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Form **990**

OMB No 1545-0047

Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)**2011**Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning		, 2011, and ending	
B Check if applicable. <input checked="" type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF GREATER LAPORTE COUNTY		D Employer Identification Number 35-0782893
	Doing Business As		E Telephone number (219) 210-3534
	Number and street (or P O box if mail is not delivered to street addr) Room/suite 115 E 4TH ST		G Gross receipts \$1,141,581.
	City, town or country State ZIP code + 4 MICHIGAN CITY IN 46360		
	F Name and address of principal officer KRIS PATE 115 E 4TH ST MICHIGAN CITY IN 46360		
I Tax exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ N/A			
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of Formation 1995	M State of legal domicile IN

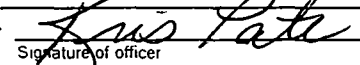
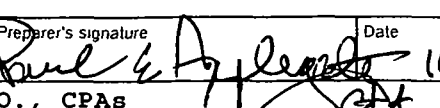
Part I Summary

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

Revenue	2 Check this box <input type="checkbox"/> 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 18	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 18	
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5 4	
	6 Total number of volunteers (estimate if necessary)	6 85	
	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.	
	Expenses	8 Contributions and grants (Part VIII, line 1h)	Prior Year 915,972. Current Year 1,123,702.
		9 Program service revenue (Part VIII, line 2g)	
		10 Investment income (Part VIII, column (A), lines 3-4, and 7d)	1,288. 820.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		14,524. 10,123.	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		931,784. 1,134,645.	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		577,589. 585,162.	
14 Benefits paid to or for members (Part IX, column (A), line 4)			
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		159,814. 153,053.	
16a Professional fundraising fees (Part IX, column (A), line 11e)			
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.			
Net Assets or Fund Balances	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	286,069. 251,591.	
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,023,472. 989,806.	
	19 Revenue less expenses Subtract line 18 from line 12	-91,688. 144,839.	
	20 Total assets (Part X, line 16)	Beginning of Current Year 721,826. End of Year 865,838.	
	21 Total liabilities (Part X, line 26)	251,203. 250,376.	
	22 Net assets or fund balances Subtract line 21 from line 20	470,623. 615,462.	

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		Date 11-13-12	
	Signature of officer		
Paid Preparer Use Only	KRIS PATE		
	Type or print name and title		
	Print/Type preparer's name PAUL E. APPLGATE, CPA	Preparer's signature 	Date 11-12-12
	Firm's name ▶ APPLGATE & CO., CPAs	Check <input checked="" type="checkbox"/> if self-employed PTIN P00212518	
	Firm's address ▶ 1421 S. WOODLAND AVE.	Firm's EIN ▶ 3	
	MICHIGAN CITY IN 46360	Phone no (219) 871-7880	

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

☒ Yes ☐ No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

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Form 990 (2011)

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SCANNED DEC 14 2012

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

1 Briefly describe the organization's mission

TO COLLECT AND REDISTRIBUTE DONATIONS2 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 \$ 693,670. including grants of \$ 395,213.) (Revenue \$ 720,775.)UNITED WAY OF GREATER LAPORTE COUNTY ADMINISTERS AN ANNUAL FUNDRAISING
CAMPAIGN IN LAPORTE COUNTY, INDIANA AND USES THOSE FUNDS TO SUPPORT
A VARIETY OF HUMAN SERVICE PROGRAMS IN LAPORTE COUNTY. (SEE ATTACHED)4b (Code) (Expenses \$ 189,949. including grants of \$ 189,949.) (Revenue \$ 189,949.)DESIGNATIONS TO VARIOUS NOT FOR PROFIT AGENCIES (SEE ATTACHED)

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

4d Other program services (Describe in Schedule O)

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

4e Total program service expenses ▶ 883,619.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	X	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	X	
b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII		X
c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX		X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	X	
20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H		X
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV- Checklist of Required Schedules (continued)

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

BAA

Form 990 (2011)

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

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		X	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	4		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			X
b If 'Yes,' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			X
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			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?			X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			X
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?			
b Did the organization make a distribution to a donor, donor advisor, or related person?			
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?			
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?			X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O			

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response to any question in this Part VI ☒**Section A. Governing Body and Management**

- 1 a** Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.
- 1 b** Enter the number of voting members included in line 1a, above, who are independent
- 2** Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?
- 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?
- 4** Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?
- 5** Did the organization become aware during the year of a significant diversion of the organization's assets?
- 6** Did the organization have members or stockholders?
- 7 a** 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?
- b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?
- 8** Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:
- a** The governing body?
- b** Each committee with authority to act on behalf of the governing body?
- 9** Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O

	Yes	No
1 a		
1 b		
2		X
3		X
4		X
5		X
6		X
7 a		X
7 b		X
8 a	X	
8 b	X	
9		X

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

- 10 a** Did the organization have local chapters, branches, or affiliates?
- 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?
- 11 a** Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?
- b** Describe in Schedule O the process, if any, used by the organization to review this Form 990
- 12 a** Did the organization have a written conflict of interest policy? If 'No,' go to line 13
- b** Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?
- c** Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done
- 13** Did the organization have a written whistleblower policy?
- 14** Did the organization have a written document retention and destruction policy?
- 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
- b** Other officers of key employees of the organization
- If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)
- 16 a** Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?
- 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 taken steps to safeguard the organization's exempt status with respect to such arrangements?

	Yes	No
10 a		X
10 b		
11 a	X	
12 a	X	
12 b	X	
12 c	X	
13		X
14		X
15 a	X	
15 b	X	
16 a		X
16 b		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **► Indiana**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
- ☐ Own website ☐ Another's website ☒ Upon request
- 19** Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization
- MARLETTE BERNACCHI 115 E 4TH ST MICHIGAN CITY IN 46360 (219) 210-3534**

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (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	Former			
(1) <u>WILLIAM HANNA</u> Executive Director	40.00			X		X	X	76,051.	0.	7,913.
(2) <u>FRED MCNULTY</u> Chairman	2.00	X		X				0.	0.	0.
(3) <u>Andy Neal</u> Vice-Chairman	2.00	X		X				0.	0.	0.
(4) <u>TIM BIETRY</u> Member	2.00	X						0.	0.	0.
(5) <u>Ted Bogich</u> VICE CHAIRMAN	2.00	X		X				0.	0.	0.
(6) <u>SANDY GLEIM</u> SECRETARY	2.00	X		X				0.	0.	0.
(7) <u>Amarnath Agarwal</u> MEMBER	2.00	X						0.	0.	0.
(8) <u>HENRY BROOKS</u> MEMBER	2.00	X						0.	0.	0.
(9) <u>DR. JAMES CALLAGHAN</u> MEMBER	2.00	X						0.	0.	0.
(10) <u>Laura Carpenter</u> Member	2.00	X		X				0.	0.	0.
(11) <u>ALEXIS PONTIUS-JONES</u> MEMBER	2.00	X						0.	0.	0.
(12) <u>John Christy</u> Member	2.00	X		X				0.	0.	0.
(13) <u>Dan Dobbins</u> MEMBER	2.00	X						0.	0.	0.
(14) <u>SHARON WRIGHT</u> MEMBER	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch 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	Former			
(15) Dr. Karen Schmid MEMBER	2.00	X						0.	0.	0.
(16) JIM STEMLER MEMBER	2.00	X						0.	0.	0.
(17) G. THOR THORDARSON MEMBER	2.00	X						0.	0.	0.
(18) Bill Hackney Member	2.00	X						0.	0.	0.
(19) James Thorne Member	2.00	X						0.	0.	0.
(20) Marlette Bernacchi Admin. Assistant	40.00	X			X			35,520.	0.	3,272.
(21) David Sisk Manger of Community Engagement	40.00	X			X			27,483.	0.	1,899.
(22) _____										
(23) _____										
(24) _____										
(25) _____										
1 b Sub-total								139,054.	0.	13,084.
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								139,054.	0.	13,084.

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 **▶**

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual

	Yes	No
3	X	
4		X
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes,' complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **▶**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c	185,258.			
	d Related organizations	1 d	27,720.			
	e Government grants (contributions)	1 e				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f	910,724.			
	g Noncash contributions included in lns 1a-1f		\$ 28,910.			
h Total. Add lines 1a-1f			1,123,702.			
PROGRAM SERVICE REVENUE	Business Code					
	2 a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
g Total. Add lines 2a-2f						
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		820.	0.	0.	820.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory					
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ 185,258. of contributions reported on line 1c) See Part IV, line 18					
	b Less direct expenses					
	c Net income or (loss) from fundraising events					
	9 a Gross income from gaming activities. See Part IV, line 19		17,059.			
	b Less direct expenses		6,936.			
	c Net income or (loss) from gaming activities		10,123.	10,123.	0.	0.
	10 a Gross sales of inventory, less returns and allowances					
	b Less cost of goods sold					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11 a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
12 Total revenue. See instructions			1,134,645.	10,123.	0.	820.

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
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	585,162.	585,162.		
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	59,002.	29,501.	29,501.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	61,720.	30,860.	30,860.	0.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	21,465.	10,732.	10,733.	0.
10 Payroll taxes	10,866.	5,433.	5,433.	0.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	14,720.	14,720.	0.	0.
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	25,118.	18,838.	6,280.	0.
12 Advertising and promotion	2,892.	2,892.	0.	0.
13 Office expenses	84,173.	79,670.	4,503.	0.
14 Information technology				
15 Royalties				
16 Occupancy	13,882.	10,411.	3,471.	0.
17 Travel	4,136.	4,136.	0.	0.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,997.	4,997.	0.	0.
20 Interest				
21 Payments to affiliates	4,335.	4,335.	0.	0.
22 Depreciation, depletion, and amortization	3,071.	0.	3,071.	0.
23 Insurance	1,896.	0.	1,896.	0.
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <u>211 Service</u>	31,630.	31,630.	0.	0.
b <u>Success By 6</u>	31,435.	31,435.	0.	0.
c <u>Bank Fees</u>	3,655.	0.	3,655.	0.
d <u>PRINTING</u>	2,114.	2,114.	0.	0.
e All other expenses	23,537.	16,753.	6,784.	0.
25 Total functional expenses Add lines 1 through 24e	989,806.	883,619.	106,187.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash — non-interest-bearing	329,692.	1	406,360.
	2 Savings and temporary cash investments	1,399.	2	1,406.
	3 Pledges and grants receivable, net	378,190.	3	444,337.
	4 Accounts receivable, net		4	0.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	3,687.	9	7,948.
	10a Land, buildings, and equipment — cost or other basis. Complete Part VI of Schedule D	10a 22,143.		
	b Less: accumulated depreciation	10b 16,356.	8,858.	10c 5,787.
	11 Investments — publicly traded securities		11	
	12 Investments — other securities. See Part IV, line 11		12	
	13 Investments — program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)		721,826.	16	865,838.
LIABILITIES	17 Accounts payable and accrued expenses	15,243.	17	30,411.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	235,960.	21	219,965.
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	0.	25	0.
	26 Total liabilities. Add lines 17 through 25		251,203.	26
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.			
	27 Unrestricted net assets	251,390.	27	353,831.
	28 Temporarily restricted net assets	218,033.	28	260,431.
	29 Permanently restricted net assets	1,200.	29	1,200.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	470,623.	33	615,462.
	34 Total liabilities and net assets/fund balances	721,826.	34	865,838.

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Form 990 (2011)

Part XI Reconciliation of Net AssetsCheck 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	1,134,645.
2	Total expenses (must equal Part IX, column (A), line 25)	2	989,806.
3	Revenue less expenses. Subtract line 2 from line 1	3	144,839.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	470,623.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
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	615,462.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐

- 1 Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

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Form 990 (2011)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization

UNITED WAY OF GREATER LAPORTE COUNTY

Employer identification number

35-0782893

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

The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 ☐ A hospital or 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 carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a ☐ Type I
 - b ☐ Type II
 - c ☐ Type III — Functionally integrated
 - d ☒ Type III — Other
- e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**.
- f ☐ If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box.
- g ☐ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A) SEE ATTACHED III-4a	VARIOUS	501 C 3		X	X		X		395,213.
(B) SEE ATTACHED III-4b	VARIOUS	501 C 3		X	X		X		189,949.
(C)									
(D)									
(E)									
Total									585,162.

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	%
16a 33-1/3% support test – 2011. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 33-1/3% support test – 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a 10%-facts-and-circumstances test – 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b 10%-facts-and-circumstances test – 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>		

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Schedule A (Form 990 or 990-EZ) 2011

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal yr 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 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr 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 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

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 33-1/3% support tests – 2011. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ▶ ☐

b 33-1/3% support tests – 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. ▶ ☐

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

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

**SCHEDULE D
(Form 990)**Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Financial Statements

▶ Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545 0047

2011**Open to Public
Inspection**

Employer identification number

UNITED WAY OF GREATER LAPORTE COUNTY**35-0782893****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

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

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

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

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

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1 a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☒ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table

	Amount
c Beginning balance	1c 235,960.
d Additions during the year	1d -15,995.
e Distributions during the year	1e 189,949.
f Ending balance	1f 30,016.

2 a 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
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ▶ _____ %
 b Permanent endowment ▶ _____ %
 c Temporarily restricted endowment ▶ _____ %
 The percentages in lines 2a, 2b, and 2c should equal 100%

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

- (i) unrelated organizations
 (ii) related organizations

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		
3a(ii)		
3b		

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
1 a Land				
b Buildings				
c Leasehold improvements				
d Equipment		22,143.	16,356.	5,787.
e Other				

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ▶ 5,787.

BAA

Schedule D (Form 990) 2011

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) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
(I) _____		
Total (Column (b) must equal Form 990 Part X, column (B) line 12)		

Part VIII Investments – Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total (Column (b) must equal Form 990, Part X, column (B) line 13)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total (Column (b) must equal Form 990, Part X, column (B), line 15)	

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Liability for uncertain tax positions under FIN 48	0.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total (Column (b) must equal Form 990, Part X, column (B) line 25)	0.

2 FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1,134,645.
2	Total expenses (Form 990, Part IX, column (A), line 25)	989,806.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	144,839.
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net). Add lines 4 through 8	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	144,839.

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	1,134,645.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,134,645.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,134,645.

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

1	Total expenses and losses per audited financial statements	1	989,806.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	989,806.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	989,806.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

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

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

Pt X SEE ATTACHED

Part XIV Supplemental Information *(continued)*

Area with horizontal dashed lines for supplemental information.

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.

2011

Open to Public Inspection

Employer identification number

|35-0782893

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|---|--|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |

- 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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

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

[illegible]

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

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

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming
					(add column (a) through column (c))
REVENUE	1 Gross revenue			17,059.	17,059.
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes			6,936.	6,936.
	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)				6,936.
	8 Net gaming income summary Combine lines 1, column (d) and line 7				10,123.

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

a Is the organization licensed to operate gaming activities in each of these states?

☒ Yes ☐ No

b If 'No,' explain _____

10 a 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

a The organization's facility

13a %

b An outside facility

13b %

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

Name ▶ _____

Address ▶ _____

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue? ☐ 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 of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information

Name ▶ _____

Gaming manager compensation ▶ \$_____

Description of services provided ▶ _____

☐ Director/officer

☐ Employee

☐ Independent contractor

17 Mandatory distributions

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

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

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE I
(Form 990)

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

OMB No 1545-0047

2011

Open to Public
Inspection

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 21 or 22.
▶ Attach to Form 990.

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF GREATER LAPORTE COUNTY

Part I General Information on Grants and Assistance

Employer identification number

35-0782893

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.

Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) ----- SEE ATTACHED	VARIOUS	501 C (3)	395,213.				OPERATIONS
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							
(8) -----							

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

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

23

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

TEEA3901 06/01/11

Schedule I (Form 990) (2011)

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

- Complete if the organization answered 'Yes' to Form 990, Part IV, line 23.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization

Employer identification number

UNITED WAY OF GREATER LAPORTE COUNTY

35-0782893

Part I Questions Regarding Compensation

1 a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of

a The organization?

b Any related organization?

If 'Yes' to line 5a or 5b, describe in Part III

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

a The organization?

b Any related organization?

If 'Yes' to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If 'Yes,' describe in Part III

9 If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2011

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable columns (D) and (E) amounts for that individual.

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
	(i) Base compensation	(ii) Bonus and incentive compensation	(iii) Other reportable compensation				
1 WILLIAM HANNA	76,051.	0.	0.	0.	0.	76,051.	0.
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, for Part II. Also complete this part for any additional information.

Area with horizontal dashed lines for supplemental information.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF GREATER LAPORTE COUNTY

Employer identification number

35-0782893

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

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

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

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

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
Total				▶ \$						

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2011

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No 1545-0047

2011

Open To Public
Inspection

Name of the organization

UNITED WAY OF GREATER LAPORTE COUNTY

Employer identification number

35-0782893

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art – Works of art				
2 Art – Historical treasures				
3 Art – Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities – Publicly traded				
10 Securities – Closely held stock				
11 Securities – Partnership, LLC, or trust interests				
12 Securities – Miscellaneous				
13 Qualified conservation contribution – Historic structures				
14 Qualified conservation contribution – Other				
15 Real estate – Residential				
16 Real estate – Commercial				
17 Real estate – Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► ()				
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If 'Yes,' describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

b If 'Yes,' describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

	Yes	No
30a		X
31		X
32a		X
33		

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

Schedule M (Form 990) 2011

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization

UNITED WAY OF GREATER LAPORTE COUNTY

Employer identification number

35-0782893

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

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

Pt VI, Line 15 Board approves compensation

Pt VI, Line 19 Upon request

Form **4562**Department of the Treasury
Internal Revenue Service (99)**Depreciation and Amortization**
(Including Information on Listed Property)

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

OMB No 1545-0172

2011Attachment
Sequence No **179**

Name(s) shown on return

UNITED WAY OF GREATER LAPORTE COUNTY

Identifying number

35-0782893

Business or activity to which this form relates

Form 990 / Form 990EZ**Part I Election To Expense Certain Property Under Section 179**

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

1	Maximum amount (see 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 smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2010 Form 4562	10	0.
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	500,000.
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	0.
13	Carryover of disallowed deduction to 2012 Add lines 9 and 10, less line 12	13	

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

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	3,071.

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 <input type="checkbox"/>		

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	

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	3,071.
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	

BAA For Paperwork Reduction Act Notice, see separate instructions.

FD120812 05/20/11

Form 4562 (2011)

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										
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28			
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29			

Section B – Information on Use of Vehicles

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

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

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

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

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

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

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 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

Supporting Statement of:

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

Description	Amount
DESIGNATIONS AND ALLOCATIONS PAYABLE	235,960.
Total	<u>235,960.</u>

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990, Page 10, Line 24e All Other Expenses (continued)

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
EQUIPMENT RENT	3,596.	1,798.	1,798.	0.
AWARDS AND SPECIAL EVENTS	6,677.	6,500.	177.	0.
MISCELLANEOUS	4,809.	0.	4,809.	0.
DUES AND SUBSCRIPTIONS	8,455.	8,455.	0.	0.

THE UNITED WAY OF GREATER LAPORTE COUNTY

#35-0782893

Form 990, Schedule D, page 3, Part X #2

INCOME TAXES – The United Way of Greater Laporte County is exempt from tax on income under Section 501(c)(3) of the Internal Revenue code and similar code sections for the State of Indiana. Therefore, these statements do not include any provision for income taxes.

The Financial Accounting Standards Board (FASB) issued Accounting Standards Codification “Accounting for Uncertainty in Income Taxes,” that clarifies the accounting and recognition for income tax positions taken or expected to be taken in The United Way of Greater Laporte County’s income tax returns. The revised effective date for the Standard is years beginning after December 15, 2008; therefore, The United Way of Greater Laporte County has adopted the Standard. The United Way of Greater Laporte County evaluates all significant tax positions as required by generally accepted accounting principles in the United States. As of December 31, 2011, the United Way of Greater Laporte County does not believe that it has taken any tax positions that would require the recording of any tax liability nor does it believe that there are any unrealized tax benefits that would either increase or decrease within the next twelve months. The United Way of Greater Laporte County’s income tax returns are subject to examination by the appropriate taxing jurisdictions and the open tax years are 2008-2011.

UNITED WAY OF GREATER LAPORTE COUNTY

#35-0782893

SCHEDULES OF AGENCY ALLOCATIONS

For the years ended December 31, 2011 and 2010

Addendum to Schedule A, Part I, Line 11(h)
Schedule I, Part II

	<u>2011</u>	<u>2010</u>
LaPorte Family YMCA	\$ 20,175	\$ 15,800
Red Cross - LaPorte County	50,000	32,500
Adolescent Health Center	10,000	10,000
Salvation Army - Michigan City	49,000	31,780
Salvation Army - LaPorte		10,000
Girl Scouts	7,500	4,500
Boy Scouts	10,200	6,800
Catholic Family & Community Services of LaPorte County		12,250
Barker Woods Enrichment Center	35,000	32,446
Stepping Stone Shelter	30,000	25,500
Meals-on-Wheels - Michigan City	20,000	16,500
Meals-on-Wheels - LaPorte	12,000	11,500
Youth Service Bureau - Big Brothers/ Big Sisters of LaPorte County	21,896	20,375
Michiana Resources	27,157	21,500
R.S.V.P.	9,000	8,000
Parents and Friends	10,485	9,460
Dunebrook - Prevent Child Abuse of LaPorte County	25,000	21,075
Child Care Consortium	12,600	12,600
READ LaPorte County	2,000	2,000
Michigan City Area Schools GAF	18,200	35,742
Citizens Concerned for the Homeless	15,000	12,750
Harmony House of LaPorte County/C.A.S.A.	10,000	8,000
Boys and Girls Club - Michigan City		4,388
Total allocations	<u>\$395,213</u>	<u>\$365,466</u>

2010

	Jan-11 1	Mar-11 2	Jun-11 3	Sep-11 4	Dec-11 5
Reconciliation to DC Sum Mgmt Report					
Total for Service Categories	348,949.81	599,844.92	614,725.15	617,808.17	647,497.18
Allocable Amt from Non-Structure Checkoff	1,690.00	1,690.00	1,690.00	1,690.00	1,690.00
Grand Total from Below	93,574.66	153,848.16	190,675.66	190,459.34	189,949.34
	444,214.47	755,383.08	807,090.81	809,957.51	839,136.52
Non-Affiliated-LaPorte Co	6,953.94	8,666.94	8,808.94	8,808.94	8,708.94
Non-Affiliated-Other	2,050.00	2,602.00	2,602.00	3,732.00	3,732.00
Other United Ways	7,284.96	9,785.96	10,724.96	10,724.96	10,724.96
Sub Total	16,288.90	21,054.90	22,135.90	23,265.90	23,165.90
Write-Ins	5,107.32	11,623.82	5,411.32	4,000.00	4,000.00
Sub Total	21,396.22	32,678.72	27,547.22	27,265.90	27,165.90
Designations to Member Agencies	72,178.44	121,169.44	163,128.44	163,193.44	162,783.44
Grand Total from Andar	93,574.66	153,848.16	190,675.66	190,459.34	189,949.34
Entry made to VAM	93,574.66	60,273.50	36,827.50	(216.32)	(510.00)
Difference	0.00	0.00	0.00	(0.00)	0.00
Reconciliation of Difference					

	189,949.34
admin. Fee	(1,964.52)
direct desg	(66,606.88) - DUNE LAKE TO
Cash payout	0.00 DUNE BROOK
1st Half payout	(49,712.93)
2nd Qtr payout	0.00
3rd Qtr payout	(23,523.89)
4th Qtr payout	0.00
voided invoices	0.00
	48,141.12

OOA.	14,990.00
1st Half payout	(3,164.76)
3rd Qtr payout	(3,855.81)
	7,969.43

1-1-4015-6	510.00
1-1-2221	510.00
1-1-2221	327.40
1-1-4065-6	327.40

attached to the Summary Report

DCP Payee Summarized Report

Summarized Payee Report

Campaign Year 2011
 Election 2011 for state (303) (Full Payout)
 Cut-Off Date 12/31/2011
 Payee Account All

Payee Type	Payee Name (Acct#)	Design	Design	Design	Total	Vendor Number	Underdesign	Underdesign	Gross	Admin	Shrink	Net	Adj	Less	Less	Payment	Overpaid
Disb	Bid Direct	Pay Direct	Payroll	Cash	Design	Equal Share	% Share	% Share	Disb	Expense	Amount	Disb	Amount	Pay Direct	Previous Paid	Due	
Agency	Catholic Charities(483)																
Disb	150 00	0 00	2 114 00	870 00	2 884 00	CATCMC	0 00	0 00	2 884 00	0 00	0 00	2 884 00	0 00	0 00	2 035 53	848 47	
Rcv	0 00	0 00	30 00	870 00	650 00		0 00	0 00	650 00	0 00	0 00	650 00	0 00	0 00	2 035 53	1 385 53	
Agency	Swanson Center(488)																
Disb	52 00	0 00	52 00	0 00	52 00	SWACEN	0 00	0 00	52 00	0 00	0 00	52 00	0 00	0 00	27 18	24 82	
Rcv	0 00	0 00	0 00	0 00	0 00		0 00	0 00	0 00	0 00	0 00	0 00	0 00	0 00	27 18	27 18	
Agency	Michiana Resources, Inc.(497)																
Disb	2,894 18	0 00	2,894 18	410 00	3 304 18	MICRES	0 00	0 00	3 304 18	0 00	0 00	3 304 18	0 00	0 00	1 602 21	1 501 97	
Rcv	0 00	0 00	0 00	410 00	410 00		0 00	0 00	410 00	0 00	0 00	410 00	0 00	0 00	1 602 21	1 302 21	
Agency	Youth Service Bureau(505)																
Disb	50 00	0 00	1 408 00	1 230 00	2 748 00	YOUSER	0 00	0 00	2 748 00	0 00	0 00	2 748 00	0 00	0 00	2 114 37	631 63	
Rcv	0 00	0 00	14 00	1 230 00	1 244 00		0 00	0 00	1 244 00	0 00	0 00	1 244 00	0 00	0 00	2 114 37	870 37	
Agency	LaSalle Council Boy Scouts #165(513)																
Disb	50 00	0 00	1 400 67	260 00	1 710 67	BOYSCO	0 00	0 00	1 710 67	0 00	0 00	1 710 67	0 00	0 00	1 220 21	490 46	
Rcv	0 00	0 00	0 00	260 00	310 00		0 00	0 00	310 00	0 00	0 00	310 00	0 00	0 00	1 220 21	910 21	
Agency	Parents & Friends(P Co C O A)(521)																
Disb	890 00	0 00	890 00	100 00	990 00	PARFRI	0 00	0 00	990 00	0 00	0 00	990 00	0 00	0 00	624 60	365 40	
Rcv	0 00	0 00	0 00	100 00	100 00		0 00	0 00	100 00	0 00	0 00	100 00	0 00	0 00	624 60	524 60	
Agency	Salvation Army of LaPorte(539)																
Disb	1 963 00	0 00	1 963 00	77 00	2 040 00	SALARL	0 00	0 00	2 040 00	0 00	0 00	2 040 00	0 00	0 00	1 641 24	398 76	
Rcv	0 00	0 00	0 00	77 00	77 00		0 00	0 00	77 00	0 00	0 00	77 00	0 00	0 00	1 641 24	1 584 24	
Agency	Barker Woods Enrichment Center(547)																
Disb	1 021 02	0 00	1 021 02	136 00	1 157 02	BARWOO	0 00	0 00	1 157 02	0 00	0 00	1 157 02	0 00	0 00	606 56	550 46	
Rcv	0 00	0 00	0 00	136 00	136 00		0 00	0 00	136 00	0 00	0 00	136 00	0 00	0 00	606 56	470 56	
Agency	La Porte Family YMCA(562)																
Disb	1 142 00	0 00	1 142 00	1 115 00	2 257 00	YMCALA	0 00	0 00	2 257 00	0 00	0 00	2 257 00	0 00	0 00	1 563 41	693 59	
Rcv	0 00	0 00	0 00	1 115 00	1 115 00		0 00	0 00	1 115 00	0 00	0 00	1 115 00	0 00	0 00	1 563 41	478 41	
Agency	American Red Cross LP Co Chap(2014)																
Disb	100 00	0 00	2 603 00	902 00	3 605 00	AMERED	0 00	0 00	3 605 00	0 00	0 00	3 605 00	0 00	0 00	2 431 89	1 173 11	
Rcv	0 00	0 00	0 00	902 00	902 00		0 00	0 00	902 00	0 00	0 00	902 00	0 00	0 00	2 431 89	1 528 89	
Master	Lake Area United Way(5558)																
Disb	100 00	0 00	874 00	0 00	974 00	UWLAKE	0 00	0 00	974 00	0 00	0 00	974 00	0 00	0 00	331 91	642 09	
Rcv	0 00	0 00	0 00	0 00	100 00		0 00	0 00	100 00	0 00	0 00	100 00	0 00	0 00	331 91	231 91	
Master	United Way of St Joseph County(5578)																
Disb	565 00	0 00	11 589 88	25 00	12 179 88	UWSTJO	0 00	0 00	12 179 88	102 20	0 00	12 077 68	0 00	0 00	2 590 31	9 487 35	
Rcv	55 00	0 00	0 00	25 00	80 00		0 00	0 00	80 00	5 00	0 00	75 00	0 00	0 00	2 590 31	2 515 31	
Agency	Dunbrook Prevent Child Abuse LP(7082)																
Disb	55 010 00	0 00	7 912 65	88 00	62 990 65	DUNEBR	0 00	0 00	62 990 65	0 00	0 00	62 990 65	27 499 85	0 00	3 050 23	32 440 77	
Rcv	0 00	0 00	20 00	68 00	88 00		0 00	0 00	88 00	0 00	0 00	88 00	27 499 85	0 00	3 050 23	30 481 85	

DCP Payee Summarized Report

Payee Type	Payee Name (Acct#)	Design	Design	Design	Total	Vendor Number	Underdesign	Gross	Admin	Share	Net	Adj	Less	Less	Payment	Overpaid
Dsg/	Design	Pay Direct	Payroll	Cash	Design	Underdesign	% Share	Dstin	Expense	Amount	Dstin	Amount	Pay Direct	Previous Paid	Due	
Rev	Rev	Rev	Rev	Rev	Rev	Rev	Rev	Rev	Rev	Rev	Rev	Rev	Rev	Rev	Rev	Rev
Agency	Slipping Stone Shelter for Women(7070)	50 00	4 263.88	312 50	4 626.48	STESTO		4 626.48			4 626.48			2 454.88	2 171.60	
Dsg	50 00	4 263.88	312 50	4 626.48	4 626.48	STESTO		4 626.48			4 626.48			2 454.88	2 171.60	
Rev	50 00	4 263.88	312 50	4 626.48	4 626.48	STESTO		4 626.48			4 626.48			2 454.88	2 171.60	
Agency	Open Door Health Center(7211)	26 00	185 00	211 00	211 00	OPDOHC		211 00			211 00			189 39	21 61	
Dsg	26 00	185 00	211 00	211 00	211 00	OPDOHC		211 00			211 00			189 39	21 61	
Rev	26 00	185 00	211 00	211 00	211 00	OPDOHC		211 00			211 00			189 39	21 61	
Agency	LaPorte County Annual Shelter(7526)	39 31	39 31	39 31	39 31	ANISHE		39 31			39 31			39 31	39 31	
Dsg	39 31	39 31	39 31	39 31	39 31	ANISHE		39 31			39 31			39 31	39 31	
Rev	39 31	39 31	39 31	39 31	39 31	ANISHE		39 31			39 31			39 31	39 31	
Master	United Way of Porter County(7889)	150 00	4 487 00	925 00	5 572 00	UNWPORT		5 572 00			5 572 00			2 905 85	2 666 15	
Dsg	150 00	4 487 00	925 00	5 572 00	5 572 00	UNWPORT		5 572 00			5 572 00			2 905 85	2 666 15	
Rev	150 00	4 487 00	925 00	5 572 00	5 572 00	UNWPORT		5 572 00			5 572 00			2 905 85	2 666 15	
Master	United Way of Southwest Michigan(8375)	406 00	50 00	456 00	456 00	UNSWMI		456 00	65 20		390 80			304 07	86 73	
Dsg	406 00	50 00	456 00	456 00	456 00	UNSWMI		456 00	65 20		390 80			304 07	86 73	
Rev	406 00	50 00	456 00	456 00	456 00	UNSWMI		456 00	65 20		390 80			304 07	86 73	
Agency	Gri Scouts of N. Indiana-Michiana Council(8468)	1 00	566 06	35 00	602 06	GRSCO		602 06			602 06			391 48	210 58	
Dsg	1 00	566 06	35 00	602 06	602 06	GRSCO		602 06			602 06			391 48	210 58	
Rev	1 00	566 06	35 00	602 06	602 06	GRSCO		602 06			602 06			391 48	210 58	
Agency	Salvation Army of Michigan City(8894)	3 129 00	545 00	3 674 00	3 674 00	SAARMC		3 674 00	130 00		3 544 00			2 585 83	958 17	
Dsg	3 129 00	545 00	3 674 00	3 674 00	3 674 00	SAARMC		3 674 00	130 00		3 544 00			2 585 83	958 17	
Rev	3 129 00	545 00	3 674 00	3 674 00	3 674 00	SAARMC		3 674 00	130 00		3 544 00			2 585 83	958 17	
Agency	LaPorte County Meals on Wheels(11781)	4 418 88	315 00	4 733 88	4 733 88	MEAWHE		4 733 88			4 733 88			2 321 33	2 412 55	
Dsg	4 418 88	315 00	4 733 88	4 733 88	4 733 88	MEAWHE		4 733 88			4 733 88			2 321 33	2 412 55	
Rev	4 418 88	315 00	4 733 88	4 733 88	4 733 88	MEAWHE		4 733 88			4 733 88			2 321 33	2 412 55	
Agency	Rained Sando Volunteer Program(11817)	65 00	65 00	65 00	65 00	RSVPLP		65 00			65 00				65 00	
Dsg	65 00	65 00	65 00	65 00	65 00	RSVPLP		65 00			65 00				65 00	
Rev	65 00	65 00	65 00	65 00	65 00	RSVPLP		65 00			65 00				65 00	
Agency	Citizens Concerned for Homeless(11833)	102 00	80 00	182 00	182 00	CITCON		182 00			182 00			259 96	77 96	
Dsg	102 00	80 00	182 00	182 00	182 00	CITCON		182 00			182 00			259 96	77 96	
Rev	102 00	80 00	182 00	182 00	182 00	CITCON		182 00			182 00			259 96	77 96	
Agency	Unity Foundation of LaPorte Co(14181)	1 100 00	25 00	1 125 00	1 125 00	UNIFOU		1 125 00	112 50		1 012 50			98 51	913 99	
Dsg	1 100 00	25 00	1 125 00	1 125 00	1 125 00	UNIFOU		1 125 00	112 50		1 012 50			98 51	913 99	
Rev	1 100 00	25 00	1 125 00	1 125 00	1 125 00	UNIFOU		1 125 00	112 50		1 012 50			98 51	913 99	
Master	White County United Way Inc(14563)	130 00	200 00	330 00	330 00	UNWHIT		330 00	40 00		290 00			187 68	102 31	
Dsg	130 00	200 00	330 00	330 00	330 00	UNWHIT		330 00	40 00		290 00			187 68	102 31	
Rev	130 00	200 00	330 00	330 00	330 00	UNWHIT		330 00	40 00		290 00			187 68	102 31	
Agency	Activity Center for Older Adults(21779)	182 00	182 00	182 00	182 00	ACTOEN		182 00	36 40		145 60			145 60	145 60	
Dsg	182 00	182 00	182 00	182 00	182 00	ACTOEN		182 00	36 40		145 60			145 60	145 60	
Rev	182 00	182 00	182 00	182 00	182 00	ACTOEN		182 00	36 40		145 60			145 60	145 60	
Agency	American Cancer Society(21311)	1 025 22	1 025 22	1 025 22	1 025 22	AMECAN		1 025 22	102 52		922 70			260 33	662 37	
Dsg	1 025 22	1 025 22	1 025 22	1 025 22	1 025 22	AMECAN		1 025 22	102 52		922 70			260 33	662 37	
Rev	1 025 22	1 025 22	1 025 22	1 025 22	1 025 22	AMECAN		1 025 22	102 52		922 70			260 33	662 37	
Agency	Baptist Children's Homes(21410)	832 00	832 00	832 00	832 00	BAPCHI		832 00			832 00				832 00	
Dsg	832 00	832 00	832 00	832 00	832 00	BAPCHI		832 00			832 00				832 00	
Rev	832 00	832 00	832 00	832 00	832 00	BAPCHI		832 00			832 00				832 00	

DCP Payee Summarized Report

Payee Type	Payee Name (Acct#)	Design Bld Direct	Design Pay Direct	Design Payroll	Design Cash	Total Design	Vendor Number	Undesign. Equal Share	Undesign. % Share	Gross Dstn	Admin Expense	Share Amount	Net Dstn	Adj. Amount	Less Pay Direct	Less Previous Paid	Payments Due	Overpaid
Agency	Boys & Girls Club of MC(21477)			1720 00	125 00	1 854 00	BOYGR			1 854 00			1 854 00			896 91	957 09	
Agency	Child Care Consortium(21550)			1088 00	100 00	1 188 00	CHCAR			1 188 00			1 188 00			544 03	544 03	
Agency	Duneland Y M C A (21642)			120 00		120 00	YMCADU			120 00	24 00		96 00				96 00	
Agency	Family House(21687)				20 00	20 00				20 00	4 00		16 00				16 00	
Agency	LaPorte County Council on Aging(21758)			972 00	115 00	1 102 00	COUAGI			1 102 00			1 102 00			1 044 14	57 86	
Agency	READ LaPorte County Inc.(21782)			160 80	97 00	257 80	READLP			257 80			257 80			199 49	58 31	
Agency	LaPorte Meals On Wheels(21899)			1 819 00	445 00	2 364 00	MEAWHL			2 364 00			2 364 00			1 831 86	532 14	
Agency	Mechane Humane Society(21915)			52 00		52 00	MICHUM			52 00	5 20		46 80			86 10	36 30	
Agency	North Central IN Rural Crisis Center(21988)			130 00		130 00	RURCRI			130 00			130 00			27 68	102 32	
Agency	HOPE Program(22129)			234 00		234 00	HOPPRO			234 00			234 00				234 00	
Agency	The Caring Place Advocacy Center(22251)			52 00		52 00	CARPLA			52 00	10 40		41 60			41 60	41 60	
Master	United Way of Southwest Michigan-Niles(22343)			494 00		494 00	UNWORN			494 00			494 00			105 19	388 81	
Master	United Way of Marshall County(22368)			585 00		585 00	UNWMAHS			585 00			585 00			124 58	460 42	
Agency	Visiting Nurse Association of Porter Co.(22418)			130 00		130 00	VISMUR			130 00	26 00		104 00				104 00	
Agency	International Friendship Garden(31054)						INTFRI									90 00	90 00	

DCP Payee Summarized Report

Payee Type Dsp/ Rcv	Payee Name (Acct#) Design Bill Direct	Design Pay Direct	Design Payroll	Design Cash	Total Design	Vendor Number Underdesign Equal Share	Underdesign % Share	Gross Disb	Admin Expense	Shrink Amount	Net Disb	Adj. Amount	Less Pay Direct	Less Previous Paid	Payment Due	Overpaid
Master Dsp Rcv	United Way of Kosciusko County(33571)	52.00	52.00	52.00	52.00	UNWOSC		52.00			52.00				52.00	
Agency Dsp Rcv	Meals on Wheels of Porter County(33928)	270.00	270.00	270.00	270.00	MEAWPC		270.00	54.00		216.00			38.81	176.39	
Agency Dsp Rcv	Harmony House(CASA of La Porte County)(34041)	1,520.80	1,520.80	1,520.80	1,520.80	HARHOU		1,520.80	304.16		1,216.64			1,274.49	414.31	
Agency Dsp Rcv	Opportunity Enterprises-Porter(34074)	200.00	200.00	200.00	200.00	OPPENT		200.00	40.00		160.00			178.16	16.16	
Agency Dsp Rcv	Norin Shore Health Centers(34082)	52.00	52.00	52.00	52.00	NOO326		52.00	10.40		41.60			41.60	41.60	
Agency Dsp Rcv	LaPorte Symphony Orchestra(56245)	276.25	276.25	276.25	276.25	SYMORC		276.25	27.63		248.62			35.37	213.25	
Master Dsp Rcv	United Way of Elkhart County Inc(52505)	1,313.00	1,313.00	1,313.00	1,313.00	UWELKH		1,313.00	20.80		1,292.20			294.33	1,007.87	
Agency Dsp Rcv	Horton VNA Hospice Center-Porter(52555)	172.00	172.00	172.00	172.00	HORVNA		172.00	34.40		137.60			87.28	137.60	
Agency Dsp Rcv	VNA HomeCare Private Duty & Hospice(53199)	180.00	180.00	180.00	180.00	VNAHOM		180.00	36.00		144.00			87.28	113.72	
Agency Dsp Rcv	Hilltop Community Health Care(57513)	135.20	135.20	135.20	135.20	HILCOM		135.20	27.04		108.16			25.84	82.52	
Agency Dsp Rcv	NW Indiana Meals on Wheels Inc(58436)	78.00	78.00	78.00	78.00	MEAWNW		78.00	15.60		62.40			62.40	62.40	
Agency Dsp Rcv	Healthy Communities of LaPorte(58167)	200.00	200.00	200.00	200.00	HEACOM		200.00	30.00		170.00			90.00	80.00	
Agency Dsp Rcv	LaPorte Co Special Olympics(58338)	90.00	90.00	90.00	90.00	SPEOLY		90.00	9.00		81.00			40.94	40.06	
Agency Dsp Rcv	Women's Care Center(59864)	130.00	130.00	130.00	130.00	WOMCAR		130.00	13.00		117.00			55.83	61.17	
Agency Dsp Rcv	YWCA of St. Joseph County(71233)	28.00	28.00	28.00	28.00	YWCASJ		28.00	5.60		22.40			22.40	22.40	

DCP Payee Summarized Report

Payee Type	Payee Name (Acct#)	Design	Design	Design	Total	Vendor	Under	Gross	Admin	Share	Net	Adj.	Less	Less	Payment	Over
Dsg/	Design	Pay Direct	Payroll	Cash	Design	Number	Design	Distn	Expense	Amount	Distn	Amount	Pay Direct	Previous Paid	Due	paid
Rcv	Sub Direct					Equal Share	% Share									
Agency	YANA / AL ANON(71821)		1,560.00		1,560.00	YANAAL		1,560.00	156.00		1,404.00			451.84	952.16	
Dsg																
Rcv																
Agency	Hours for Out-School Based Mentoring(71647)		1,807.00	137.50	1,944.50	HOUOUR		1,944.50			1,944.50			1,074.36	870.14	
Dsg																
Rcv																
Agency	Safe Harbor/MCAS Grant(74724)		2,925.00	87.50	3,012.50	SAFHAR		3,012.50			3,012.50			1,823.85	1,188.65	
Dsg																
Rcv																
Agency	MCAS Grant Acceptance Fund(74898)		125.00		125.00	MCAGRA		125.00			125.00			48.71	76.29	
Dsg																
Rcv																
Agency	Rolling Plains Community Center(75446)		260.00		260.00	ROLPLRA		260.00	26.00		234.00			111.85	122.35	
Dsg																
Rcv																
Agency	Amor Red Cross of St. Joseph Co(75747)		130.00		130.00	AMERSJ		130.00			130.00			27.69	102.31	
Dsg																
Rcv																
Agency	Mixed Up Muffs(75754)		1,300.00		1,300.00	MIXMUT		1,300.00			1,300.00			251.17	1,048.83	
Dsg																
Rcv																
Agency	GAF First Day of School Project(85027)					000607								75.00	75.00	
Dsg																
Rcv																
Agency	Open Door Adolescent Health Center(87106)		112.00	200.00	312.00	OPEDOR		312.00			312.00			321.20	9.20	
Dsg																
Rcv																
Agency	Catholic Charities of St. Joseph Co. (M93955)		130.00		130.00	CATCHJ		130.00			130.00			27.68	102.32	
Dsg																
Rcv																
Agency	El Puente de LaPonte County(123670)		130.00		130.00	ELPUEN		130.00	13.00		117.00			52.10	64.90	
Dsg																
Rcv																
Agency	Junior Achievement(123648)		1,345.00		1,345.00	JUNACH		1,345.00	134.50		1,210.50			353.95	856.55	
Dsg																
Rcv																
Agency	LaPonte Educational Development Fund(1173653)		580.00	100.00	680.00	EDUDEV		680.00			680.00			680.00		
Dsg																
Rcv																
Agency	HealthLine(150094)		158.00		158.00	HEALIN		158.00	15.80		142.20			26.95	113.45	
Dsg																
Rcv																
Agency	Blue Chip Employee Crisis Fund(158224)		377.00	22.50	399.50	EMPORIS		399.50			399.50			155.32	244.18	
Dsg																
Rcv																

DCP Payee Summarized Report

Payee Type Dsg/ Rcv	Payee Name (Acct#) Design Bill Direct	Design Pay Direct	Design Payroll	Design Cash	Total Design	Vendor Number Undesign Equal Share	Undesign % Share	Gross Dstin	Admin Expense	Shrink Amount	Net Dstin	Adj. Amount	Less Pay Direct	Less Previous Paid	Payment Due	Overpaid
Agency Dsg Rcv	Sale Harbor of Greater West Chester(161604)	52 00 52 00	52 00 52 00	50 00 50 00	102 00 50 00	SAFHAW 603 174	73	102 00 50 00	20 40 10 00	0 00 0 00	81 60 40 00	0 00 0 00	0 00 0 00	40 00 40 00	41 80 40 00	
Agency Dsg Rcv	YMCA of Midland(171702)	1040 00 1040 00	1040 00 1040 00	0 00 0 00	1040 00 1040 00	YMCAM 603 040	100	1040 00 25	0 00 0 00	0 00 0 00	1040 00 0 00	0 00 0 00	0 00 0 00	221 47 221 47	818 53 221 47	
Agency Dsg Rcv	Boys and Girls of Goshen(171850)	182 00 182 00	182 00 182 00	0 00 0 00	182 00 182 00	BOYGIG 603 040	100	182 00 0 00	10 40 0 00	0 00 0 00	171 60 0 00	0 00 0 00	0 00 0 00	27 88 27 88	143 82 27 88	
Agency Dsg Rcv	Children's International Summer Village(171967)	50 00 50 00	2178 28 2178 28	25 00 25 00	2253 28 25 00	CHINT 603 040	100	2253 28 25 00	225 33 2 50	0 00 0 00	2027 95 22 50	0 00 0 00	0 00 0 00	952 17 952 17	1075 78 929 67	
Agency Dsg Rcv	St. Agnes Day Service Center(172023)	100 00 100 00	100 00 100 00	100 00 100 00	100 00 100 00	STADAY 603 040	100	100 00 100 00	20 00 20 00	0 00 0 00	80 00 80 00	0 00 0 00	0 00 0 00	80 00 80 00	0 00 0 00	
Agency Dsg Rcv	United Way Regional Volunteer Center(184187)	600 00 600 00	600 00 600 00	0 00 0 00	600 00 600 00	UWREGI 603 040	100	600 00 0 00	120 00 0 00	0 00 0 00	480 00 0 00	0 00 0 00	0 00 0 00	104 25 104 25	375 75 104 25	
Master Dsg Rcv	State United Fund(196998)	10 00 10 00	828 00 828 00	0 00 0 00	838 00 838 00	STARUN 603 040	100	838 00 0 00	36 00 0 00	0 00 0 00	802 00 0 00	0 00 0 00	0 00 0 00	383 03 383 03	408 97 383 03	
Master Dsg Rcv	United Way of Huntington County(197012)	520 00 520 00	520 00 520 00	0 00 0 00	520 00 520 00	UWHUNT 603 040	100	520 00 0 00	0 00 0 00	0 00 0 00	520 00 0 00	0 00 0 00	0 00 0 00	110 74 110 74	408 26 110 74	
Agency Dsg Rcv	Child and Family Service of SW Michigan(207738)	52 00 52 00	52 00 52 00	0 00 0 00	52 00 52 00	CFMSW 603 040	100	52 00 0 00	10 40 0 00	0 00 0 00	41 60 0 00	0 00 0 00	0 00 0 00	0 00 0 00	41 60 0 00	
Agency Dsg Rcv	Child and Parent Services (CAPS)(207748)	280 00 280 00	280 00 280 00	0 00 0 00	280 00 280 00	CHIPAR 603 040	100	280 00 0 00	0 00 0 00	0 00 0 00	280 00 0 00	0 00 0 00	0 00 0 00	55 37 55 37	204 63 55 37	
Agency Dsg Rcv	Stone Soup Community(207753)	28 00 28 00	28 00 28 00	0 00 0 00	28 00 28 00	SSCM 603 040	100	28 00 0 00	0 00 0 00	0 00 0 00	28 00 0 00	0 00 0 00	0 00 0 00	0 00 0 00	28 00 0 00	
Agency Dsg Rcv	Heart of Sinus Down Syndrome Assoc (207781)	300 00 300 00	300 00 300 00	0 00 0 00	300 00 300 00	DOWSYN 603 040	100	300 00 0 00	0 00 0 00	0 00 0 00	300 00 0 00	0 00 0 00	0 00 0 00	63 88 63 88	236 12 63 88	
Agency Dsg Rcv	Indiana Legal Services Inc.(207779)	15 00 15 00	15 00 15 00	0 00 0 00	15 00 15 00	ILSINC 603 040	100	15 00 0 00	0 00 0 00	0 00 0 00	15 00 0 00	0 00 0 00	0 00 0 00	0 00 0 00	15 00 0 00	
Agency Dsg Rcv	Jasper County Community Services(207787)	260 00 260 00	260 00 260 00	0 00 0 00	260 00 260 00	COMSJC 603 040	100	260 00 0 00	0 00 0 00	0 00 0 00	260 00 0 00	0 00 0 00	0 00 0 00	55 37 55 37	204 63 55 37	
Report Total:		56 328 00 365 00	86 257 85 310 00	9 508 00 9 508 00	152 091 85 10 183 00			152 091 85 10 183 00	1727 82 104 00	0 00 0 00	150 363 93 10 078 00	27 499 65 27 499 65	0 00 0 00	45 948 72 46 948 72	75 915 54 84 369 37	

DCP Payee Summarized Report

Payee Type	Payee Name (Acct#)	Design	Design	Design	Total	Vendor Number	Undesign	Gross	Admin	Shrink	Net	Adj.	Less	Less	Payment	
Desig/	Design	Pay Direct	Payroll	Cash	Design	Undesign	% Share	Design	Expense	Amount	Design	Amount	Pay Direct	Previous Paid	Due	Overpaid
Rev	88 D rest					Equal Share										
	Reversal Of Over Payment															
Dsg	56 311 00	1 1	64 114 85-	9 238 00	149 863 85-	1 1	1 1	119 863 85-	1 522 32	1 1	148 141 53-	27 499 65-	1 1	46 738 72	73 903 16-	
Rev	365 00	1 1	310 00	9 238 00	9 913 00	1 1	1 1	9 913 00	60 00	1 1	9 853 00	27 499 65-	1 1	46 738 72	64 385 37	
	Actual Report Payout Total															
Dsg	15 00	1 1	2 143 00	270 00	2 428 00	1 1	1 1	2 428 00	205 90	1 1	2 222 40	1 1	1 1	210 00	2 012 40	
Rev	0	1 1	1 1	270 00	270 00	1 1	1 1	270 00	44 00	1 1	226 00	1 1	1 1	210 00	16 00	

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

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

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

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

Enter filer's identifying number, see instructions

Type or print File by the extended due date for filing the return. See instructions	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
	UNITED WAY OF GREATER LAPORTE COUNTY	<input checked="" type="checkbox"/> 35-0782893
	Number, street, and room or suite number. If a P.O. box, see instructions	Social security number (SSN)
	800 LINCOLNWAY, STE 200	<input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	LAPORTE IN 46350	

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

01

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

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

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

4 I request an additional 3-month extension of time until **Nov 15**, 20 **12**.

5 For calendar year **2011**, or other tax year beginning , 20 , and ending , 20

6 If the tax year entered in line 5 is for less than 12 months, check reason ☐ Initial return ☐ Final return
☐ Change in accounting period

7 State in detail why you need the extension **ADDITIONAL TIME IS NEEDED IN ORDER TO ACCUMULATE THE INFORMATION NECESSARY TO FILE AN ACCURATE RETURN.**

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

Signature and Verification must be completed for Part II only.

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

Signature **Brian K. N...** Title **CMA**

Date **8/10/12**

BAA

FIF20502 07/29/11

Form 8868 (Rev 1-2012)

Application for Extension of Time To File an
Exempt Organization Return

OMB No 1545 1709

Department of the Treasury
Internal Revenue Service▶ **File a separate application for each return.**

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

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

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

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only ☐*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns*

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
	UNITED WAY OF GREATER LAPORTE COUNTY	<input checked="" type="checkbox"/> 35-0782893
	Number, street, and room or suite number. If a P.O. box, see instructions	Social security number (SSN)
	800 LINCOLNWAY, STE 200	<input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	LAPORTE	IN 46350

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

01

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

- ☒ The books are in the care of ▶ **WILLIAM HANNA**

Telephone No ▶ **(219) 362-6256**

FAX No ▶

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

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **Aug 15**, 20 **12**, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- ▶ ☒ calendar year 20 **11** or
- ▶ ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____

- 2 If the tax year entered in line 1 is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

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

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