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## Return of Organization Exempt From Income Tax

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

2011

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

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

## A For the 2011 calendar year, or tax year beginning , 2011, and ending

## B Check if applicable

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

C United Way of Monroe County, Inc.  
 441 S. College Avenue  
 Bloomington, IN 47401

## D Employer Identification Number

35-0985959

## E Telephone number

812-334-8370

G Gross receipts \$ 1,546,484.

H(a) Is this a group return for affiliates? ☐ Yes ☒ NoH(b) Are all affiliates included? ☐ Yes ☐ No

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

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527J Website: <http://www.monroeunitedway.org/>

H(c) Group exemption number

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of Formation 1956

M State of legal domicile IN

## Part I Summary

Activities & Governance		Revenue		Expenses		Net Assets or Fund Balances	
1	Briefly describe the organization's mission or most significant activities: <u>United Way improves people's lives by addressing critical needs today and working to reduce those needs tomorrow. Funds are raised from a broad community base and granted to tax exempt agencies.</u>						
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	8				
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8				
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	12				
6	Total number of volunteers (estimate if necessary)	6	740				
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.				
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.				
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year				
9	Program service revenue (Part VIII, line 2g)	2,317,013.	1,520,385.				
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	14,398.	11,334.				
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,879.	321.				
12	Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-40.	5,626.				
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,333,250.	1,537,666.				
14	Benefits paid to or for members (Part IX, column (A), line 4)	1,998,205.	809,433.				
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)						
16a	Professional fundraising fees (Part IX, column (A), line 11e)	621,908.	555,500.				
b	Total fundraising expenses (Part IX, column (D), line 25) 156,477.						
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	180,274.	160,916.				
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	2,800,387.	1,525,849.				
19	Revenue less expenses. Subtract line 18 from line 12	-467,137.	11,817.				
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year				
21	Total liabilities (Part X, line 26)	1,592,690.	1,534,644.				
22	Net assets or fund balances Subtract line 21 from line 20	417,036.	333,394.				
		1,175,654.	1,201,250.				

## Part II Signature Block

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

Sign Here ☒ Signature of officer BARRY LESSON Date AUG. 15, 2012  
 Type or print name and title: BARRY LESSON, EXECUTIVE DIRECTOR

Paid Preparer Use Only Print/Type preparer's name Duane L. Vaught Preparer's signature Duane L. Vaught Date 8/15/12 Check ☐ if self-employed PTIN P01208070  
 Firm's name Stampili Associates, CPAs, PC Firm's EIN 35-1908065  
 Firm's address 200 S College Ave Phone no (812) 339-0450  
Bloomington, IN 47404-5177

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.

TEEA0113L 08/18/11

Form 990 (2011)

SCANNED SEP 06 2012

917-20

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**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission.

United Way improves people's lives by addressing critical needs today and working to reduce those needs tomorrow. Funds are raised from a broad community base and granted to tax exempt agencies. See Schedule O.

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

If 'Yes,' describe these new services on Schedule O.

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

If 'Yes,' describe these changes on Schedule O.

4 Describe the 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 \$ 1,251,155. including grants of \$ ) (Revenue \$ )  
See Schedule O

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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 1,251,155.

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

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Form 990 (2011)

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

	Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	8	
<b>1b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	12	
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>b</b> If 'Yes,' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.		
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>b</b> If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>c</b> If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
<b>b</b> If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>d</b> If 'Yes,' indicate the number of Forms 8282 filed during the year.	7d	
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b> Did the organization make any taxable distributions under section 4966?		
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10 Section 501(c)(7) organizations.</b> Enter:		
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12.	10a	
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b	
<b>11 Section 501(c)(12) organizations.</b> Enter:		
<b>a</b> Gross income from members or shareholders.	11a	
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>b</b> If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.	12b	
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b	
<b>c</b> Enter the amount of reserves on hand.	13c	
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>b</b> If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O.	14b	

**Part VI Governance, Management and Disclosure** For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to 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**

**1a** 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.

	Yes	No
<b>1a</b>		

11

**b** Enter the number of voting members included in line 1a, above, who are independent

<b>1b</b>		
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11

**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?

<b>2</b>		X
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**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?

<b>3</b>		X
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**4** Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

<b>4</b>		X
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**5** Did the organization become aware during the year of a significant diversion of the organization's assets?

<b>5</b>		X
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**6** Did the organization have members or stockholders?

<b>6</b>		X
----------	--	---

**7a** Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?

<b>7a</b>		X
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**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?

<b>7b</b>		X
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**8** Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following

**a** The governing body?

<b>8a</b>	X	
-----------	---	--

**b** Each committee with authority to act on behalf of the governing body?

<b>8b</b>	X	
-----------	---	--

**9** Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O

<b>9</b>		X
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**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

**10a** Did the organization have local chapters, branches, or affiliates?

	Yes	No
<b>10a</b>		X

**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?

<b>10b</b>		
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**11a** Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?

<b>11a</b>	X	
------------	---	--

**b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O

**12a** Did the organization have a written conflict of interest policy? If 'No,' go to line 13

<b>12a</b>	X	
------------	---	--

**b** Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

<b>12b</b>	X	
------------	---	--

**c** Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done See Schedule O

<b>12c</b>	X	
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**13** Did the organization have a written whistleblower policy?

<b>13</b>	X	
-----------	---	--

**14** Did the organization have a written document retention and destruction policy?

<b>14</b>	X	
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**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>15a</b>	X	
------------	---	--

**b** Other officers of key employees of the organization See Schedule O

<b>15b</b>	X	
------------	---	--

If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.)

**16a** Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?

<b>16a</b>		X
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**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?

<b>16b</b>		
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**Section C. Disclosure**

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

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

☒ Own website ☐ Another's website ☒ Upon request

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

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

▶ United Way of Monroe County 441 S. College Ave Bloomington IN 47401 812-334-8370

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

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

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

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (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) Dave Conner Treasurer	2	X						0.	0.	0.
(2) Lisa Abbott Director	2	X						0.	0.	0.
(3) Heidi Schulz Director	2	X						0.	0.	0.
(4) Mark Franklin President	2	X						0.	0.	0.
(5) Christy Gillenwater Director	2	X						0.	0.	0.
(6) Kevin Osborne Vice President	2	X						0.	0.	0.
(7) Rebecca Billick Director	2	X						0.	0.	0.
(8) Anna Weigand Director	2	X						0.	0.	0.
(9) Virginia Whitham Secretary	2	X						0.	0.	0.
(10) Steve Deckard Director	2	X						0.	0.	0.
(11) Debbie Landrum Director	2	X						0.	0.	0.
(12) Barry D. Lessow Executive Direc	50			X				65,000.	0.	0.
(13) _____										
(14) _____										



**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) _____										
(16) _____										
(17) _____										
(18) _____										
(19) _____										
(20) _____										
(21) _____										
(22) _____										
(23) _____										
(24) _____										
(25) _____										
<b>1b Sub-total</b>								65,000.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								65,000.	0.	0.

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

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 **0**

**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS</b>	1a Federated campaigns	1a	172,929.				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	5,000.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,342,456.				
	g Noncash contributions included in lrs 1a-1f		\$ 8,318.				
	h <b>Total.</b> Add lines 1a-1f			1,520,385.			
<b>PROGRAM SERVICE REVENUE</b>	2a <u>Designations-admin fee</u>		Business Code	6,945.	6,945.		
	b <u>CFC Campaign fees</u>			4,389.	4,389.		
	c -----						
	d -----						
	e -----						
	f All other program service revenue						
	g <b>Total.</b> Add lines 2a-2f			11,334.			
	<b>OTHER REVENUE</b>	3 Investment income (including dividends, interest and other similar amounts)			821.		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6a Gross rents		(i) Real (ii) Personal					
b Less: rental expenses							
c Rental income or (loss)							
d Net rental income or (loss)							
7a Gross amount from sales of assets other than inventory		(i) Securities (ii) Other	8,318.				
b Less: cost or other basis and sales expenses			8,318.	500.			
c Gain or (loss)				-500.			
d Net gain or (loss)			-500.	-500.			
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18							
b Less: direct expenses							
c Net income or (loss) from fundraising events							
9a Gross income from gaming activities See Part IV, line 19							
b Less: direct expenses							
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances							
b Less: cost of goods sold							
c Net income or (loss) from sales of inventory							
11a <u>Miscellaneous</u>		Business Code	5,626.			5,626.	
b -----							
c -----							
d All other revenue							
e <b>Total.</b> Add lines 11a-11d			5,626.				
12 <b>Total revenue.</b> See instructions				1,537,666.	10,834.	0.	6,447.

**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 ☐

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	804,233.	804,233.		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	5,200.	5,200.		
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	65,000.	39,000.	13,000.	13,000.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	347,707.	237,010.	38,350.	72,347.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	29,917.	20,008.	3,722.	6,187.
9 Other employee benefits	82,776.	55,359.	10,299.	17,118.
10 Payroll taxes	30,100.	20,130.	3,745.	6,225.
11 Fees for services (non-employees)				
a Management				
b Legal	868.		868.	
c Accounting	22,534.	1,406.	21,128.	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	4,211.		4,211.	
12 Advertising and promotion				
13 Office expenses				
14 Information technology	5,804.	4,353.	871.	580.
15 Royalties				
16 Occupancy	39,233.	29,425.	5,885.	3,923.
17 Travel	2,898.	2,173.	435.	290.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,346.	1,088.		258.
20 Interest				
21 Payments to affiliates	13,326.	6,663.	3,331.	3,332.
22 Depreciation, depletion, and amortization	2,452.	981.	490.	981.
23 Insurance	1,138.	853.	171.	114.
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 Campaign Costs	30,061.	3,228.		26,833.
b Miscellaneous	11,125.	4,606.	4,894.	1,625.
c Equipment expense	10,747.	8,060.	1,612.	1,075.
d Supplies	5,655.	3,393.	1,131.	1,131.
e All other expenses	9,518.	3,986.	4,074.	1,458.
25 Total functional expenses. Add lines 1 through 24e.	1,525,849.	1,251,155.	118,217.	156,477.
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
<b>ASSETS</b>	1 Cash — non-interest-bearing	341,934.	1	349,115.
	2 Savings and temporary cash investments	461,112.	2	424,495.
	3 Pledges and grants receivable, net	771,956.	3	746,237.
	4 Accounts receivable, net	3,711.	4	3,711.
	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	5,006.	9	4,373.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 22,403.		
	b Less: accumulated depreciation	10b 15,690.	10c	6,713.
	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 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	1,592,690.	16	1,534,644.	
<b>LIABILITIES</b>	17 Accounts payable and accrued expenses	99,863.	17	4,488.
	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	30,269.	21	54,123.
	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	286,904.	25	274,783.
	26 <b>Total liabilities.</b> Add lines 17 through 25	417,036.	26	333,394.
<b>NET ASSETS OR FUND BALANCES</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29 and lines 33 and 34.</b>			
	27 Unrestricted net assets	262,850.	27	358,854.
	28 Temporarily restricted net assets	912,804.	28	842,396.
	29 Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	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 <b>Total net assets or fund balances</b>	1,175,654.	33	1,201,250.
	34 <b>Total liabilities and net assets/fund balances</b>	1,592,690.	34	1,534,644.

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Form 990 (2011)

**Part XI Reconciliation of Net Assets**

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

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,537,666.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,525,849.
3	Revenue less expenses Subtract line 2 from line 1	3	11,817.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,175,654.
5	Other changes in net assets or fund balances (explain in Schedule O) See Schedule O	5	13,779.
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	1,201,250.

**Part XII Financial Statements and Reporting**

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

☐1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other

If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both:

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Yes No

2a X

2b X

2c X

3a X

3b

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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 Monroe County, Inc.

Employer identification number

35-0985959

**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)									
(B)									
(C)									
(D)									
(E)									
Total									

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'.)	1,322,611.	1,357,079.	3,295,135.	2,317,012.	1,520,385.	9,812,222.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 <b>Total.</b> Add lines 1 through 3	1,322,611.	1,357,079.	3,295,135.	2,317,012.	1,520,385.	9,812,222.
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)						0.
6 <b>Public support.</b> Subtract line 5 from line 4						9,812,222.

**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	1,322,611.	1,357,079.	3,295,135.	2,317,012.	1,520,385.	9,812,222.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	19,937.	7,472.	2,156.	1,879.	821.	32,265.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) See Part IV		1,155.	604.	-40.	5,626.	7,345.
11 <b>Total support.</b> Add lines 7 through 10						9,851,832.
12 Gross receipts from related activities, etc (see instructions)					12	0.

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

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

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	99.60 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	99.43 %

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 ▶ ☒

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 ▶ ☐

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 ▶ ☐

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 ▶ ☐

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 ▶ ☐

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

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets. (Explain in Part IV.)						
<b>13 Total support.</b> (Add lns 9, 10c, 11, and 12.)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <span style="float: right;">▶ <input type="checkbox"/></span>						

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

<b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15	<b>16</b>	%

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

<b>17</b> Investment income percentage for <b>2011</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2010</b> Schedule A, Part III, line 17	<b>18</b>	%
<b>19a 33-1/3% support tests – 2011.</b> If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization <span style="float: right;">▶ <input type="checkbox"/></span>		
<b>b 33-1/3% support tests – 2010.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization <span style="float: right;">▶ <input type="checkbox"/></span>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <span style="float: right;">▶ <input type="checkbox"/></span>		



## Part IV

**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).

[illegible]

**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 Monroe County, Inc.

35-0985959

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

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

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

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

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

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

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

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

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

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

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

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

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.

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

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

See Part XIV

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	30,224.
1d	125,775.
1e	101,921.
1f	54,078.

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

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

**Part V Endowment Funds.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
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%.

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

(i) unrelated organizations

(ii) related organizations

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
1a Land				
b Buildings				
c Leasehold improvements		403.	403.	0.
d Equipment				
e Other		22,000.	15,287.	6,713.

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) ▶ 6,713.

BAA

Schedule D (Form 990) 2011

**Part VII Investments – Other Securities.** See Form 990, Part X, line 12. N/A

(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) -----		
<b>Total.</b> (Column (b) must equal Form 990 Part X, column (B) line 12.) ▶		

**Part VIII Investments – Program Related.** See Form 990, Part X, line 13. N/A

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

**Part IX Other Assets.** See Form 990, Part X, line 15. N/A

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (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) Designations Payable	274,783.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 25.) ▶	274,783.

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)	1,537,666.
2	Total expenses (Form 990, Part IX, column (A), line 25)	1,525,849.
3	Excess or (deficit) for the year Subtract line 2 from line 1	11,817.
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.) See Part XIV	13,779.
9	Total adjustments (net). Add lines 4 through 8	13,779.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	25,596.

**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	1,319,116.
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	79,200.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.) See Part XIV	2d	19,495.
e	Add lines 2a through 2d	2e	98,695.
3	Subtract line 2e from line 1	3	1,220,421.
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.) See Part XIV	4b	317,245.
c	Add lines 4a and 4b	4c	317,245.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	1,537,666.

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

1	Total expenses and losses per audited financial statements	1	1,293,520.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	79,200.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.) See Part XIV	2d	19,495.
e	Add lines 2a through 2d	2e	98,695.
3	Subtract line 2e from line 1	3	1,194,825.
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.) See Part XIV	4b	331,024.
c	Add lines 4a and 4b	4c	331,024.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	1,525,849.

**Part XIV Supplemental Information**

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

Part IV, Line 1b - Contributions Or Other Assets Not Included on B/S

Organization manages area Combined Federal Campaign under contract from LFCC and  
subject to Federal Office of Personnel Management. Funds do not belong to  
organization and are not combined with organization funds.

Part IV, Line 2b - Explanation Of Escrow Account Liability

Escrow liability reported on balance sheet represents funds held by organization for  
and under direction of other organizations. Funds are not segregated form

**Part XIV** Supplemental Information *(continued)*

**Part IV, Line 2b - Explanation Of Escrow Account Liability (continued)**

organization funds.

## Part XIV Supplemental Information (continued)

This image shows a full page of white paper with horizontal dashed lines. The lines are evenly spaced and run across the entire width of the page, providing a guide for handwriting practice. There are no margins, text, or other markings on the paper.

**SCHEDULE I**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

**United Way of Monroe County, Inc.**

Employer identification number

**35-0985959**

**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No

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

**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) <u>Abilities Unlimited Disabilit</u> <u>2620 N Walnut St, Ste 1205</u> <u>Bloomington, IN 47404</u>	35-1708926		11,918.	0.			General & People with disabilities
(2) <u>American Red Cross</u> <u>411 E 7 St</u> <u>Bloomington, IN 47408</u>	35-0872348		40,824.	0.			General & disaster & emergency
(3) <u>Amethyst House</u> <u>PO Box 5787</u> <u>Bloomington, IN 47402</u>	35-1499772		26,171.	0.			General & addiction services
(4) <u>Area 10 Agency on Aging</u> <u>630 W Edgewood Dr</u> <u>Ellettsville, IN 47429</u>	31-0955307		36,124.	0.			General & elderly services
(5) <u>Big Brothers Big Sisters of M</u> <u>PO Box 2534</u> <u>Bloomington, IN 47402</u>	35-1330448		39,341.	0.			General & youth services
(6) <u>Boys and Girls Club of Bloom</u> <u>PO Box 1716</u> <u>Bloomington, IN 47402</u>	35-0997525		35,007.	0.			General & youth services
(7) <u>Catholic Charities of Bloomin</u> <u>635 N College Ave</u> <u>Bloomington, IN 47404</u>	35-0867980		45,412	0.			General & counseling & education
(8) <u>Community Kitchen of Monroe C</u> <u>917 S Rogers</u> <u>Bloomington, IN 47403</u>	31-1101408		48,386.	0.			General & food for low income

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

25

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

0

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

TEEA3901L 06/01/11

Schedule I (Form 990) (2011)



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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 Food Shelter furnishings & clothing relief Indiana 08 Flood	100	5,200.			
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.**Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S.**

United Way only provides Community Action Fund allocation grants to human service agencies that have successfully been certified by our board as meeting standards of efficiency, effectiveness, and governance. The amounts of these grants are based on a separate application in which the agency describes past results and anticipated outcomes. Formal re-certification and re-allocation processes are conducted triennially (and alternate so agencies participate in one process every 18 months), and agencies submit financial, administrative, and programmatic documentation annually. We also evaluate the outcomes of any other projects (for example, those funded through grants we've received) via periodic reports, participation in project meetings, and as appropriate, on-site visits.

BAA .

# Continuation Sheet for Schedule I (Form 990)

2011

► Attach to Form 990 to list additional information for Schedules I (Form 990), Part II and Part III.

Continuation Page 1 of 2

Name of the organization		Employer identification number					
United Way of Monroe County, Inc.		35-0985959					
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Girls Inc. 1108 W 8th St Bloomington, IN 47404	54-0962978		34,740				General & youth services
Harmony School (Rhino's) 909 E 2nd St Bloomington, IN 47401	35-1554219		17,327.				General & youth services
Hoosier Hills Food Bank PO Box 697 Bloomington, IN 47402	31-1051402		57,528.				Food for disadvantaged
Indiana Legal Services 151 N Delaware St Suite 1640 Indianapolis, IN 46204	35-6059654		18,000.				Legal service for poor
MCCSC School Assistance Fund 315 North Dr Bloomington, IN 47401	23-7159426		15,466.				School education
Middle Way House 404 W Kirkwood Ave Bloomington, IN 47404	23-7300355		66,447.				Shelter abused women
Monroe County Humane Association PO Box 1334 Bloomington, IN 47402	35-6064277		7,927.				Gen support Animal care
Monroe County United Ministries 827 W 14th Court Bloomington, IN 47404	35-1313090		39,869				Child care & emergency ser
Mother Hubbards Cupboard 1010 S. Walnut Suite G Bloomington, IN 47401	35-2082414		13,740.				Food distribution
Options 200 E Winslow Bloomington, IN 47401	35-1550876		8,143.				Disability housing

TEEA4001L 08/25/11

Schedule I Cont (Form 990) 2011

# 2011

Continuation Page 2 of 2

Schedule I Cont (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 Monroe County, Inc.

Employer identification number

35-0985959

**Form 990, Part VI, Line 11b - Form 990 Review Process**

Reviewed by a committee of the board and available to the entire board. Detailed  
review by Executive Director with President and Treasurer

**Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts**

All Board members must complete a conflict of interest form each year and submit it  
to the organization. The conflict of interest form would disclose any conflicts that  
may be present which then could be explored to determine the extent of the conflict.

So far, there have been no conflicts to report except for board member also serving  
as uncompensated board member of an agency receiving allocation. Member abstains  
from any vote relating to that agency.

**Form 990, Part VI, Line 15b - Compensation Review & Approval Process for Officers & Key Employees**

Every year a systematic review of salaries for all employees is conducted.

Comparisons are made to local, regional and national norms

**Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available**

We make our Articles of Incorporation, IRS Letter, Code of Ethics, and Form 990  
available to the public in our offices. On our Web site, we place our Code of  
Ethics, Non-Discrimination Policy, Independent Auditor's report, and Form 990, our  
Program Service Accomplishments, and the United Way Worldwide membership standards.

2011

Schedule O - Supplemental Information

Page 2

United Way of Monroe County, Inc.

35-0985959

Form 990, Part XI, Line 5

Other Changes in Net Assets or Fund Balances

Difference between designated donations received and paid

Total \$ 13,779.  
\$ 13,779.

2011

## Schedule D, Part XIV - Supplemental Information

Page 4

United Way of Monroe County, Inc.

35-0985959

**Schedule D, Part XI, Line 8**  
**Other Changes In Net Assets Or Fund Balances**

Difference between designated donations received and paid

Total \$ 13,779.  
\$ 13,779.

**Schedule D, Part XII, Line 2d**  
**Other Revenue Included In F/S But Not Included On Form 990**

Uncollectable pledges

Total \$ 19,495.  
\$ 19,495.

**Schedule D, Part XII, Line 4b**  
**Other Revenue Included On Form 990 But Not Included In F/S**

Designated contributions

Total \$ 317,245.  
\$ 317,245.

**Schedule D, Part XIII, Line 2d**  
**Other Expenses And Losses Per Audited F/S**

Uncollectable pledges

Total \$ 19,495.  
\$ 19,495.

**Schedule D, Part XIII, Line 4b**  
**Other Expenses Included On Form 990 But Not Included In F/S**

Designated contributions paid

Total \$ 331,024.  
\$ 331,024.

# UNITED WAY OF MONROE COUNTY #35-0985959

Form 990, Schedule O

## Program Service Accomplishments

United Way of Monroe County works with member agencies and a network of other community partners to provide comprehensive and collaborative solutions that help local residents improve their lives. We have served Monroe County since 1936, and became a United Fund/Way in 1956. We are a certified member of United Way Worldwide.



By focusing on the building blocks of a better life – Education, Earnings, & Essentials  
— we create and support solutions to the most pressing issues in our community.

Specifically, we work to meet these priorities:

Our Priorities		
Education	Earnings	Essentials
Helping children, youth, and adults achieve their potential by: <ul style="list-style-type: none"><li>• Entering school ready to succeed</li><li>• Graduating school ready to earn</li><li>• Continuing to build job and life skills</li></ul>	Helping hard working families get ahead by: <ul style="list-style-type: none"><li>• Gaining and maintaining stable employment</li><li>• Increasing and retaining income</li><li>• Building savings and assets</li></ul>	Helping individuals and families meet basic needs with access to: <ul style="list-style-type: none"><li>• Sufficient food</li><li>• A stable place to live</li><li>• Health care and wellness</li><li>• Crisis management skills</li></ul>
Our Strategies		
<ul style="list-style-type: none"><li>• Support high-quality day care, after-school programs, healthy habits &amp; mentoring.</li><li>• Promote the development of children birth-to-five.</li><li>• Support programs and efforts that keep youth in school.</li></ul>	<ul style="list-style-type: none"><li>• Increase the number of Earned Income Tax Credit filings.</li><li>• Increase financial literacy.</li><li>• Provide job-related supports needed by working families.</li></ul>	<ul style="list-style-type: none"><li>• Invest in programs to ensure everyone has the essentials.</li><li>• Develop a planned response to help people recover from future disasters.</li><li>• Support and enhance the 211 information/referral hotline.</li></ul>

In 2011, United Way invested \$1,251,155 in support of 25 certified member agencies, other exempt organizations, and United Way initiatives. Below are a few highlights of our efforts:

### We Partner in Initiatives that Achieve Results

- United Way partners with the Community Foundation of Bloomington and Monroe County to support and manage the Monroe Smart Start Birth-to-Five Coalition. This new initiative is bringing families and communities together to make sure children enter kindergarten healthy, happy, and ready to succeed. More than 50 local leaders from education, government, faith, health, and human services, along with parents and other community members, are active Coalition members. Monroe Smart Start developed a shared definition of school readiness for Monroe County so we can ensure children enter kindergarten ready to learn.
- Working with local early childhood education and health care providers, we bring United Way's Born Learning into childcare centers and pediatricians' offices. Born Learning encourages parents, grandparents, and caregivers to turn everyday tasks into learning experiences.

- In partnership with the City of Bloomington, we launched the community's first Born Learning Play Path in summer 2011.
- With IU Health Bloomington, we ran a successful Kindergarten Countdown camp, increasing kids' readiness to start school by over 10% in seven weeks.
- Together with the Chamber of Commerce, Prosecutor's Office, schools, and other community partners, we formed the High School Plus coalition, which holds summits, publishes an e-newsletter, maintains a service guide for at-risk youth, and seeks to bring a youth voice to these issues. Because of United Way's sponsorship of Check & Connect®, a model proven to improve school outcomes and reduce dropouts, the local graduation rate has increased.
- Working with nonprofits, local financial institutions, and government, we launched the Financial Stability Alliance for South Central Indiana that focuses specifically on helping area residents become and stay financially stable.
- We launched Bank on Bloomington in April 2011 to help people receive financial education, open bank accounts, and avoid payday loans and check-cashing fees. Bank On Bloomington is a cooperative initiative of UW, the City of Bloomington, 7 local financial institutions, and other partners.
- The Free Community Tax Service VITA program served 50% more filers, saving over \$350,000 in tax preparation fees. Clients report using those saved funds to pay for food, rent, and utility bills. In partnership with the IRS and others, the FCTS helped low-income people in a four-county area.
- United Way plays a key role in the Community Organizations Active in Disaster for Monroe County, which helps our community be well prepared for any future natural disasters.
- We chair the Emergency Food and Shelter Board, a group of government, faith, and nonprofit leaders, to allocate federal funds that help low-income residents with food, rent, and utility costs.
- United Way provides funding and technical assistance for the Monroe and Owen County "211 Infolink" service. In 2011, 2-1-1 operators responded to 27% more calls, fielding 5,277 inquiries and making 6,254 referrals to community resources. Most callers were seeking help with housing and utilities assistance, family support, medical care, income support, and food.
- Monroe and Owen County households saved \$68,839 (and average of 36%) in prescription drug costs through the FamilyWize discount prescription drug card.
- We are helping IU Health Bloomington Hospital review future sites considerations.
- United Way is collaborating with the YMCA of Monroe County, the City Parks and Recreation Department, the County Health Department, and others to promote ACHIEVE, a community-wide wellness initiative.
- We have full accreditation from United Way Worldwide, meeting or exceeding all membership standards. In the past few years, we earned the Chamber workforce award, a statewide communications award, the Chamber family-friendly workplace award, and a Midwest staff excellence award.
- We bring critical funding into our community by providing important information to local, state and federal officials.
- United Way completed the Service Community Assessment of Needs [SCAN], and will release the final report in mid 2012.
- With the City of Bloomington, Community Foundation, and SPEA, we sponsored the NonProfit Alliance of Monroe County, which brings trainings, networking and outreach opportunities to help strengthen the operations of all nonprofit organizations and prepare future professionals.
- Working with Indiana University and others, we support Serve IT, an IU initiative that assists local nonprofit organizations with a wide range of technological services.
- We worked with management, union, and state, and local officials to assist workers who have become displaced from their jobs.
- United Way's Day of Action placed over 120 volunteers at 9 area agencies.
- In collaboration with the Monroe County Public Library, we host and provide materials for the nonprofit resource center and co-sponsored free access to a national grant search service for local agencies.



## We Invest in Member Agencies that Achieve Results

<i><b>Education</b></i>	<i><b>Earnings</b></i>	<i><b>Essentials</b></i>
<ul style="list-style-type: none"> <li>• Of children enrolled in the preschool program at Monroe County United Ministries, 91% have the basic math skills and 70% have the basic literacy skills to start kindergarten successfully.</li> <li>• 15 high school students eligible to take Dual Credit Courses, but unable to pay the \$100 textbook fee, were provided scholarships through the MCCSC School Assistance Fund enabling them to earn college credit and strengthen their opportunity to be successful in post-secondary education.</li> <li>• Of the high school seniors enrolled in mentoring programs at United Way member agencies, 100% graduated.</li> <li>• Girls participating in OperationSMART at Girls Inc. improved their science knowledge by 87% and their math knowledge by 72%.</li> </ul>	<ul style="list-style-type: none"> <li>• 97% of clients involved with the Stone Belt and LifeDesigns supported employment programs gained new job skills.</li> <li>• All of the youth at Stepping Stones spend at least 3 hours per week learning new employment skills.</li> <li>• 100% of parents with children enrolled at Monroe County United Ministries reported that the availability of MCUM's sliding-fee childcare allows them to remain employed or continue their education.</li> <li>• 150 families were able to stay in their homes because of help from the Indiana Legal Services Tenant Assistance Project.</li> <li>• 421 community members took part in 1,048 JobLinks employment counseling session at Shalom Community Center and The Salvation Army.</li> </ul>	<ul style="list-style-type: none"> <li>• About 115,352 bags of groceries and 696,937 meals were provided to community members at risk of hunger.</li> <li>• All of the 461 families that were provided rent and mortgage assistance through Salvation Army and Shalom Community Center were able to avoid eviction from their homes.</li> <li>• 3,157 uninsured, low-income adult clients were provided 10,864 primary and preventive care medical visits free of charge at Volunteers in Medicine.</li> <li>• 88% of women at Middle Way House The Rise have developed a long-term housing plan.</li> </ul>

United Way of Monroe County, Inc.

35-0985959

## Part II, Line 10 - Other Income

Nature and Source	2011	2010	2009	2008	2007
Miscellaneous	5,626.	-40.	604.	1,155.	
Total	<u>\$ 5,626.</u>	<u>\$ -40.</u>	<u>\$ 604.</u>	<u>\$ 1,155.</u>	<u>\$ 0.</u>

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

OMB No. 1545-1709

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

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

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

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

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

A corporation required to file Form 990-T and requesting an automatic 6-month extension — check this box and complete Part I only ☐

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

**Enter filer's identifying number, see instructions**

<b>Type or print</b>  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 Monroe County, Inc.	<input checked="" type="checkbox"/> 35-0985959
	Number, street, and room or suite number. If a P.O. box, see instructions	Social security number (SSN)
	441 S. College Avenue	<input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	Bloomington, IN 47401	

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 ► United Way of Monroe County

Telephone No. ► 812-334-8370 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 8/15, 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

<b>3a</b> 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	<b>3a</b>	\$	0.
<b>b</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	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	<b>3c</b>	\$	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.