director/officer

Employee

Independent contractor

**17** Mandatory distributions

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No

**b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ \_\_\_\_\_

**Part IV** Complete this part to provide additional information for responses to questions on Schedule G (see instructions.)

Identifier

ReturnReference

Explanation

**Schedule I  
(Form 990)**

## **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

2011

## Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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Name of the organization

NAME OF THE ORGANIZATION  
**UNITED WAY OF MARSHALL COUNTY INC**

**Employer identification number**

23-7220922

## **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, line 1 (Form 990) if additional space is needed.

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
See Additional Data Table							

**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 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.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE UNITED WAY OF MARSHALL COUNTY, INC MONITORS THE USE OF GRANT FUNDS THROUGH THE ALLOCATION PROCESS AT THE END OF EACH YEAR, EACH FUNDED ORGANIZATION IS REQUIRED TO PROVIDE STATISTICAL INFORMATIONAL DATA REGARDING THE INDIVIDUALS SERVED AND THE PROGRAMS IMPLEMENTED PRIOR TO CONSIDERATION FOR CONTINUED FUNDING
		THE ORGANIZATION ALSO PROVIDED ASSISTANCE TO ORGANIZATIONS TOTALING LESS THAN \$5,000 IN AGGREGATE PER ORGANIZATION FOR THE YEAR THE COMBINED SUPPORT PROVIDED TO ALL THESE VARIOUS ORGANIZATIONS TOTALED \$48,124 FOR THE YEAR ENDED DECEMBER 31, 2011

**Software ID:**  
**Software Version:**  
**EIN:** 23-7220922  
**Name:** UNITED WAY OF MARSHALL COUNTY INC

## Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(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
ADULT BASIC EDUCATION701 BERKLEY STREET PLYMOUTH, IN 46563	35-1101903	115(C)(1)	5,000				PROVIDES FREE EDUCATION CLASSES TO PREPARE STUDENTS FOR THE GED DIPLOMA, EMPLOYMENT, POST SECONDARY EDUCATION, AND ENGLISH AS A SECOND LANGUAGE
AMERICAN RED CROSS215 W GARRO STREET PLYMOUTH, IN 46563	53-0196605	501(C)(3)	23,916				DISASTER ASSISTANCE, EDUCATION, PREPARATION, MITIGATION, BLOODMOBILES, BLOOD PRESSURE CHECKS
BOYS AND GIRLS CLUB OF MARSHALL COUNTY314 E JEFFERSON STREET PLYMOUTH, IN 46563	35-1955489	501(C)(3)	47,491				WORKS TO HELP YOUTH OF ALL BACKGROUNDS HAVE A SAFE PLACE TO GO AND TO HELP DEVELOP THE QUALITIES NEEDED TO BECOME RESPONSIBLE CITIZENS
CARE AND SHARE 125 E LAPORTE STREET PLYMOUTH, IN 46563	30-0271171	501(C)(3)	16,643				HELPING THOSE IN NEED OF EMERGENCY FOOD, SHELTER, UTILITIES, AND CLOTHING
COMMUNITY HOSPITAL OF BREMENPO BOX 8 1020 HIGH ROAD BREMEN, IN 46506	35-0835006	501(C)(3)	25,944				HOSTS HEALTH DEPT IMMUNIZATION CLINIC, WIC CLINIC, WOMEN'S CARE CENTER, COUNCIL ON AGING IN BREMEN
CULVER BOYS AND GIRLS CLUBPO BOX 44/401 SCHOOL STREET CULVER, IN 46511	35-2130065	501(C)(3)	18,873				AFTER SCHOOL PROGRAM IN CULVER PROVIDING A SAFE PLACE, HELP WITH HOMEWORK, AND A VARIETY OF ACTIVITIES
HEART AND HANDSPO BOX 51/308 E JEFFERSON STREET PLYMOUTH, IN 46563	35-2121713	501(C)(3)	30,493				SERVES THE NEEDS OF THE LIMITED TO NON-ENGLISH SPEAKING PEOPLE OF MARSHALL COUNTY
HEMINGER HOUSE PO BOX 44/401 SCHOOL STREET PLYMOUTH, IN 46563	26-0007189	501(C)(3)	11,805				PROVIDES PROTECTION AND RESPITE CARE TO VICTIMS OF SPOUSE/PARTNER ABUSE AND THEIR MINOR CHILDREN
MARSHALL COUNTY NEIGHBORHOOD CENTERGIFT OF WARMTHPO BOX 353/402 WEST GARRO STREET PLYMOUTH, IN 46563	35-1539175	501(C)(3)	26,874				PROVIDES SERVICES IN THE FORM OF CLOTHING, FURNITURE, APPLIANCES, UTILITY ASSISTANCE, AND A COMMUNITY FOOD PANTRY FOR ALL MARSHALL COUNTY RESIDENTS
MARSHALL COUNTY COUNCIL ON AGING 1305 W HARRISON STREET PLYMOUTH, IN 46563	35-1522711	501(C)(3)	17,068				PROVIDES A VARIETY OF SERVICES FOR SENIORS AND DISABLED OF MARSHALL COUNTY INCLUDING TRANSPORTATION, MEALS ON WHEELS, HOMEMAKER, AND THE MARSHALL COUNTY SENIOR CENTER
MARSHALL-STARKE DEVELOPMENT CENTER1901 PIDCO DRIVE PLYMOUTH, IN 46563	35-1118481	501(C)(3)	19,840				PROVIDES COMPREHENSIVE, REHABILITATIVE, EDUCATIONAL, AND VOCATIONAL SERVICES TO INDIVIDUALS WITH DISABILITIES WITHIN MARSHALL, STARKE, AND FULTON COUNTIES
ST JOSEPH HEALTH CENTER837 E CEDAR STREET SOUTH BEND, IN 46617	53-0196617	501(C)(3)	10,699				PROVIDES MEDICATION ASSISTANCE TO INDIVIDUALS THAT MEET FEDERAL POVERTY GUIDELINES, THAT HAVE NO OTHER MEANS TO OBTAIN IT
UNITED WAY OF ST JOSEPH COUNTY & 2113517 E JEFFERSON BOULEVARD SOUTH BEND, IN 46615	35-1063368	501(C)(3)	5,890				UNITED WAY SERVING ST JOSEPH COUNTY IN INDIANA BY PROVIDING THE BUILDING BLOCKS FOR A BETTER LIFE
WOMEN'S CARE CENTERPO BOX 703 PLYMOUTH, IN 46563	35-1609945	501(C)(3)	16,869				PROVIDES POSITIVE SUPPORT TO YOUNG WOMEN INCLUDING FREE PREGNANCY TESTING, ULTRASOUNDS, BABY SUPPLIES, PARENTING CLASSES, AND ABSTINENCE EDUCATION
PATHFINDER SERVICES INCPO BOX 1001 HUNTINGTON, IN 46750	35-1122311	501(C)(3)	5,000				TRANSITIONAL HOUSING PROGRAM THAT PROVIDES HOUSING AND SUPPORT FOR HOMELESS FAMILIES WITH DEPENDENT CHILDREN IN MARSHALL COUNTY

**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 to provide any additional information.  
► Attach to Form 990 or 990-EZ.

**2011****Open to Public  
Inspection**

Name of the organization

UNITED WAY OF MARSHALL COUNTY INC

**Employer identification number**

23-7220922

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 4	THE ORGANIZATION UPDATED IT'S BYLAWS AS OF MAY 18TH, 2011

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 8B	COMMITTEE MEETINGS ARE NOT DOCUMENTED AND WRITTEN MINUTES ARE NOT KEPT

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE ORGANIZATION OBTAINS THE 990 FROM THE PAID TAX PREPARER. THE EXECUTIVE DIRECTOR REVIEWS THE 990. IF THE EXECUTIVE DIRECTOR HAS COMMENTS, SHE GIVES THEM TO THE TAX PREPARER. AFTER CONSIDERATION AND REVISION (IF NECESSARY), THE 990 IS SENT TO THE TREASURER, WHO IS ALSO THE HEAD OF THE FINANCE COMMITTEE. IF THE TREASURER HAS ANY COMMENTS, THEY ARE DISCUSSED WITH THE EXECUTIVE DIRECTOR AND WITH THE TAX PREPARER. AFTER THE EXECUTIVE DIRECTOR, THE TREASURER, AND THE TAX PREPARER FINALIZE A DRAFT OF THE 990, THE DRAFT IS SENT VIA E-MAIL OR VIA UNITED STATES POSTAL SERVICE FOR THOSE MEMBERS WHO DO NOT HAVE EMAIL ACCOUNTS.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION MAINTAINS A WRITTEN CONFLICT OF INTEREST POLICY, WHICH IS AVAILABLE TO THE PUBLIC UPON REQUEST EMPLOYEES AND MEMBERS OF THE BOARD OF DIRECTORS ARE REQUIRED TO DISCLOSE CONFLICTS OF INTEREST ANNUALLY A MASTER LIST OF ALL CONFLICTS OF INTEREST PERTAINING TO THE BOARD OF DIRECTORS IS PROVIDED TO THE BOARD PRESIDENT ANNUALLY THE EXECUTIVE DIRECTOR AND ACCOUNTING MANAGER ARE RESPONSIBLE FOR MONITORING THE PROCESS AND MAKING SURE ALL NECESSARY DOCUMENTS HAVE BEEN RETRIEVED AND PROVIDED TO THE BOARD OF DIRECTORS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION IS DECIDED DURING INITIAL EMPLOYMENT OR AT THE TIME OF ANNUAL REVIEW. THE EXECUTIVE DIRECTOR IS EVALUATED ON GOALS THAT ARE SET AT THE BEGINNING OF THE YEAR, AND ON OVERALL PERFORMANCE. THE BOARD OF DIRECTORS RECEIVES EVALUATION FORMS SO THAT EVERYONE CAN GIVE INPUT. THE EVALUATION FORMS ARE GATHERED BY THE PERSONNEL COMMITTEE. THE PERSONNEL COMMITTEE ANALYZES THE EVALUATIONS AND MAKES A RECOMMENDATION TO THE BOARD OF DIRECTORS. THE BOARD THEN MEETS AND DISCUSSES THE RECOMMENDATION FOR THE COST OF LIVING INCREASE, UNTIL COMPENSATION IS AGREED UPON. THE PRESIDENT THEN MEETS WITH THE EXECUTIVE DIRECTOR AND GOES OVER THE EVALUATION AND COMPENSATION SET BY THE BOARD OF DIRECTORS.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST VIA EMAIL OR UNITED STATES POSTAL SERVICE

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -6,316 CHANGE IN DONOR DESIGNATED FUNDS -3,505 TOTAL TO FORM 990, PART XI, LINE 5 -9,821

Identifier	Return Reference	Explanation
METHOD OF ACCOUNTING	FORM 990, PAGE 12, PART XII, LINE 1	THE ORGANIZATION PREPARES FORM 990 ON THE MODIFIED CASH BASIS OF ACCOUNTING

Identifier	Return Reference	Explanation
AUDIT COMMITTEE EQUIVALENT (FINANCE COMMITTEE)	FORM 990, PART XII, LINE 2C	THE ORGANIZATION HAS A FINANCE COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT. THE FINANCE COMMITTEE IS RESPONSIBLE FOR SELECTION OF AN INDEPENDENT ACCOUNTANT. THE TREASURER OF THE BOARD IS THE HEAD OF THE FINANCE COMMITTEE.

Identifier	Return Reference	Explanation
TOP 3 PROGRAMS RELATED TO FINANCIAL STABILITY GRANT	FORM 990, PAGE 2, PART III, LINE 4B	THE TOP THREE PROGRAMS RELATED TO THE FINANCIAL STABILITY GRANT INCLUDE "WHERE DOES YOUR MONEY GO," "ECONOMICS FOR SUCCESS," AND "MONEY SMART WEEK" "WHERE DOES YOUR MONEY GO" IS AN EDUCATIONAL PROGRAM THAT PROVIDES AN INTRODUCTORY COURSE IN FINANCIAL STABILITY AND MONEY MANAGEMENT PARTICIPANTS ENGAGE IN HANDS-ON ACTIVITIES AND COMPLETE MONEY-MANAGEMENT WORKSHEETS IN FOUR 1 1/2 HOUR SESSIONS "ECONOMICS FOR SUCCESS" PROVIDES HANDS-ON EXPERIENCE, TOOLS FOR LEARNING AND UNDERSTANDING FINANCIAL LITERACY, EXERCISES FOR UP TO TWO GRADE LEVELS (UP TO 8TH GRADE) AND WORK READINESS WHILE IN THE CLASSROOM ENVIRONMENT "MONEY SMART WEEK" IS A SERIES OF FREE WORKSHOPS AND ACTIVITIES DESIGNED TO HELP CONSUMERS BETTER MANAGE THEIR PERSONAL FINANCES

Identifier	Return Reference	Explanation
FINANCIAL STATEMENT ACCOUNTING BASIS	FORM 990, PAGE 3, PART IV, LINE 12A	THE ORGANIZATION'S FINANCIAL STATEMENTS ARE MAINTAINED ON THE MODIFIED CASH BASIS, A BASIS OF ACCOUNTING OTHER THAN GENERALLY ACCEPTED ACCOUNTING PRINCIPLES. THE STATEMENTS ARE AUDITED BY AN INDEPENDENT ACCOUNTANT

Identifier	Return Reference	Explanation
OVERHEAD RATE CALCULATION	UWW IMPLEMENTATION STANDARDS FOR MEMBERSHIP REQUIREMENT "A" PAGE 3	CORE FORM, PART IX, LINE 25, COLUMN C(M&G EXP ) + COLUMN D(FUNDRAISING EXP )/ CORE FORM, PART VIII, LINE 12, COLUMN A(TOTAL REVENUE) = OVERHEAD RATE 2011 CALCULATION $(23,097+35,177)/444,347 = 13\ 11\%$ 2010 CALCULATION $(58,399+54,606)/496,530 = 22\ 76\%$

Form 4562

Depreciation and Amortization  
(Including Information on Listed Property)

OMB No 1545-0172

2011

Department of the Treasury  
Internal Revenue Service (99)

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

Attachment  
Sequence No 179Name(s) shown on return  
UNITED WAY OF MARSHALL COUNTY INCBusiness or activity to which this form relates  
FORM 990 PAGE 10Identifying number  
23-7220922**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1 Maximum amount (see instructions)	1	500,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost	
7 Listed property Enter the amount from line 29	7			
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8			
9 Tentative deduction Enter the <b>smaller</b> of line 5 or line 8	9			
10 Carryover of disallowed deduction from line 13 of your 2010 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 2012 Add lines 9 and 10, less line 11 ►	13			

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

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	2,768

**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 2011	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ►		

**Section B—Assets Placed in Service During 2011 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
i Nonresidential real property			27 5 yrs	MM	S/L	
			39 yrs	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System**

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

**Part IV Summary (see instructions)**

21 Listed property Enter amount from line 28	21	
22 Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	2,768
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**Part V**

**Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

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

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

**24a** Do you have evidence to support the business/investment use claimed?  Yes  No **24b** If "Yes," is the evidence written?  Yes  No

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

**25** Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) **25**

	%							
	%							
	%							

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

	%							
	%							
	%							

**27** Property used 50% or less in a qualified business use

	%				S/L -			
	%				S/L -			
	%				S/L -			

**28** Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 **28**

**29** Add amounts in column (i), line 26 Enter here and on line 7, page 1 **29**

**Section B—Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

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

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

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

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

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

<b>Part VI</b>	<b>Amortization</b>					
<b>(a)</b> Description of costs	<b>(b)</b> Date amortization begins	<b>(c)</b> Amortizable amount	<b>(d)</b> Code section	<b>(e)</b> Amortization period or percentage	<b>(f)</b> Amortization for this year	
<b>42</b> Amortization of costs that begins during your 2011 tax year (see instructions)						

**43** Amortization of costs that began before your 2011 tax year **43**

**44** Total. Add amounts in column (f) See the instructions for where to report **44**