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Return of Organization Exempt From Income Tax

2012

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

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

Open to Public
Inspection

A For the 2012 calendar year, or tax year beginning , 2012, and ending ,

B Check if applicable		C Name of organization UNITED WAY OF GREATER LAPORTE COUNTY			D Employer Identification Number 35-0782893	
Address change		Doing Business As			E Telephone number (219) 210-3534	
Name change		Number and street (or P O box if mail is not delivered to street addr)			F City, town or country MICHIGAN CITY	
Initial return		115 E 4TH ST			State IN	ZIP code + 4 46360
Terminated		G Gross receipts \$ 881,617.			H(a) Is this a group return for affiliates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Amended return					H(b) Are all affiliates included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Application pending		If 'No,' attach a list (see instructions)			H(c) Group exemption number ►	
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: ► N/A			K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ► L Year of Formation 1995 M State of legal domicile IN	

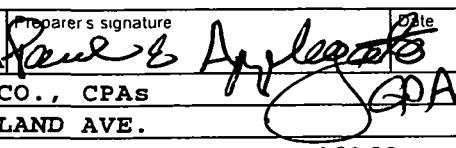
Part I Summary

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

Revenue	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets
	3 Number of voting members of the governing body (Part VI, line 1a) 3 18
Expenses	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 18
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a) 5 3
Net Assets & Fund Balance	6 Total number of volunteers (estimate if necessary) 6 125
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
	b Net unrelated business taxable income from Form 990-T, line 34 7b 0.
	Prior Year Current Year
	8 Contributions and grants (Part VIII, line 1h) 1,123,702. 868,004.
	9 Program service revenue (Part VIII, line 2g)
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 820. 4,874.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 10,123. 8,131.
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,134,645. 881,009.
	585,162. 578,524.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)
	14 Benefits paid to or for members (Part IX, column (A), line 4)
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 153,053. 145,432.
	16a Professional fundraising fees (Part IX, column (A), line 11e)
	b Total fundraising expenses (Part IX, column (D), line 25) ► 140 10 RECEIVED
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) OCT 30 2013 2510591. 187,130.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 989,806. 911,086.
	19 Revenue less expenses Subtract line 18 from line 12 144,039. -30,077.
	OGD Beginning of Current Year End of Year
	20 Total assets (Part X, line 16) 865,838. 718,375.
	21 Total liabilities (Part X, line 26) 250,376. 132,990.
	22 Net assets or fund balances Subtract line 21 from line 20 615,462. 585,385.

Part II Signature Block

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

Sign Here	► 	Date 10-7-13			
	► KRIS PATE Executive Director Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name PAUL E. APPLEGATE, CPA	Preparer's signature 	Date 10-3-13	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00212518
	Firm's name APPLEGATE & CO., CPAs			Firm's EIN ►	Phone no (219) 871-7880
	Firm's address 1421 S. WOODLAND AVE.				
	MICHIGAN CITY	IN 46360			

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

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

TEEA0101 05/09/13

Form 990 (2012)

917

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

- 1 Briefly describe the organization's mission

TO COLLECT AND REDISTRIBUTE DONATIONS

- 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 \$ 627,783. including grants of \$ 405,336.) (Revenue \$ 580,685.)UNITED WAY OF GREATER LAPORTE COUNTY ADMINISTERS AN ANNUAL FUNDRAISING CAMPAIGN IN LAPORTE COUNTY, INDIANA AND USES THOSE FUNDS TO SUPPORT A VARIETY OF HUMAN SERVICE PROGRAMS IN LAPORTE COUNTY. (SEE ATTACHED)4b (Code _____) (Expenses \$ 173,188. including grants of \$ 173,188.) (Revenue \$ 173,188.)DESIGNATIONS TO VARIOUS NOT FOR PROFIT AGENCIES (SEE ATTACHED)

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

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

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

4e Total program service expenses ► 800,971.

Part IV | Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1 <input checked="" type="checkbox"/>	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 <input checked="" type="checkbox"/>	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3 <input checked="" type="checkbox"/>	
4 Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4 <input checked="" type="checkbox"/>	
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	5 <input checked="" type="checkbox"/>	
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	6 <input checked="" type="checkbox"/>	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7 <input checked="" type="checkbox"/>	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8 <input checked="" type="checkbox"/>	
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9 <input checked="" type="checkbox"/>	
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	10 <input checked="" type="checkbox"/>	
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	11a <input checked="" type="checkbox"/>	
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	11b <input checked="" type="checkbox"/>	
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	11c <input checked="" type="checkbox"/>	
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	11d <input checked="" type="checkbox"/>	
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11e <input checked="" type="checkbox"/>	
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	11f <input checked="" type="checkbox"/>	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a <input checked="" type="checkbox"/>	
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 and XII is optional	12b <input checked="" type="checkbox"/>	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13 <input checked="" type="checkbox"/>	
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a <input checked="" type="checkbox"/>	
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	14b <input checked="" type="checkbox"/>	
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	15 <input checked="" type="checkbox"/>	
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	16 <input checked="" type="checkbox"/>	
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)	17 <input checked="" type="checkbox"/>	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18 <input checked="" type="checkbox"/>	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19 <input checked="" type="checkbox"/>	
20a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a <input checked="" type="checkbox"/>	
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b <input checked="" type="checkbox"/>	

Part IV Checklist of Required Schedules (continued)

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

	Yes	No
21	X	
22		X
23	X	
24a		X
24b		
24c		
24d		
25a		X
25b		X
26		X
27		X
28a		X
28b	X	
28c		X
29		X
30		X
31		X
32		X
33		X
34		X
35a		X
35b		X
36		X
37		X
38	X	

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

- | | Yes | No |
|--|------|----|
| 1 a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable | 1 a | 11 |
| b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | 1 b | 0 |
| c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | 1 c | X |
| 2 a 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 | 2 a | 3 |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2 b | X |
| Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | |
| 3 a Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3 a | X |
| b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O | 3 b | |
| 4 a 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)? | 4 a | X |
| b If 'Yes,' enter the name of the foreign country ►
See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts | | |
| 5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5 a | X |
| b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5 b | X |
| c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? | 5 c | |
| 6 a 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 as charitable contributions? | 6 a | X |
| b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | 6 b | |
| 7 Organizations that may receive deductible contributions under section 170(c). | 7 a | X |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7 b | |
| b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? | 7 c | X |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | 7 d | |
| d If 'Yes,' indicate the number of Forms 8282 filed during the year | 7 e | X |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7 f | X |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7 g | |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7 h | |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 8 | |
| 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | 9 a | |
| 9 Sponsoring organizations maintaining donor advised funds. | 9 b | |
| a Did the organization make any taxable distributions under section 4966? | 10 a | |
| b Did the organization make a distribution to a donor, donor advisor, or related person? | 10 b | |
| 10 Section 501(c)(7) organizations. Enter | 11 a | |
| a Initiation fees and capital contributions included on Part VIII, line 12 | 11 b | |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 12 a | |
| 11 Section 501(c)(12) organizations. Enter | 12 b | |
| a Gross income from members or shareholders | 13 a | |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) | 13 b | |
| 12 a Section 4947(a)(1) non - exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 13 c | |
| b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year | 14 a | X |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers. | 14 b | |
| a Is the organization licensed to issue qualified health plans in more than one state? | | |
| Note. See the instructions for additional information the organization must report on Schedule O | | |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | |
| c Enter the amount of reserves on hand | | |
| 14 a Did the organization receive any payments for indoor tanning services during the tax year? | | |
| b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O | | |

Part VI Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

- 1 a Enter the number of voting members of the governing body at the end of the tax year
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O **1 a** **18**
- 1 b Enter the number of voting members included in line 1a, above, who are independent **1 b** **18**
- 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? **2** **X**
- 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? **3** **X**
- 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? **4** **X**
- 5 Did the organization become aware during the year of a significant diversion of the organization's assets? **5** **X**
- 6 Did the organization have members or stockholders? **6** **X**
- 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? **7 a** **X**
- 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? **7 b** **X**
- 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following
 a The governing body? **8 a** **X**
 b Each committee with authority to act on behalf of the governing body? **8 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 **9** **X**

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

- 10 a Did the organization have local chapters, branches, or affiliates? **10 a** **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? **10 b**
- 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? **11 a** **X**
 b Describe in Schedule O the process, if any, used by the organization to review this Form 990 **11 b**
- 12 a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 **12 a** **X**
 b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? **12 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 **12 c** **X**
- 13 Did the organization have a written whistleblower policy? **13** **X**
- 14 Did the organization have a written document retention and destruction policy? **14** **X**
- 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?
 a The organization's CEO, Executive Director, or top management official **15 a** **X**
 b Other officers of key employees of the organization **15 b** **X**
 If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) **15 c**
- 16 a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? **16 a** **X**
 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? **16 b** **X**

Section C. Disclosure

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

► **MARLETTE BERNACCHI** **115 E 4TH ST** **MICHIGAN CITY IN 46360** **(219) 210-3534**
BAA **TEEA0106 08/08/12**

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 (list any hours for related organizations below dotted line)	(C)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099 MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Or director	Individual trustee	Institutional trustee	Officer	Key employee			
(1) KRIS PATE Executive Director	40.00	X				X	54,910.	0.	54,910.
(2) ANDY NEAL Chairman	2.00	X		X			0.	0.	0.
(3) TED BOGICH Vice-Chairman	2.00	X		X			0.	0.	0.
(4) G. THOR THORDARSON VICE-CHAIRMAN	2.00	X		X			0.	0.	0.
(5) ALEXIS PONTIUS-JONES SECRETARY	2.00	X		X			0.	0.	0.
(6) Amarnath Agarwal MEMBER	2.00	X					0.	0.	0.
(7) HENRY BROOKS MEMBER	2.00	X					0.	0.	0.
(8) DR. JAMES CALLAGHAN MEMBER	2.00	X					0.	0.	0.
(9) TIM BIETRY Member	2.00	X					0.	0.	0.
(10) DAN DOBBINS MEMBER	2.00	X					0.	0.	0.
(11) BILL HACKNEY Member	2.00	X					0.	0.	0.
(12) ROBERT LAUSON MEMBER	2.00	X					0.	0.	0.
(13) FRED MCNULTY MEMBER	2.00	X					0.	0.	0.
(14) DR. GLADE MONTGOMERY MEMBER	2.00	X					0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Or director	Individual trustee	Officer	Key employee	Highest compensated employee			
(15) ANGIE NELSON MEMBER	2.00	X					0.	0.	0.
(16) CHARLIE ROBERTS MEMBER	2.00	X					0.	0.	0.
(17) DR. KAREN SCHMID Member	2.00	X					0.	0.	0.
(18) JIM STEMMLER Member	2.00	X					0.	0.	0.
(19) JEFFERY SMITH Former President	40.00	X				X	0.	0.	0.
(20)									
(21)									
(22)									
(23)									
(24)									
(25)									
1 b Sub-total							54,910.	0.	54,910.
c Total from continuation sheets to Part VII, Section A									
d Total (add lines 1b and 1c)							54,910.	0.	54,910.

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 ►

- | | Yes | No |
|---|-----|----|
| 3 | X | |
| 4 | X | |
| 5 | X | |
- 3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person

Section B. Independent Contractors

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

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

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

Part VIII Statement of RevenueCheck if Schedule O contains a response to any question in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns	1 a			
	b Membership dues	1 b			
	c Fundraising events	1 c 99,351.			
	d Related organizations	1 d 14,780.			
	e Government grants (contributions)	1 e			
	f All other contributions, gifts, grants, and similar amounts not included above	1 f 753,873.			
	g Noncash contributions included in lns 1a-1f.	\$ 3,373.			
	h Total. Add lines 1a-1f		868,004.		
PROGRAM SERVICE REVENUE	2 a				
	b				
	c				
	d				
	e				
	f All other program service revenue				
	g Total. Add lines 2a-2f				
	3 Investment income (including dividends, interest and other similar amounts)		4,874.	0.	0.
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
6 a Gross rents	(i) Real	(ii) Personal			
b Less rental expenses					
c Rental income or (loss)					
d Net rental income or (loss)					
7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b Less cost or other basis and sales expenses					
c Gain or (loss)					
d Net gain or (loss)					
8 a Gross income from fundraising events (not including \$ 99,351. of contributions reported on line 1c)					
See Part IV, line 18	a				
b Less direct expenses	b				
c Net income or (loss) from fundraising events					
9 a Gross income from gaming activities See Part IV, line 19	a 8,739.				
b Less direct expenses	b 608.				
c Net income or (loss) from gaming activities		8,131.	8,131.	0.	0.
10 a Gross sales of inventory, less returns and allowances	a				
b Less cost of goods sold	b				
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue					
11 a					
b					
c					
d All other revenue					
e Total. Add lines 11a-11d		881,009.	8,131.	0.	4,874.
12 Total revenue. See instructions					

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)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21	578,524.	578,524.		
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	42,600.	21,300.	21,300.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	69,162.	34,581.	34,581.	0.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	25,098.	12,549.	12,549.	0.
10 Payroll taxes	8,572.	4,286.	4,286.	0.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17	14,830.	14,830.	0.	0.
f Investment management fees				
g Other (If line 11g amt exceeds 10% of line 25, column (A) amt, list line 11g expenses on Sch O)	35,478.	26,609.	8,869.	0.
12 Advertising and promotion	551.	551.	0.	0.
13 Office expenses	22,379.	15,471.	6,908.	0.
14 Information technology				
15 Royalties				
16 Occupancy	10,615.	7,961.	2,654.	0.
17 Travel	5,149.	5,149.	0.	0.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,093.	3,093.	0.	0.
20 Interest				
21 Payments to affiliates	1,980.	1,980.	0.	0.
22 Depreciation, depletion, and amortization	3,083.	0.	3,083.	0.
23 Insurance	2,476.	0.	2,476.	0.
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a <u>211 Service</u>	30,487.	30,487.	0.	0.
b <u>Success By 6</u>	30,367.	30,367.	0.	0.
c <u>Bank Fees</u>	4,249.	0.	4,249.	0.
d <u>PRINTING</u>	1,915.	1,915.	0.	0.
e All other expenses	20,478.	11,318.	9,160.	0.
25 Total functional expenses. Add lines 1 through 24e	911,086.	800,971.	110,115.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
Check here □ if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response to any question in this Part X

		(A) Beginning of year	(B) End of year
1	Cash – non-interest-bearing	406,360.	413,044.
2	Savings and temporary cash investments	1,406.	1,407.
3	Pledges and grants receivable, net	444,337.	294,259.
4	Accounts receivable, net	0.	4
5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5
6	Loans and other 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) Complete Part II of Schedule L		6
7	Notes and loans receivable, net		7
8	Inventories for sale or use		8
9	Prepaid expenses and deferred charges	7,948.	2,686.
10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 20,454.	
b	Less accumulated depreciation	10b 13,475.	5,787. 10c 6,979.
11	Investments – publicly traded securities		11
12	Investments – other securities See Part IV, line 11		12
13	Investments – program-related. See Part IV, line 11		13
14	Intangible assets		14
15	Other assets See Part IV, line 11		15
16	Total assets. Add lines 1 through 15 (must equal line 34)	865,838.	718,375.
17	Accounts payable and accrued expenses	30,411.	28,189.
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	219,965.	104,801.
22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22
23	Secured mortgages and notes payable to unrelated third parties		23
24	Unsecured notes and loans payable to unrelated third parties		24
25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	0.	0.
26	Total liabilities. Add lines 17 through 25	250,376.	132,990.
NET ASSETS	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
27	Unrestricted net assets	353,831.	377,710.
28	Temporarily restricted net assets	260,431.	206,475.
29	Permanently restricted net assets	1,200.	1,200.
ORG FUND	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.		
30	Capital stock or trust principal, or current funds		30
31	Paid-in or capital surplus, or land, building, or equipment fund		31
32	Retained earnings, endowment, accumulated income, or other funds		32
33	Total net assets or fund balances	615,462.	585,385.
34	Total liabilities and net assets/fund balances	865,838.	718,375.

BAA

Form 990 (2012)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI

1 Total revenue (must equal Part VIII, column (A), line 12)	1	881,009.
2 Total expenses (must equal Part IX, column (A), line 25)	2	911,086.
3 Revenue less expenses Subtract line 2 from line 1	3	-30,077.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	615,462.
5 Net unrealized gains (losses) on investments	5	
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain in Schedule O)	9	
10 Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	585,385.

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other
- If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
- Separate basis Consolidated basis Both consolidated and separate basis
- 2b Were the organization's financial statements audited by an independent accountant?
- If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
- Separate basis Consolidated basis Both consolidated and separate basis
- 2c 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
- 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		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

OMB No. 1545 0047

2012

Open to Public
Inspection

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.

Name of the organization

UNITED WAY OF GREATER LAPORTE COUNTY

Employer identification number

35-0782893

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

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

- 1 A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)** Enter the hospital's name, city, and state.
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 9 An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h

a Type I b Type II c Type III — Functionally integrated d Type III — Non-functionally integrated

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 monetary support
			Yes	No	Yes	No	Yes	No	
(A) SEE ATTACHED III-4a	VARIOUS	501 C 3		X	X		X		404,424.
(B) SEE ATTACHED III-4b	VARIOUS	501 C 3		X	X		X		173,188.
(C)									
(D)									
(E)									
Total									577,612.

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

Schedule A (Form 990 or 990-EZ) 2012

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) ▶

- 1 Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')
- 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf
- 3 The value of services or facilities furnished by a governmental unit to the organization without charge
- 4 **Total.** Add lines 1 through 3
- 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)
- 6 **Public support.** Subtract line 5 from line 4

	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1						
2						
3						
4						
5						
6						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶

- 7 Amounts from line 4
- 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources
- 9 Net income from unrelated business activities, whether or not the business is regularly carried on
- 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)
- 11 **Total support.** Add lines 7 through 10
- 12 Gross receipts from related activities, etc (see instructions)
- 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**

	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7						
8						
9						
10						
11						
12						
13						

Section C. Computation of Public Support Percentage

- 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))
- 15 Public support percentage from 2011 Schedule A, Part II, line 14
- 16 a **33-1/3% support test – 2012.** 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
- 16 b **33-1/3% support test – 2011.** 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
- 17 a **10%-facts-and-circumstances test – 2012.** 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
- 17 b **10%-facts-and-circumstances test – 2011.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here**. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization
- 18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 9 of Part I 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants')						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ►

	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	%
19a 33-1/3% support tests – 2012. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33-1/3% support tests – 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

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

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

OMB No. 1545-0047

2012Open to Public
Inspection

Employer identification number

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.

UNITED WAY OF GREATER LAPORTE COUNTY

35-0782893

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

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

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply)
- Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 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 |
|-----|---------------------------------|
| 2 a | |
| 2 b | |
| 2 c | |
| 2 d | |
- a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register
e Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____
f Number of states where property subject to conservation easement is located ► _____
g 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
h Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► _____
i Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ _____
j 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
k In Part XIII, 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 XIII, 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 VII Investments – Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
(I) _____		

Total. (Column (b) must equal Form 990, Part X, column (B) line 12.) ►

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

(a) Description of investment type	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ►

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Total. (Column (b) must equal Form 990, Part X, column (B), line 15) ►

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Liability for uncertain tax positions under FIN 48	0.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	

Total. (Column (b) must equal Form 990, Part X, column (B) line 25) ►

2. FIN 48 (ASC 740) Footnote In Part XIII, 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). Check here if the text of the footnote has been provided in Part XIII

Part XI: Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1 Total revenue, gains, and other support per audited financial statements	1	881,009.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains on investments	2 a	
b Donated services and use of facilities	2 b	
c Recoveries of prior year grants	2 c	
d Other (Describe in Part XIII)	2 d	
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1	3	881,009.
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	4 a	
b Other (Describe in Part XIII)	4 b	
c Add lines 4a and 4b	4 c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	881,009.

Part XII: Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1 Total expenses and losses per audited financial statements	1	911,086.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities	2 a	
b Prior year adjustments	2 b	
c Other losses	2 c	
d Other (Describe in Part XIII)	2 d	
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1	3	911,086.
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	4 a	
b Other (Describe in Part XIII)	4 b	
c Add lines 4a and 4b	4 c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	911,086.

Part XIII: 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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

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

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

Pt X Line 2 SEE ATTACHED

Part XIII: Supplemental Information (continued)

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2012

Open to Public
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Department of the Treasury
Internal Revenue Service

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

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

Employer identification number

Name of the organization

UNITED WAY OF GREATER LAPORTE COUNTY

Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part

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

b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

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

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

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

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

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

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
	1 Gross revenue			8,739.	8,739.
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes			608.	608.
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	Yes _____ % No	Yes _____ % No	Yes _____ % No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				► 608.
	8 Net gaming income summary Combine lines 1, column (d) and line 7				► 8,131.

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

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

Yes No

b If 'No,' explain _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

Yes No

b If 'Yes,' explain _____

11 Does the organization operate gaming activities with nonmembers?

Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

Yes No

13 Indicate the percentage of gaming activity operated in

13a	%
13b	%

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

Name ► _____

Address ►

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

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

• If 'Yes', enter name and address of the third party

Name ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$

Description of services provided ►

Director/officer Employee Independent contractor

17 Mandatory distributions

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

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

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

SCHEDULE I
(Form 990)**2012**

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 or 22.
► Attach to Form 990.

Name of the organization

UNITED WAY OF GREATER LAMBERT COUNTY**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?
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II: Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SEE ATTACHED	VARIOUS	501 C (3)	404,424.				OPERATIONS
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							

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

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

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

► 2.3

Schedule I (Form 990) (2012)

TEEA3901 11/30/12

Schedule I (Form 990) (2012) **UNITED WAY OF GREATER LAPORTE COUNTY**
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.

35-0782893 Page 2

(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					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Pt_I_Line_2 Board decides on amount to distribute for allocation and distributes

Pt_I_Line_2 the designations when money received from donor

BAA

SCHEDULE J

(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No 1545 0047

2012

Open to Public
Inspection

Name of the organization

Employer identification number

UNITED WAY OF GREATER LAPORTE COUNTY

35-0782893

Part I Questions Regarding Compensation

	Yes	No
1 a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)	
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If 'No,' complete Part III to explain		
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?		
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III		
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee	
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a Receive a severance payment or change-of-control payment?		
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		
c Participate in, or receive payment from, an equity-based compensation arrangement?		
If 'Yes' to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of?		
a The organization?		
b Any related organization?		
If 'Yes' to line 5a or 5b, describe in Part III		
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of?		
a The organization?		
b Any related organization?		
If 'Yes' to line 6a or 6b, describe in Part III		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If 'Yes,' describe in Part III		
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If 'Yes,' describe in Part III		
9 If 'Yes' to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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

Schedule J (Form 990) 2012

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

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

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

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

Paraffin® Supplemental Information

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

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

OMB No 1545 0047

2012

Open to Public
Inspection

Name of the organization

UNITED WAY OF GREATER LAPORTE COUNTY

Employer identification number

35-0782893

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).
Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958

► \$

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

► \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered 'Yes' on Form 990-EZ, Page V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?	(i) Written agreement?
			To	From			Yes	No		
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										

Total ► \$

Part III Grants or Assistance Benefiting Interested Persons.

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

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

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

Schedule L (Form 990 or 990-EZ) 2012

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Group 7 even	Family member of former b	1,513.	Marketing Services	X	
(2) Andy Neal	board member	21,163.	Consulting Services	X	
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions).

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

2012

Open to Public
Inspection

Name of the organization

UNITED WAY OF GREATER LAPORTE COUNTY

Employer identification number

35-0782893

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

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

Pt VI, Line 15a Board approves compensation

Pt VI, Line 19 Upon request

Pt VI, Line 15b The board approves compensation.

Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ
Form 990, Page T0, Line 24e All Other Expenses (continued)

Description	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
EQUIPMENT RENT	8,351.	4,176.	4,175.	0.
MISCELLANEOUS	4,431.		4,431.	0.
DUES AND SUBSCRIPTIONS	7,142.	7,142.		0.
LOSS ON DISPOSAL OF ASSETS	390.		390.	
OFFICE MAINTENANCE	164.		164.	

THE UNITED WAY OF
GREATER LAPORTE COUNTY
#35-0782893

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

INCOME TAXES - The United Way of Greater LaPorte County is exempt from tax on income under section 501(c)(3) of the Internal Revenue Code. Therefore, these statements do not include any provision for income taxes.

the Financial Accounting Standards Board (FASB) issued Accounting Standards Codification (ASC), "Accounting for Uncertainty in Income Taxes," that clarifies the accounting and recognition for income tax positions taken or expected to be taken in the Organization's income tax returns. The United Way of Greater LaPorte County adopted the standard in 2009. The Organization's income tax filings are subject to audit by various taxing authorities and the Organization's open audit periods are 2009-2012.

As of December 31, 2012, the United Way of Greater LaPorte County does not believe that it has taken any tax positions that would require the recording of any tax liability or does it believe that there are any unrealized tax benefits that would either increase or decrease within the next twelve months.

UNITED WAY OF GREATER LAPORTE COUNTY

#35-0782893

SCHEDULES OF AGENCY ALLOCATIONS

For the years ended December 31, 2012 and 2011

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

	<u>2012</u>	<u>2011</u>
LaPorte Family YMCA	\$ 20,975	\$ 20,175
Red Cross - LaPorte County	45,536	50,000
Adolescent Health Center	13,539	10,000
Salvation Army - Michigan City	41,000	49,000
Girl Scouts	7,500	7,500
Boy Scouts	12,000	10,200
Catholic Family & Community Services of LaPorte County	10,000	
Barker Woods Enrichment Center	33,000	35,000
Stepping Stone Shelter	40,618	30,000
Meals-on-Wheels - Michigan City	17,485	20,000
Meals-on-Wheels - LaPorte	12,000	12,000
Youth Service Bureau - Big Brothers/ Big Sisters of LaPorte County	21,896	21,896
Michiana Resources	25,000	27,157
R.S.V.P.		9,000
Parents and Friends	13,000	10,485
Dunebrook - Prevent Child Abuse of LaPorte County	25,000	25,000
Child Care Consortium	12,000	12,600
READ LaPorte County	2,500	2,000
Michigan City Area Schools GAF	18,200	18,200
Citizens Concerned for the Homeless	14,236	15,000
Harmony House of LaPorte County/C.A.S.A.	10,000	10,000
Boys and Girls Club - Michigan City	3,439	
Loaned Executive Supplementary Allocation Awards	5,500	6,500
One time allocation (see Note 6)		<u>2,015</u>
Total allocations	<u>\$404,424</u>	<u>\$403,728</u>

	Jan-12 1	Mar-12 2	Jun-12 3	Sep-12 4	Dec-12 5
Reconciliation to DC Sum Mgmt Report					
Total for Service Categories	496,974.03	645,795.88	658,939.62	667,551.66	669,051.89
Allocable Amt from Non-Structure Checkoff	1,258.00		1,258.00	1,258.00	1,258.00
Grand Total from Below	144,646.23	171,265.25	172,496.25	172,496.25	173,187.75
	642,878.26	817,061.13	832,693.87	841,305.91	843,497.64
Non-Affiliated-LaPorte Co.	12,157.49	12,569.49	12,649.49	12,649.49	13,749.49
Non-Affiliated-Other	2,083.20	3,043.20	3,979.20	3,979.20	3,979.20
Other United Ways	7,936.00	10,072.00	10,558.00	10,558.00	10,558.00
Sub Total	22,176.69	25,684.69	27,186.69	27,186.69	28,286.69
Write-Ins	1,212.00	1,238.00	1,137.00	1,137.00	1,137.00
Sub Total	23,388.69	26,922.69	28,323.69	28,323.69	29,423.69
Designations to Member Agencies	121,257.54	144,342.56	144,172.56	144,172.56	143,764.06
Grand Total from Andar	144,646.23	171,265.25	172,496.25	172,496.25	173,187.75
Entry made to VAM	144,646.23	26,619.02	1,231.00	0.00	1,100.00
Difference	0.00	0.00	0.00	0.00	(408.50)

Reconciliation of Difference:

admin. <i>PER</i>	173,187.75
	(2,162.32)
direct desg	(74,099.63)
Cash payout	0.00
1st Qtr payout	(23,755.91)
2nd Qtr payout	(19,451.92)
3rd Qtr payout	(21,247.12)
voided invoices	0.00
	32,470.85

TPB

OOA:

18,570.86

Cash payout	
1st Qtr payout	(205.00)
2nd Qtr payout	(3,535.89)
3rd Qtr payout	(4,000.07)
voided invoices	
	10,829.90

$$\begin{array}{r}
 1 : 5411.1 \\
 2,162.32 \\
 621.60 \\
 \hline
 \end{array}$$

1-1-4015	1100.00
1-1-2221	1100.00
1-1-2221	621.60
1-1-4065	621.60

DCP Payee Summarized Report

Summarized Payee Report														
Campaign Year	2011	4th Qtr DOW (115) (Fwd) Report	12/31/2012	Payee Account	All	Payee Type	Payee Name (Acct#)	Design. Bill Direct	Design Pay Direct	Design Cash	Total Design	Vendor Number		
Dsg	Rev					Dsg					Undesign Equal Share	Gross Deli		
											Adj	Net Deli		
											Amount	Adj		
											Previous Paid	Less		
											Pay Direct	Payment Due		
											Overhead			
Agency	Catholic Charities(463)	150.00	610.00	2,812.50	620.00	3,582.50	3,230.02	11	11	3,582.50	3,230.02	510	2,807.34	775.16
Agency	Swanson Center(489)	125.00	2,495.02	620.00	52.00	52.00	52.00	11	11	52.00	52.00	11	2,807.34	422.68
Agency	Michigan Resources Inc (497)	75.00	75.00	52.00	52.00	52.00	52.00	11	11	52.00	52.00	11	27.18	24.82
Agency	Youth Service Bureau(605)	8,050.00	6,050.00	1,668.50	1,260.00	10,876.50	10,903.78	10	10	10,976.50	10,903.78	10	6,000.00	2,582.77
Agency	LaSalle County Boy Scouts, #165(513)	50.00	50.00	2,242.67	260.00	2,572.67	2,221.19	11	11	2,572.67	2,221.19	11	2,221.19	2,582.77
Agency	Parents & Friends LP Co C O A(521)	9,10	1,911.19	260.00	2,221.19	980.00	980.00	11	11	980.00	980.00	11	1,828.54	382.85
Agency	Salvation Army of LaPorte(539)	75.00	75.00	3,198.00	77.00	3,275.00	2,930.27	11	11	3,275.00	2,930.27	11	3,275.00	2,451.60
Agency	Banker Woods Enrichment Center(547)	75.00	2,653.27	77.00	2,930.27	1,153.00	1,153.00	11	11	1,153.00	1,153.00	11	2,930.27	2,451.60
Agency	La Porte Family YMCA(562)	100.00	80.00	1,203.02	135.00	1,414.02	927.00	11	11	1,414.02	927.00	11	1,414.02	744.13
Agency	American Red Cross - LP Co Chap(2014)	100.00	80.00	3,452.43	902.00	4,534.43	3,810.88	11	11	4,534.43	3,810.88	11	3,810.88	3,275.00
Master	Lake Area United Way(6668)	100.00	80.00	2,828.89	802.00	3,644.00	2,398.53	11	11	3,644.00	2,398.53	11	2,398.53	1,804.24
Master	United Way of St. Joseph County(6776)	10.00	260.00	601.00	65.00	936.00	816.77	11	11	4,534.43	3,810.88	11	80.00	1,804.24
Master	Dunbrook-Prevent Child Abuse LP(7062)	55,005.00	55,084.63	1,281.00	8,783.41	65,367.41	63,270.18	11	11	65,367.41	63,270.18	11	6,999.63	2,667.39
Agency	Dsg Rcv													

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DCP Payee Summarized Report

Payee Type	Payee Name (Acct#)	Design By Direct	Design By Direct	Design Cash	Total Design	Vendor Number	Less Share	Gross Distr	Admin Expense	Shrink Amount	Net Distr	Adj Amount	Less Pay Direct	Less Previous Paid	Payment Due	Overpaid
Dsg/ Rcv																
Agency	Stepping Stone Shelter for Women(7070)	4,985.07	312.50	5,547.57	5,547.57	STESTO	20	4,736.59	10	547.57	5,304.53	1,642.74				
Dsg Rcv		4,224.09	312.50	4,736.59							3,804.03	831.76				
Agency	Open Door Health Center(2111)	26.00	185.00	211.00	211.00	OPDOHC	10		10	211.00	188.39	21.61				
Dsg Rcv		22.03	185.00	207.03							207.03	189.39	17.64			
Agency	LePorte County Animal Shelter(7526)	130.00	111.30	130.00	130.00	ANISHE	10		10	117.00	117.00	38.18				
Dsg Rcv		111.30		111.30							98.30	78.62	19.48			
Master	United Way of Porter County(7989)	5,367.00	925.00	6,292.00	6,292.00	IMPORT	10	5,099.00	10	6,292.00	5,099.00	4,283.81	1,998.19			
Dsg Rcv		4,174.00	925.00	5,099.00								4,283.81	605.19			
Master	United Way of Southwest Michigan(8375)	876.00	100.00	976.00	976.00	UWSWM	10		10	780.80	780.80	530.14	250.65			
Dsg Rcv		739.62	100.00	839.62							839.62	644.42	530.14	114.28		
Agency	Girl Scouts of N Indiana-Michiana Council(8466)	826.06	35.00	862.06	862.06	GIRSCO	10		10	862.06	710.84	578.23	283.83			
Dsg Rcv		675.84	35.00	710.84												
Agency	Salvation Army of Michigan City(8934)	3,893.00	565.00	4,548.00	4,548.00	SAAVMC	10		10	4,548.00	130.00	4,418.00	3,453.83	964.07		
Dsg Rcv		3,469.85	565.00	4,154.85							130.00	4,024.85	3,453.83	570.82		
Agency	LaPorte County Meats on Wheels(11791)	4,920.88	336.00	5,256.88	5,256.88	MEAWHE	10		10	5,256.88	4,321.68	3,561.72	1,695.16			
Dsg Rcv		3,985.68	336.00	4,321.68							4,321.68	3,561.72	3,561.72	759.86		
Agency	Retired Senior Volunteer Program(1817)	65.00	50.83	65.00	65.00	RSVPLP	10		10	65.00	50.93	40.21	24.78			
Dsg Rcv		50.83									50.93	40.21	40.21	10.72		
Agency	Citizens Concerned for Homeless(11633)	350.74	80.00	440.74	440.74	CITCON	10		10	440.74	322.77	203.52	85.76			
Dsg Rcv		345.06	80.00	425.06							322.77					
Agency	Unity Foundation of LaPorte Co(14191)	1,152.00	25.00	1,177.00	1,177.00	UNFOU	10		10	1,059.30	117.70	362.81	77.93			
Dsg Rcv		355.47	25.00	420.47							117.70		362.81	62.25		
Master	White County United Way Inc (1553)	200.00	200.00	200.00	200.00	UNWWHITE	10		10	160.00	160.00	160.00	160.00			
Dsg Rcv		161.50	200.00	161.50							160.00	160.00	160.00	160.00		
Agency	Activity Center for Older Adults(12128)	182.00	182.00	182.00	182.00	ACTCEN	10		10	145.60	145.60	145.60	145.60			
Dsg Rcv		182.00									182.00	36.40	36.40	36.40		
Agency	American Cancer Society(21311)	80.00	1,025.22	1,105.22	1,105.22	AMECAN	10	804.94	10	1,022.70	80.00	533.41	389.29			
Dsg Rcv		80.00	804.94	884.94							884.94	782.42	80.00	533.41	169.01	
Agency	Boys & Girls Club of M/C(21477)	1,728.00	175.00	1,979.00	1,979.00	BOYGIR	10	1,571.77	10	1,979.00	1,571.77	1,297.95	681.04			
Dsg Rcv		1,321.77	175.00	1,571.77										1,297.95	273.81	

DCP Payee Summarized Report

Payee Type	Payee Name (Acct#)	Design Bid	Design Direct	Design Payroll	Design Cash	Total Design	Undesign	Vendor Number	Underdesign	Gross Disb.	Admin Expense	Shrink Amount	Net Disb.	Less Pay Direct	Less Previous Paid	Payment Due	Overpaid
Agency	Child Care Consortium(21550)	1,151.00	130.00	1,281.00	1,044.17	1,281.00	1,044.17	CHICAR	1,281.00	1,044.17	1,281.00	1,044.17	910.03	910.03	370.97	134.14	
Dsg	914.17	130.00	1,044.17										910.03	910.03			
Rcv																	
Agency	Duneland YMCA (21642)	120.00	120.00	94.10	94.10	120.00	94.10	YMCAOU	120.00	24.00	4.00	6.00	96.00	70.10	52.05	43.95	
Dsg	120.00	120.00	94.10	94.10	94.10	94.10	94.10									18.05	
Rcv																	
Agency	Family House(21657)	20.00	20.00	20.00	20.00	20.00	20.00	COUAGI	20.00	4.00	6.00	6.00	16.00	16.00	16.00	16.00	
Dsg	20.00	20.00	20.00	20.00	20.00	20.00	20.00										
Rcv																	
Agency	LaPorte County Council on Aging(21758)	1,635.00	127.50	1,777.50	1,682.49	1,635.00	1,682.49	READLP	1,777.50	1,682.49	322.80	322.80	322.80	308.60	1,428.59	348.81	
Dsg	15.00	127.50	1,682.49	1,682.49	1,682.49	1,682.49	1,682.49									233.90	
Rcv																	
Agency	READ LaPorte County, Inc (21782)	225.80	97.00	322.80	308.60	225.80	308.60	MEAWHL	2831.50	2,684.05	2,684.05	2,684.05	2,684.05	2,684.05	2,263.14	568.36	
Dsg	97.00	308.60	308.60	308.60	308.60	308.60	308.60										
Rcv																	
Agency	LaPorte Meals On Wheels(21889)	1,531.00	578.50	2,631.50	2,584.05	1,531.00	2,584.05	MICHIM	182.00	182.00	182.00	182.00	182.00	182.00	145.10	125.61	
Dsg	100.00	578.50	2,584.05	2,584.05	2,584.05	2,584.05	2,584.05									38.19	
Rcv	100.00	578.50	2,584.05	2,584.05	2,584.05	2,584.05	2,584.05									19.49	
Agency	Michigan Humane Society(21915)	182.00	182.00	182.00	182.00	182.00	182.00	HOOPRO	234.00	195.09	24.00	24.00	98.00	78.74	60.75	35.25	
Dsg	182.00	182.00	182.00	182.00	182.00	182.00	182.00									17.99	
Rcv																	
Agency	Multiple Sclerosis Society-IN CHI(21884)	120.00	102.74	120.00	102.74	120.00	102.74	MULSCL	120.00	102.74	120.00	102.74	120.00	102.74	95.09	158.16	
Dsg	102.74	102.74	102.74	102.74	102.74	102.74	102.74									158.16	
Rcv																38.81	
Agency	HOPE Program(22128)	234.00	195.09	234.00	195.09	234.00	195.09	CARPLA	52.00	40.77	10.40	10.40	41.60	30.37	234.00	77.82	
Dsg	195.09	195.09	195.09	195.09	195.09	195.09	195.09									30.37	
Rcv																	
Agency	The Caring Place Advocacy Center(22251)	52.00	40.77	52.00	40.77	52.00	40.77	UNWARS	120.00	102.73	120.00	102.73	96.00	78.73	60.75	41.60	
Dsg	40.77	40.77	40.77	40.77	40.77	40.77	40.77									41.60	
Rcv																	
Master	United Way of Marshall County(22368)	120.00	102.73	120.00	102.73	120.00	102.73	United Way of Putaski County(22364)	26.00	25.06	26.00	26.00	20.80	19.96	20.80	20.80	
Dsg	102.73	102.73	102.73	102.73	102.73	102.73	102.73									19.86	
Rcv																	
Master	United Way of Putaski County(22364)	26.00	25.06	26.00	25.06	26.00	25.06	VISNUR	130.00	101.87	26.00	26.00	104.00	75.87	54.42	48.58	
Dsg	25.06	25.06	25.06	25.06	25.06	25.06	25.06									21.45	
Rcv																	
Agency	Visiting Nurse Association of Porter Co (22448)	130.00	101.87	130.00	101.87	130.00	101.87	INTFRI	100.00	100.00	100.00	100.00	90.00	90.00	90.00	90.00	
Dsg	101.87	101.87	101.87	101.87	101.87	101.87	101.87										
Rcv																	
Agency	International Friendship Garden(31054)	100.00	100.00	100.00	100.00	100.00	100.00	Meals on Wheels of Porter County(13928)	270.00	211.57	270.00	211.57	216.00	157.57	113.17	102.83	
Dsg	100.00	100.00	100.00	100.00	100.00	100.00	100.00									44.40	
Rcv																	

DCP Payee Summarized Report

Payee Type	Payee Name (Acct#)	Design Bill Direct	Design Pay Direct	Design Payroll	Design Cash	Total Design	Vendor Number	Undesign Euro Share	Gross Dish	Admin Expense	Shrink Amount	Net Dish	Adj Amount	Less Pay Direct	Less Previous Paid	Payment Due	Overpaid
Agency Dsg Rcv	Samaritan Counselling Center(34025)	1,100.00	1,100.00	1,100.00	1,100.00	1,100.00	SAMCOU	100.00	1,100.00	1,100.00	0.00	1,100.00	0.00	0.00	0.00	0.00	
Agency Dsg Rcv	Harmony House/CASA of La Porte County(34041)	2,358.30	2,358.30	2,354.56	2,354.56	2,357.30	HARHOU	100.00	2,357.30	2,354.56	0.00	2,354.56	0.00	0.00	0.00	0.00	
Agency Dsg Rcv	Opportunity Enterprises-Porter(34074)	920.00	920.00	773.15	773.15	920.00	OPPENT	100.00	920.00	184.00	0.00	736.00	0.00	0.00	0.00	0.00	
Agency Dsg Rcv	North Shore Health Center(34082)	52.00	52.00	46.03	46.03	52.00	000326	100.00	52.00	41.60	0.00	35.63	0.00	0.00	0.00	0.00	
Agency Dsg Rcv	LaPorte Symphony Orchestra(50245)	276.25	276.25	198.27	198.27	276.25	SYMORC	100.00	276.25	248.62	0.00	108.31	0.00	0.00	0.00	0.00	
Master Dsg Rcv	United Way of Elkhart County, Inc(52506)	104.00	104.00	104.00	104.00	104.00	UWELKH	100.00	104.00	20.80	0.00	83.20	0.00	0.00	0.00	0.00	
Agency Dsg Rcv	Horton VNA Hospice Center-Porter(52555)	172.00	172.00	160.75	160.75	172.00	HORNVA	100.00	172.00	34.40	0.00	137.60	0.00	0.00	0.00	0.00	
Agency Dsg Rcv	VNA HomeCare Private Duty & Hospice(53199)	180.00	180.00	141.14	141.14	180.00	VNAHOM	100.00	180.00	180.00	0.00	141.14	0.00	0.00	0.00	0.00	
Agency Dsg Rcv	Hilltop Community Health Care(57513)	135.20	135.20	103.47	103.47	135.20	HILCOM	100.00	135.20	27.04	0.00	108.16	0.00	0.00	0.00	0.00	
Agency Dsg Rcv	NW Indiana Meals on Wheels, Inc(64436)	78.00	78.00	61.12	61.12	78.00	MEANWW	100.00	78.00	15.60	0.00	62.40	0.00	0.00	0.00	0.00	
Agency Dsg Rcv	Healthy Communities of LaPorte(65167)	200.00	200.00	100.00	100.00	200.00	HEACOM	100.00	200.00	30.00	0.00	270.00	0.00	0.00	0.00	0.00	
Agency Dsg Rcv	LaPorte Co Special Olympics(65526)	90.00	90.00	86.93	86.93	90.00	SPEOLY	100.00	90.00	90.00	0.00	81.00	0.00	0.00	0.00	0.00	
Agency Dsg Rcv	Women & Care Center(638864)	130.00	130.00	115.36	115.36	130.00	WONCAR	100.00	130.00	117.00	0.00	102.36	0.00	0.00	0.00	0.00	
Agency Dsg Rcv	YANA / AL ANON(71621)	1,560.00	1,560.00	1,183.69	1,183.69	1,560.00	YANAAL	100.00	1,560.00	156.00	0.00	1,404.00	0.00	0.00	0.00	0.00	
Agency Dsg Rcv	Hours for Our School Based Mentoring(71647)	1807.00	137.50	1,686.10	1,623.60	1,944.50	HOOUR	100.00	1,944.50	1,823.60	0.00	1,467.35	0.00	0.00	0.00	0.00	

DCP Payee Summarized Report

Payee Type	Payee Name (Acc#)	Design Bill Direct	Design Pay Direct	Design Payroll	Total Design Cash	Vendor Number Equal Share	Gross Distr	Admin Expense	Shunk Amount	Net Distr	Adj Amount	Less Pay Direct	Less Previous Paid	Payment Due	Overpaid
Agency	Sale Harbor/MCAS Grant(74724)	\$ 3,484.00	\$ 87.50	\$ 3,571.50	\$ 3,571.50	SAFFHAR	\$ 3,308.38	\$ 3,308.38	\$ 3,308.38	\$ 3,308.38	\$ 3,308.38	\$ 2,651.32	\$ 2,651.32	\$ 920.18	\$ 657.06
Agency	MCAS Grant Acceptance Fund(74898)	\$ 3,220.88	\$ 87.50	\$ 3,308.38	\$ 3,308.38	MCAGRA	\$ 95.67	\$ 125.00	\$ 95.67	\$ 125.00	\$ 95.67	\$ 48.71	\$ 48.71	\$ 78.29	\$ 46.86
Agency	Dig Rcv														
Agency	Rolling Prairie Community Center(75440)	\$ 125.00	\$ 95.67	\$ 220.67	\$ 220.67	ROLPRA	\$ 260.00	\$ 260.00	\$ 260.00	\$ 260.00	\$ 260.00	\$ 167.23	\$ 167.23	\$ 66.77	\$ 37.49
Agency	Dig Rcv														
Agency	Mixed Up Must(75754)	\$ 1300.00	\$ 815.13	\$ 1,300.00	\$ 1,300.00	MIXMUT	\$ 615.13	\$ 1,300.00	\$ 615.13	\$ 1,300.00	\$ 615.13	\$ 618.44	\$ 618.44	\$ 683.56	\$ 198.69
Agency	GAF - First Day of School Project(80527)	\$ 75.00	\$ 75.00	\$ 75.00	\$ 75.00	000607	\$ 75.00	\$ 75.00	\$ 75.00	\$ 75.00	\$ 75.00	\$ 75.00	\$ 75.00	\$ 75.00	\$ 75.00
Agency	Dig Rcv														
Agency	Open Door Adolescent Health Center(81705)	\$ 242.00	\$ 200.00	\$ 442.00	\$ 442.00	OPEDOR	\$ 433.24	\$ 433.24	\$ 433.24	\$ 433.24	\$ 433.24	\$ 390.70	\$ 390.70	\$ 51.30	\$ 42.54
Agency	Dig Rcv														
Agency	El Pueblo of LaPlata County(123620)	\$ 130.00	\$ 125.26	\$ 130.00	\$ 130.00	ELPUEB	\$ 125.26	\$ 130.00	\$ 130.00	\$ 130.00	\$ 130.00	\$ 89.44	\$ 89.44	\$ 27.56	\$ 22.85
Agency	Dig Rcv														
Agency	Junior Achievement(123646)	\$ 1,345.00	\$ 857.06	\$ 1,345.00	\$ 1,345.00	JUNACH	\$ 857.06	\$ 134.50	\$ 134.50	\$ 134.50	\$ 134.50	\$ 810.91	\$ 810.91	\$ 589.59	\$ 121.65
Agency	Dig Rcv														
Agency	LaPonte Educational Development Fund(123653)	\$ 50.00	\$ 50.00	\$ 100.00	\$ 650.00	EDUDEV	\$ 650.00	\$ 650.00	\$ 650.00	\$ 650.00	\$ 650.00	\$ 650.00	\$ 650.00	\$ 650.00	\$ 650.00
Agency	Dig Rcv														
Agency	HealthLink(150094)	\$ 156.00	\$ 81.82	\$ 156.00	\$ 156.00	HEALIN	\$ 81.82	\$ 156.00	\$ 81.82	\$ 156.00	\$ 81.82	\$ 66.22	\$ 66.22	\$ 26.95	\$ 13.45
Agency	Dig Rcv														
Agency	Blue Chip Employee Crisis Fund(156224)	\$ 377.00	\$ 22.50	\$ 399.50	\$ 399.50	EMPCRIS	\$ 317.92	\$ 317.92	\$ 317.92	\$ 317.92	\$ 317.92	\$ 255.68	\$ 255.68	\$ 143.82	\$ 62.24
Agency	Dig Rcv														
Agency	Sale Harbor of Greater West Chester(161604)	\$ 52.00	\$ 50.00	\$ 102.00	\$ 102.00	SAFHAW	\$ 94.06	\$ 102.00	\$ 94.06	\$ 102.00	\$ 94.06	\$ 65.48	\$ 65.48	\$ 16.12	\$ 8.18
Agency	Dig Rcv														
Agency	Boys and Girls of Goshen(171850)	\$ 52.00	\$ 52.00	\$ 52.00	\$ 52.00	BOYGIG	\$ 52.00	\$ 10.40	\$ 41.60	\$ 41.60	\$ 41.60	\$ 41.60	\$ 41.60	\$ 41.60	\$ 41.60
Agency	Dig Rcv														
Agency	Children's International Summer Villages(171987)	\$ 2,178.26	\$ 25.00	\$ 2,253.28	\$ 2,253.28	CHINT	\$ 2,098.31	\$ 2,253.28	\$ 2,098.31	\$ 2,253.28	\$ 2,098.31	\$ 1,421.22	\$ 1,421.22	\$ 606.73	\$ 451.76
Agency	Dig Rcv														
Agency	St. Agnes Day Service Center(172023)	\$ 100.00	\$ 100.00	\$ 100.00	\$ 100.00	STADAY	\$ 100.00	\$ 20.00	\$ 80.00	\$ 80.00	\$ 80.00	\$ 80.00	\$ 80.00	\$ 80.00	\$ 80.00
Agency	Dig Rcv														

DCP Payee Summarized Report

Payee Type	Payee Name (Acc#)	Design Bill Direct	Design Pay Direct	Design Payroll	Design Cash	Total Design	Vendor Number Undesign	Undesign % Share	Gross Distr	Admin Expense	Shmt Amount	Net Distr	Adj Amount	Less Pay Direct	Less Previous Paid	Payment Due	Overpaid
Agency	United Way Regional Volunteer Center(194167)	600.00	1,161.11	470.49	600.00	1,161.11	UNREGI	33	600.00	120.00	480.00	11	11	11	260.24	219.76	
Drg					470.49				470.49	120.00	350.49				260.24	90.25	
Rcv																	
Master	Starke United Fund(186958)	820.00	1,121.22	863.56	820.00	1,121.22	STARUN	11	820.00	46.00	884.00	11	11	11	654.93	229.07	
Drg					863.56					46.00	817.56				654.93	162.63	
Rcv																	
Agency	Correctional Professionals Assistance(197632)	120.00	1,111.11	102.74	120.00	1,111.11	CORPEA	11	120.00	24.00	104.00	11	11	11	60.75	35.25	
Drg					102.74					24.00	78.74				60.75	17.99	
Rcv																	
Agency	Child and Family Service of SW Michigan(207738)	52.00	1,111.11	44.06	52.00	1,111.11		11	52.00	10.40	41.60	11	11	11	25.48	16.12	
Drg					44.06					10.40	33.66				25.48	8.18	
Rcv																	
Report Total		64,361.00	1,701.00	63,540.51	11,373.00	160,975.51			160,975.51	2,162.32	158,813.19	64,098.63	1,701.00	64,454.95	28,557.61		
Drg	64,274.63	1,701.00	67,919.84	11,373.00	145,268.47				145,268.47	2,130.92	143,137.55	64,098.63	1,701.00	64,454.95	12,881.97		
Rcv																	
Actual Report Payroll Total		64,361.00	1,701.00	63,540.51	11,373.00	160,975.51			160,975.51	2,162.32	158,613.19	64,098.63	1,701.00	64,454.95	28,557.61		
Drg	64,274.63	1,701.00	67,919.84	11,373.00	145,268.47				145,268.47	2,130.92	143,137.55	64,098.63	1,701.00	64,454.95	12,881.97		
Rcv																	

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2012

Attachment
Sequence No 179Department of the Treasury
Internal Revenue Service (99)

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

Name(s) shown on return

Identifying number

UNITED WAY OF GREATER LAPORTE COUNTY

35-0782893

Business or activity to which this form relates

Form 990 / Form 990EZ

Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount (see instructions)	1	500,000.
2	Total cost of section 179 property placed in service (see instructions)	2	4,673.
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000.
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost	
7	Listed property Enter the amount from line 29	7		
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8		
9	Tentative deduction Enter the smaller of line 5 or line 8	9		
10	Carryover of disallowed deduction from line 13 of your 2011 Form 4562	10		
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11		
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12		
13	Carryover of disallowed deduction to 2013 Add lines 9 and 10, less line 12	13		

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	3,083.

Part III MACRS Depreciation (Do not include listed property) (See instructions)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2012	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	► <input type="checkbox"/>	

Section B – Assets Placed in Service During 2012 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only – see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
			27.5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C – Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions)

21	Listed property Enter amount from line 28	21	
22	Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations – see instructions	22	3,083.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement')

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

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

24 a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No									24b If 'Yes,' is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost	
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)									25
26 Property used more than 50% in a qualified business use.									
27 Property used 50% or less in a qualified business use:									
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1									28
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1									29

Section B – Information on Use of Vehicles

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

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

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

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

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?													Yes	No
													Yes	No
													Yes	No
													Yes	No
													Yes	No
													Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners														
39 Do you treat all use of vehicles by employees as personal use?														
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?														
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions) <i>Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles</i>														

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2012 tax year (see instructions)					
43 Amortization of costs that began before your 2012 tax year					
44 Total. Add amounts in column (f) See the instructions for where to report					

Form 4562 - Depreciation and Amortization
Election Not to Claim Additional Depreciation for Specific Classes

Name as shown on return: UNITED WAY

Taxpayer's ID#:

Year: 2012

Taxpayer makes the following elections pertaining to additional first year depreciation:

Classes	Assets Acquired in the Current Year
	Elect Out

5 year class

YES

Application for Extension of Time To File an
Exempt Organization Return

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box

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

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

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

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

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

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

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions UNITED WAY OF GREATER LAPORTE COUNTY	Employer identification number (EIN) or 35-0782893
File by the due date for filing your return. See instructions	Number, street, and room or suite number If a P O box, see instructions 115 E 4TH ST	Social security number (SSN)
	City, town or post office, state, and ZIP code For a foreign address, see instructions MICHIGAN CITY	IN 46360

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 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	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 ► MARLETTTE BERNACCHI

Telephone No ► (219) 210-3534 FAX No ► (219) 221-6258

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time

until Aug 15, 2013, to file the exempt organization return for the organization named above

The extension is for the organization's return for

► calendar year 20 12 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

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

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

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

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

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

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

Enter filer's identifying number, see instructions

Type or print File by the extended due date for filing your return. See instructions	Name of exempt organization or other filer, see instructions UNITED WAY OF GREATER LAPORTE COUNTY	Employer identification number (EIN) or 35-0782893
	Number, street, and room or suite number. If a P O box, see instructions 115 E 4TH ST	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions MICHIGAN CITY IN 46360	

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 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

- The books are in care of ▶ **MARLETTE BERNACCHI** -----
Telephone No ▶ **(219) 210-3534** ----- FAX No ▶ **(219) 221-6258** -----
- 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

- I request an additional 3-month extension of time until **Nov 15** , 20 **13**
- For calendar year **2012** , or other tax year beginning -----, 20 -----, and ending -----, 20 -----
- If the tax year entered in line 5 is for less than 12 months, check reason Initial return Final return
 Change in accounting period
- State in detail why you need the extension **ADDITIONAL TIME IS NEEDED IN ORDER TO ACCUMULATE THE INFORMATION NECESSARY TO FILE AN ACCURATE RETURN.**

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

Signature and Verification must be completed for Part II only.

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

Signature ▶ **Bur. Nw**Title ▶ **CPT**

BAA

FIFZ0502 01/21/13

Date ▶ **8/1/13**

Form 8868 (Rev 1-2013)