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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2012

Open to Public Inspection

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

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: UNITED WAY OF GREATER LAFAYETTE AND TIPPECANOE COUNTY, INDIANA, INC.

Doing Business As:

Number and street (or P O box if mail is not delivered to street address): 1114 STATE STREET

Room/suite:

City, town or post office, state, and ZIP code: LAFAYETTE IN 47905

D Employer identification number: 35-0891621

E Telephone number: 765-742-9077

G Gross receipts $: 5,777,937

F Name and address of principal officer:
JAMES L. M. TAYLOR
SAME AS ABOVE

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No

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

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.UWLAFAYETTE.ORG

H(c) Group exemption number ▶

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

L Year of formation: 1956

M State of legal domicile: IN

Part I Summary

1 Briefly describe the organization's mission or most significant activities.
See Schedule O

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	24
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	24
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	22
6	Total number of volunteers (estimate if necessary)	6	1200
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)	4,977,744	5,560,324
9	Program service revenue (Part VIII, line 2g)	50,018	43,081
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	162,224	173,005
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	64	1,527
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,190,050	5,777,937
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,962,717	4,011,536
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	673,548	744,746
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 298,467		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	383,741	385,108
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	5,020,006	5,141,390
19	Revenue less expenses. Subtract line 18 from line 12	170,044	636,547

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	9,585,561	10,523,552
21	Total liabilities (Part X, line 26)	3,919,526	3,948,086
22	Net assets or fund balances. Subtract line 21 from line 20	5,666,035	6,575,466

SCANNED JUN 04 2013

RECEIVED MAY 15 2013 OGDEN UT

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date: 5/2/13

▶ JAMES L. M. TAYLOR EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
KIMBERLEY R MORISETTE	KIMBERLEY R MORISETTE	04/26/13		P00337290

Firm's name ▶ HUTH THOMPSON LLP — Firm's EIN ▶ 35-2055043

Firm's address ▶ PO BOX 970 LAFAYETTE, IN 47902-0970 — Phone no 765-428-5000

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III [X]

1 Briefly describe the organization's mission:

See Schedule O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] 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 [X] 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 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 $ 3,989,411 including grants of $ 3,989,411) (Revenue $)

UNITED WAY'S COMMUNITY INVESTMENT EFFORTS SEEK TO MEET IDENTIFIED HUMAN NEEDS IN TIPPECANOE COUNTY BY FUNDING SERVICES THAT GET RESULTS. WE BASE OUR FUNDING ON FINANCIAL OVERSIGHT AND ANSWERS TO THESE QUESTIONS:
-WHAT DOES YOUR AGENCY DO TO IMPROVE THE LIVES OF THE PEOPLE IT SERVES?
-HOW DO YOU KNOW THAT YOU ARE IMPROVING PEOPLE'S LIVES THIS WAY?
-HOW DO YOUR AGENCY'S EFFORTS FIT WITH UNITED WAY'S COMMUNITY LEVEL TARGET OUTCOMES?
-HOW DOES YOUR AGENCY FIT IN THE OVERALL CONTEXT OF TIPPECANOE COUNTY'S HEALTH AND HUMAN SERVICE EFFORTS TO IMPROVE LIVES?
-PLEASE EXPLAIN YOUR REQUEST FOR UNITED WAY FUNDING RELATIVE TO YOUR TOTAL BUDGET.

4b (Code) (Expenses $ 116,276 including grants of $) (Revenue $)

THE INDIANA NONPROFIT RESOURCE NETWORK ASSISTS IN EDUCATING AND ASSISTING NONPROFIT ORGANIZATIONS IN THE WESTERN REGION OF THE STATE. BY BUILDING THE CAPACITY OF ORGANIZATIONS IN GOVERNANCE, ACCOUNTABILITY, FUNDRAISING, STRATEGIC PLANNING AND MORE, THE NETWORK ENHANCES THE NONPROFIT COMMUNITY'S ABILITY TO IMPROVE LIVES THROUGH OUT OUR REGION.

4c (Code) (Expenses $ 62,014 including grants of $) (Revenue $)

THE LABOR AND COMMUNITY SERVICES LIAISON RECRUITS AND EDUCATES EMPLOYEES AND UNION MEMBERS ON RESOURCES AVAILABLE IN OUR COMMUNITY TO ASSIST PEOPLE IN NEED AS WELL AS THE WAYS IN WHICH THEY CAN ASSIST THEIR CO-WORKERS, FAMILY MEMBERS AND NEIGHBORS IN LOCATING THE PROPER RESOURCES FOR THEIR NEEDS.

4d Other program services. (Describe in Schedule O)
(Expenses $ 477,289 including grants of $ 22,125) (Revenue $ 29,353)

4e Total program service expenses ▶ 4,644,990

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
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	X	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules (continued)

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

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

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	4		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	22		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country. ▶ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		X
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?		8		X
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		X
10	**Section 501(c)(7) organizations.** Enter:				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter:				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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.	1a	24		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	24		
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
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X

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

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

Section C. Disclosure

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

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

[ ] Own website [X] Another's website [X] Upon request [ ] Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public 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: ▶ LAURA CARSON 1114 STATE STREET LAFAYETTE IN 47902 765-742-9077

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 organizations 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) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BRENDA CLAPPER	0.50									
DIRECTOR	0.00	X						0	0	0
(2) SHARON BARDONNER	0.50									
DIRECTOR	0.00	X						0	0	0
(3) BILL OLDS	0.50									
DIRECTOR	0.00	X						0	0	0
(4) TOM MURTAUGH	0.50									
PRESIDENT	0.00	X		X				0	0	0
(5) CARRIE NORTH	0.50									
DIRECTOR	0.00	X						0	0	0
(6) AARON COOKE	0.50									
DIRECTOR	0.00	X						0	0	0
(7) JODI ROY	0.50									
PAST PRESIDENT	0.00	X						0	0	0
(8) JIMMY OGDEN	0.50									
DIRECTOR	0.00	X						0	0	0
(9) RHONDA JONES	0.50									
DIRECTOR	0.00	X						0	0	0
(10) JULIE COLE	0.50									
DIRECTOR	0.00	X						0	0	0
(11) CINDY MURRAY	0.50									
DIRECTOR	0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) ED DUNN DIRECTOR	0.50 0.00	X						0	0	0
(13) JESSICA REBMANN DIRECTOR	0.50 0.00	X						0	0	0
(14) CARLOS VASQUEZ DIRECTOR	0.50 0.00	X						0	0	0
(15) RANDY WILLIAMS DIRECTOR	0.50 0.00	X		X				0	0	0
(16) JEFF KESSLER 2ND VICE PRESIDENT	0.50 0.00	X		X				0	0	0
(17) LAURA DOWNEY DIRECTOR	0.50 0.00	X						0	0	0
(18) BOB FALK 1ST VICE PRESIDENT	0.50 0.00	X		X				0	0	0
(19) JASON BRICKER TREASURER	0.50 0.00	X		X				0	0	0
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶								102,100		31,192
d Total (add lines 1b and 1c) ▶								102,100		31,192

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 1

		Yes	No
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		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If "Yes," complete Schedule J for such individual		X
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		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization 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 of compensation from the organization ▶ 0

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

(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) SPENCER BUCHANAN	0.50									
DIRECTOR	0.00	X						0	0	0
(13) ISAAC RIVERA	0.50									
DIRECTOR	0.00	X						0	0	0
(14) TOM PECK	0.50									
DIRECTOR	0.00	X						0	0	0
(15) MARY ANNE SLOAN	0.50									
DIRECTOR	0.00	X						0	0	0
(16) ERIC CLAWSON	0.50									
DIRECTOR	0.00	X						0	0	0
(17) JOHN SCHURZ	0.50									
DIRECTOR	0.00	X						0	0	0
(18) JAMES L. M. TAYLOR	40.00									
EXEC. DIR	0.00			X				102,100	0	31,192
(19)										
1b Sub-total ▶								102,100		31,192
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶										

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

		Yes	No
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	3		
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	4		
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	5		

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 of compensation from the organization ▶

Part VIII Statement of Revenue

Check 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	1a Federated campaigns	1a	4,804,689				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	755,635				
	g Noncash contributions included in lines 1a-1f	$	81,519				
	h **Total.** Add lines 1a–1f			5,560,324			
Program Service Revenue		Busn. Code					
	2a Administrative Fees	611430		29,353	29,353		
	b Workshop Income	541610		9,560	9,560		
	c Consultation Income	561000		4,168	4,168		
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a–2f			43,081			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			153,589			153,589
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6a Gross rents						
	b Less rental exps						
	c Rental inc or (loss)						
	d Net rental income or (loss)						
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory	19,416					
	b Less cost or other basis & sales exps						
	c Gain or (loss)	19,416					
	d Net gain or (loss)			19,416			19,416
	8a Gross income from fundraising events (not including $ 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						
	9a Gross income from gaming activities See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
	10a 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	Busn. Code					
	11a Miscellaneous Income	900099		1,527	1,527		
	b						
	c						
	d All other revenue						
	e **Total.** Add lines 11a–11d			1,527			
	12 **Total revenue.** See instructions			5,777,937	44,608	0	173,005

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 U S. See Part IV, line 21	4,011,536	4,011,536		
2 Grants and other assistance to individuals in the U S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	133,292	42,320	59,408	31,564
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	484,504	291,294	61,215	131,995
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	37,883	20,658	6,079	11,146
9 Other employee benefits	45,903	37,716	-2,911	11,098
10 Payroll taxes	43,164	23,576	8,051	11,537
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	12,350	6,911	1,795	3,644
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	23,810		23,810	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,756	983	255	518
12 Advertising and promotion				
13 Office expenses	32,411	10,870	4,389	17,152
14 Information technology	20,400	14,217	1,395	4,788
15 Royalties				
16 Occupancy	28,025	15,461	4,580	7,984
17 Travel	8,973	6,652	882	1,439
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	14,780	9,200	3,926	1,654
20 Interest				
21 Payments to affiliates	55,177	30,878	8,016	16,283
22 Depreciation, depletion, and amortization	8,765	4,906	1,273	2,586
23 Insurance	8,298	3,271	1,322	3,705
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 Grant Expense	72,394	72,394		
b Events Sponsorships	26,041	4,135		21,906
c Campaign & Public Relatio	20,117	2,273		17,844
d Consultation Expense	19,036	19,036		
e All other expenses	32,775	16,703	14,448	1,624
25 Total functional expenses. Add lines 1 through 24e	5,141,390	4,644,990	197,933	298,467
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 Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest bearing		858,645	1	1,009,057
	2	Savings and temporary cash investments		2,162,928	2	2,196,964
	3	Pledges and grants receivable, net		3,458,745	3	3,868,089
	4	Accounts receivable, net		90,526	4	65,512
	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		4,010	9	4,953
	10a	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 122,498			
	b	Less. accumulated depreciation	10b 67,107	15,782	10c	55,391
	11	Investments—publicly traded securities		1,927,767	11	2,176,705
	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		1,067,158	15	1,146,881
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		9,585,561	16	10,523,552
Liabilities	17	Accounts payable and accrued expenses		160,745	17	148,116
	18	Grants payable		3,558,348	18	3,642,294
	19	Deferred revenue		40,050	19	1,027
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		160,383	21	156,649
	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			25	
	26	**Total liabilities.** Add lines 17 through 25		3,919,526	26	3,948,086
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		1,402,718	27	1,748,823
	28	Temporarily restricted net assets		4,259,067	28	4,822,393
	29	Permanently restricted net assets		4,250	29	4,250
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ 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		5,666,035	33	6,575,466
	34	Total liabilities and net assets/fund balances		9,585,561	34	10,523,552

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,777,937
2	Total expenses (must equal Part IX, column (A), line 25)	2	5,141,390
3	Revenue less expenses. Subtract line 2 from line 1	3	636,547
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,666,035
5	Net unrealized gains (losses) on investments	5	276,561
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	-3,677
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,575,466

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] 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	2a		X
b	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. [X] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X	
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?	3a		X
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	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization	Employer identification number
UNITED WAY OF GREATER LAFAYETTE AND TIPPECANOE COUNTY, INDIANA, INC.	35-0891621

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 to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

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 it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the 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
11g(i)		
11g(ii)		
11g(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 col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of monetary support
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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 ")	5,377,561	4,197,596	5,007,825	4,977,744	5,560,324	25,121,050
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	5,377,561	4,197,596	5,007,825	4,977,744	5,560,324	25,121,050
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)						632,775
6 **Public support.** Subtract line 5 from line 4						24,488,275

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	5,377,561	4,197,596	5,007,825	4,977,744	5,560,324	25,121,050
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	188,289	162,972	133,844	157,204	153,589	795,898
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.)	1,988	1,967	66	64	1,527	5,612
11 **Total support.** Add lines 7 through 10						25,922,560
12 Gross receipts from related activities, etc (see instructions)					12	244,686

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	94.47 %
15	Public support percentage from 2011 Schedule A, Part II, line 14	15	93.38 %

16a **33 1/3% support test—2012.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test—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 ▶ ☐

17a **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 ▶ ☐

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 year 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 year 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 ▶ ☐

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 ▶ ☐

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

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

Part II, Line 10 - Other Income Detail

MISCELLANEOUS	**$**	**5,612**

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047
2012
Open to Public Inspection

Name of the organization
UNITED WAY OF GREATER LAFAYETTE AND TIPPECANOE COUNTY, INDIANA, INC.

Employer identification number
35-0891621

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	1	0
2	Aggregate contributions to (during year)	34,832	
3	Aggregate grants from (during year)	20,400	
4	Aggregate value at end of year	23,491	

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)
- ☐ Protection of natural habitat
- ☐ Preservation of open space
- ☐ Preservation of an historically important land area
- ☐ Preservation of a certified historic structure

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

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

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

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

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

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

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

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

9 In Part 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.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part 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 III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

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

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

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

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

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

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

b If "Yes," explain the arrangement in Part XIII and complete the following table

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☒

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	9,247	9,585	8,467	6,690	
b Contributions					
c Net investment earnings, gains, and losses	1,308	-338	1,118	1,777	
d Grants or scholarships					
e Other expenditures for facilities and programs	-114				
f Administrative expenses					
g End of year balance	10,441	9,247	9,585	8,467	

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

- a Board designated or quasi-endowment ▶ %
- b Permanent endowment ▶ 40.00 %
- c Temporarily restricted endowment ▶ 60.00 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

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

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

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		122,498	67,107	55,391
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶				55,391

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, col. (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, col. (B) line 13) ▶		

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

(a) Description	(b) Book value
(1) Designated Endowment	1,146,881
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	1,146,881

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (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	5,297,912
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.				
a	Net unrealized gains on investments	2a	276,561		
b	Donated services and use of facilities	2b	53,110		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	329,671
3	Subtract line 2e from line 1			3	4,968,241
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	23,810		
b	Other (Describe in Part XIII.)	4b	785,886		
c	Add lines 4a and 4b			4c	809,696
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	5,777,937

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

1	Total expenses and losses per audited financial statements			1	4,388,481
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	53,110		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	3,677		
e	Add lines 2a through 2d			2e	56,787
3	Subtract line 2e from line 1			3	4,331,694
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	23,810		
b	Other (Describe in Part XIII)	4b	785,886		
c	Add lines 4a and 4b			4c	809,696
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	5,141,390

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.

Part IV, Line 2b - Escrow Liability Arrangement Explanation

THE ORGANIZATION IS THE AGENT FOR THE ASSETS FOR INDEPENDANCE (AFI) DEMONSTRATION PROGRAM FROM THE DEPARTMENT OF HEALTH AND HUMAN SERVICES. THE FUNDS ARE HELD TO BE DISBURSED ONLY TO MEET THE OBJECTIVES OF THIS PROGRAM. THE ORGANIZATION FUNCTIONS AS AN AGENT TO HOLD AND ADMINISTER THESE FUNDS ON BEHALF OF THE DEPARTMENT OF HEALTH & HUMAN SERVICES. THE ORGANIZATION ALSO IS THE AGENT FOR THE COLLABORATIVE GRANT.

Part V, Line 4 - Intended Uses for Endowment Funds

DURING 1983, 1984 AND 1985, THE ORGANIZATION RECEIVED CONTRIBUTIONS FOR THE ESTABLISHMENT OF THE ALBERT J BONNER, JR COMMUNITY SERVICE AWARD. AS REQUESTED BY THE DONOR, THE PRINCIPAL ($4,250) OF THIS RESTRICTED GIFT IS PERMANENTLY INVESTED BY THE ORGANIZATION AND THE INCOME IS USED FOR SPECIAL PROJECTS AS NEEDED.

Part X - FIN 48 Footnote

ACCOUNTING STANDARDS REQUIRE ENTITIES TO DISCLOSE IN THEIR FINANCIAL STATEMENTS THE NATURE OF ANY UNCERTAINTIES IN THEIR TAX POSITION. TAX YEARS INCLUDING 2009 AND LATER ARE SUBJECT TO EXAMINATION BY TAX AUTHORITIES. AREAS THAT IRS AND STATE TAX AUTHORITIES CONSIDER WHEN EXAMINING TAX RETURNS OF A CHARITY INCLUDE, BUT MAY NOT BE LIMITED TO, TAX-EXEMPT STATUS AND THE EXISTENCE AND AMOUNT OF UNRELATED BUSINESS INCOME. THE ORGANIZATION DOES NOT BELIEVE THAT IT HAS ANY UNCERTAIN TAX POSITIONS WITH RESPECT TO THESE OR OTHER MATTERS, AND THEREFORE HAS NOT RECORDED ANY UNRECOGNIZED TAX BENEFITS OR LIABILITIES. THE ORGANIZATION IS NOT AWARE OF ANY CIRCUMSTANCES OR EVENTS THAT MAKE IT REASONABLY POSSIBLE THAT TAX BENEFITS MAY INCREASE OR DECREASE WITHIN 12 MONTHS OF THE DATE OF THESE FINANCIAL STATEMENTS.

Part XI, Line 4b - Revenue Amounts Included on Return - Other

OUT OF COUNTY DESIGNATIONS	$	346,512
DESIGNATED PLEDGES - FASB 136	$	439,375
ROUNDING	$	-1

Part XII, Line 2d - Expense Amounts Included in Financials - Other

Book / Tax Depreciation Difference	$	3,677

Part XII, Line 4b - Expense Amounts Included on Return - Other

OUT OF COUNTY PLEDGES	$	346,512
DESIGNATED PLEDGES FASB 136	$	439,375
ROUNDING	$	-1

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization: **UNITED WAY OF GREATER LAFAYETTE AND TIPPECANOE COUNTY, INDIANA, INC.**

Employer identification number: **35-0891621**

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? [X] Yes [ ] No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. 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) American Red Cross 615 N. 18th Street, #101 Lafayette IN 47904	53-0196605	3	167,000				ALLOCATIONS
(2) Big Brothers Big Sisters 3805 Fortune Drive, Ste 2 Lafayette IN 47905	35-1157567	3	102,908				ALLOCATIONS
(3) Boy Scouts of Sagamore Council P.O. Box 865 Kokomo IN 46903	35-0867972	3	81,045				ALLOCATIONS
(4) Bauer Family Resources P.O. Box 1186 Lafayette IN 47902	35-1165883	3	339,633				ALLOCATIONS
(5) Riggs Community Health Center 1716 Hartford Street Lafayette IN 47904	35-1965865	3	169,050				ALLOCATIONS
(6) Crisis Center 1244 N. 15th Street Lafayette IN 47904	35-1186633	3	103,357				ALLOCATIONS
(7) Family Services, Inc. 615 N. 18th Street, #201 Lafayette IN 47904	35-1099083	3	279,728				ALLOCATIONS
(8) Food Finders Food Bank 50 Olympia Court Lafayette IN 47909	31-1020198	3	121,000				ALLOCATIONS
(9) Girl Scouts of Sycamore Council 615 N. 18th Street #203 Lafayette IN 47904	35-0876381	3	37,929				ALLOCATIONS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 33

3 Enter total number of other organizations listed in the line 1 table ▶ 0

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization: **UNITED WAY OF GREATER LAFAYETTE AND TIPPECANOE COUNTY, INDIANA, INC.**

Employer identification number: **35-0891621**

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. 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) Hanna Community Center 1201 N. 18th Street Lafayette IN 47904	31-1024517	3	70,604				ALLOCATIONS
(2) Lafayette Adult Resource Academy 1100 Elizabeth Street, Ste 3 Lafayette IN 47904	35-6002525	3	75,507				ALLOCATIONS
(3) Lafayette Family YMCA 1950 S. 18th Street Lafayette IN 47905	35-0868213	3	89,576				ALLOCATIONS
(4) Lafayette Transitional Housing Cent 615 N. 18th Street, #102 Lafayette IN 47904	35-1781229	3	252,737				ALLOCATIONS
(5) Legal Aid Corporation 212 N. 5th Street Lafayette IN 47901	35-1187794	3	61,513				ALLOCATIONS
(6) Lyn Treece Boys & Girls Club 1529 N. 10th Street Lafayette IN 47904	35-1262269	3	220,639				ALLOCATIONS
(7) Meals on Wheels 1501 Hartford Street Lafayette IN 47904	35-1144026	3	25,210				ALLOCATIONS
(8) Mental Health Association P. O. Box 1626 Lafayette IN 47902	38-3653969	3	162,860				ALLOCATIONS
(9) Salvation Army 1110 Union Street Lafayette IN 47904	36-2167910	3	88,767				ALLOCATIONS

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 ▶

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization: **UNITED WAY OF GREATER LAFAYETTE AND TIPPECANOE COUNTY, INDIANA, INC.**

Employer identification number: **35-0891621**

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. 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) The Arc of Tippecanoe County P.O. Box 1222 Lafayette IN 47902	35-1104089	3	32,059				ALLOCATIONS
(2) Tippecanoe County Child Care 100 Saw Mill Road, Suite 1200 Lafayette IN 47905	35-1386694	3	540,565				ALLOCATIONS
(3) Tippecanoe County Council on Aging, 1915 Scott Street Lafayette IN 47904	35-1300844	3	197,560				ALLOCATIONS
(4) Wabash Center P.O. Box 6449 Lafayette IN 47903	35-1115916	3	244,000				ALLOCATIONS
(5) YWCA 605 N. 6th Street Lafayette IN 47901	35-0868224	3	179,652				ALLOCATIONS
(6) Heart of IL United Way 509 W High Street Peoria IL 61606	37-0661504	3	82,346				OUT OF COUNTY DESIGN
(7) RILEY CHILDRENS FOUNDATION 30 S MERIDIAN STREET, SUITE 200 INDIANAPOLIS IN 46204	35-0868147	3	37,417				OUT OF COUNTY DESIGN
(8) United Way of White County P.O. Box 580 Monticello IN 47960	35-1137113	3	13,935				OUT OF COUNTY DESIGN
(9) United Way for Clinton County 51 West Clinton Street Frankfort IN 46041	35-0996128	3	9,321				OUT OF COUNTY DESIGN

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 ▶

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization: **UNITED WAY OF GREATER LAFAYETTE AND TIPPECANOE COUNTY, INDIANA, INC.**

Employer identification number: **35-0891621**

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. 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) Montgomery United Fund For You P.O. Box 247 Crawfordsville IN 47933	35-1173225	3	6,295				OUT OF COUNTY DESIGN
(2) Clinton Co. Boys & Girls Club 1100 W. Green Street Frankfort IN 46041	35-1172553	3	5,005				OUT OF COUNTY DESIGN
(3) Clinton Co. Humane Society 825 Izaak Walton Drive Frankfort IN 46041	23-7270159	3	9,033				OUT OF COUNTY DESIGN
(4) CARROLL CO COMMUNITY FOUNDATION 215 W SYCAMORE STREET KOKOMO IN 46901	35-1844891	3	6,515				OUT OF COUNTY DESIGN
(5) CARROLL CO FOOD PANTRY PO BOX 152 FLORA IN 46929	35-1527617	3	5,122				OUT OF COUNTY DESIGN
(6) AMERICAN RED CROSS - SANDY RELIEF 615 N 18TH STREET, #101 LAFAYETTE IN 47904	35-6021275	3	15,000				OUT OF COUNTY DESIGN
(7)							
(8)							
(9)							

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 ▶

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
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.

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

AGENCY ALLOCATIONS ARE NOT RESTRICTED AS TO USE BY THE AGENCY. UNITED WAY OF GREATER LAFAYETTE REQUIRES ALL AGENCIES TO RECEIVE AN ANNUAL FINANCIAL STATEMENT AUDIT AND RELIES ON THE RESULTS OF THE AUDIT TO MONITOR THE USE OF THE FUNDS.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

OMB No 1545-0047

2012

Open To Public Inspection

Name of the organization: **UNITED WAY OF GREATER LAFAYETTE AND TIPPECANOE COUNTY, INDIANA, INC.**

Employer identification number: **35-0891621**

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles	X	1	27,880	FAIR VALUE AT GIFT DATE
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	12	50,214	FAIR VALUE AT GIFT DATE
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (SUPPLIES)	X	3	3,425	FAIR VALUE AT GIFT DATE
26	Other ▶ ( )				
27	Other ▶ ( )				
28	Other ▶ ( )				

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29	0

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1–28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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 LAFAYETTE AND TIPPECANOE COUNTY, INDIANA, INC.

Employer identification number: 35-0891621

Form 990 - Organization's Mission or Most Significant Activities

THE UNITED WAY OF GREATER LAFAYETTE IS "MOBILIZING OUR COMMUNITY TO IMPROVE LIVES." WE DO THIS BY FOCUSING ON EDUCATION, INCOME, AND HEALTH. WE BRING PEOPLE, ORGANIZATIONS AND RESOURCES TOGETHER TO DELIVER RESULTS. YOU CAN GIVE, ADVOCATE AND VOLUNTEER WITH AND THROUGH UNITED WAY.

WE SEE EDUCATION AS THE KEY TO LIFELONG SUCCESS. WE BRING PEOPLE, ORGANIZATIONS AND RESOURCES TOGETHER TO DELIVER RESULTS IN EDUCATION. THAT IS WHY WE FUND SERVICES THAT HELP CHILDREN BE PREPARED TO SUCCEED IN SCHOOL, COLLABORATE WITH OTHER EDUCATION FOCUSED GROUPS AND WORK WITH INDIVIDUAL FAMILIES TO SUPPORT EDUCATIONAL ATTAINMENT.

WE BRING PEOPLE, ORGANIZATIONS AND RESOURCES TOGETHER TO DELIVER RESULTS IN INCOME. MEETING BASIC NEEDS WHILE TEACHING AND FOSTER LONG TERM FINANCIAL STABILITY IS CRITICAL. THAT IS WHY WE HAVE LAUNCHED EFFORTS THAT TEACH BUDGETING SKILLS AND ENCOURAGE USE OF TRADITIONAL FINANCIAL SERVICES; WHILE CONTINUING TO FUND ORGANIZATIONS THAT GIVE ASSISTANCE TO THOSE MOST IN NEED.

WE BRING PEOPLE, ORGANIZATIONS AND RESOURCES TOGETHER TO DELIVER RESULTS IN HEALTH. WE SUPPORT ACCESS TO HEALTHCARE WHILE ENCOURAGING INDIVIDUALS TO ADOPT HEALTHIER LIFESTYLES. WE ALSO PARTNER WITH THE HEALTHCARE COMMUNITY TO IMPROVE THE HELAHT AND QUALITY OF LIFE FOR PEOPLE IN THE GREATER LAFAYETTE AREA.

UNITED WAY'S ANNUAL REPORT AND OTHER SIGNIFICANT DATA ARE AVAILABLE AT WWW.UWLAFAYETTE.ORG.

Form 990, Part III, Line 4d - All Other Accomplishment

THE UNITED WAY OF GREATER LAFAYETTE WORKS TO BRING COMMUNITY PARTNERS TO IDENTIFY AND ADDRESS SIGNIFICANT COMMUNITY ISSUES. PARTICULARLY COMMUNITY ISSUES SURROUNDING LOW INCOME INDIVIDUALS AND FAMILIES. COMMUNITY IMPACT INITIATIVES FOCUS ON BASIC NEEDS AND FINANCIAL STABILITY; HEALTH AND WELLNESS; CHILDREN AND FAMILIES.

THE UNITED WAY VOLUNTEER CENTER PROGRAM SEEKS TO BUILD AND STRENGTHEN OUR COMMUNITY BY PROMOTING AND DEVELOPING VOLUNTEERISM THROUGH AWARENESS AMONG AREA RESIDENTS OF SOCIAL SERVICE NEEDS IN THE LAFAYETTE COMMUNITY; PROMOTING THE RECRUITMENT OF VOLUNTEERS TO WORK WITH SOCIAL SERVICE AGENCIES TO DEVELOP AND MAINTAIN QUALITY VOLUNTEER PROGRAMS.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

RETURN PROVIDED TO BOARD MEMBERS FOR REVIEW AT BOARD MEETING

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

A CODE OF ETHICS IS SIGNED BY ALL BOARD AND EMPLOYEES ANNUALLY. SELF MONITORING THROUGHOUT THE YEAR.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

COMPENSATION IS ESTABLISHED BY THE EXECUTIVE COMMITTEE AND UTILIZES COMPENSATION SURVEYS OR STUDIES TO DETERMINE REASONABLE COMPENSATION. IN ADDITION APPROVAL IS GRANTED BY THE BOARD AND EXECUTIVE COMMITTEE.

Form 990, Part VI, Line 15b - Compensation Process for Officers

SAME AS NOTED IN 15A.

Part V, LINE 2A - THE ORGANIZATION COMBINES THE GREATER LAFAYETTE COMMUNITY FOUNDATION, INC. PAYROLL PROCESSING WITH THEIR PAYROLL FILINGS FOR COST

Name of the organization: UNITED WAY OF GREATER LAFAYETTE AND

Employer identification number: 35-0891621

EFFECTIVENESS. THUS, PER THE W3, TOTAL COMBINED EMPLOYEES EQUAL 28. HOWEVER, ACTUAL EMPLOYEES OF THE ORGANIZATION TOTAL 22 WHICH IS NOTED ON PART I, LINE 5.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

AVAILABLE UPON REQUEST

Form 990, Part XI, Line 9 - Reconciliation of Changes - Other

OUT OF COUNTY DESIGNATIONS	$	-346,512
DESIGNATED PLEDGES - FASB 136	$	-439,375
ROUNDING	$	1
OUT OF COUNTY PLEDGES	$	346,512
DESIGNATED PLEDGES FASB 136	$	439,375
ROUNDING	$	-1
Book / Tax Depreciation Difference	$	-3,677

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

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

OMB No 1545-0172

2012

Attachment Sequence No **179**

Name(s) shown on return: UNITED WAY OF GREATER LAFAYETTE AND TIPPECANOE COUNTY, INDIANA, INC.

Identifying number: 35-0891621

Business or activity to which this form relates: Indirect Depreciation

Part I Election To Expense Certain Property Under Section 179

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

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

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2011 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 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	4,696

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	4,069
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 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
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property			27 5 yrs	MM	S/L	
				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

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	8,765
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	

There are no amounts for Page 2

Federal Statements

Taxable Interest on Investments

Description	Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs ($ or %)
Interest-Cash Accounts	$ 12,892		14			
Total	$ 12,892					

Taxable Dividends from Securities

Description	Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs ($ or %)
Interest & Dividends	$ 42,213		14			
Interest & Dividends	382		14			
Interest & Dividends	79,276		14			
Endowment Income	18,826		14			
Total	$ 140,697					

Federal Statements

Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)

Description	Total Expenses	Program Service	Management & General	Fund Raising
Professional Fees	$ 1,756	$	$ 1,756	$
TO ALLOCATE		983	-1,501	518
Total	$ 1,756	$ 983	$ 255	$ 518

Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
Endowment Fee	$ 13,775	$	$ 13,775	$
Recognition & Awards	4,592	3,049	559	984
PR Member lunches	4,451	2,482	454	1,515
Workshop Expense	4,184	4,184		
Special Projects	2,767	2,767		
Miscellaneous Expense	1,057	305	666	86
Program Expense	850	850		
LPC expense	825	825		
Fund Expense	191	191		
Leaders of Tommorrow	62		62	
Loaned Campaign Represent	21			21
ALLOCATE		2,050	-1,068	-982
Total	$ 32,775	$ 16,703	$ 14,448	$ 1,624

Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
Annual Campaign	$ 4,617,115
Provision for Uncollectible Pledges	-291,946
Provision for uncollectible -Prior C	135,395
Contributions-Other UWs	55,173
Prior Year Pledge Adjustments	23,760
CFC Contributions	3,267
Contra In-Kind Stock Gifts	-50,214
In-Kind Stock Gifts	50,214
Other Contributions	8,316
Sponsorships	25,000
Fund Income	34,832
INRN Sponsorship	23,520
In-Kind Contributions	300
Fund Income	48,750
In-Kind Contributions	3,125
Fund Income	33,000
In-kind Car	27,880
CATERPILLAR INC.	
Cash Contribution	261,925
INDIANA ASSOCIATION OF UNITED WAYS	
Cash Contribution	550,912
Total	$ 5,560,324

Federal Statements

Schedule A, Part II, Line 5 - Excess Gifts

Donor Name	Total	Excess
	$ 417,770	$
CATERPILLAR, INC.	1,151,226	632,775
Total	$ 1,568,996	$ 632,775

Federal Statements

Schedule A, Part II, Line 8(e)

Description	Amount
Interest-Cash Accounts	$ 12,892
Interest & Dividends	42,213
Interest & Dividends	382
Interest & Dividends	79,276
Endowment Income	18,826
Total	$ 153,589

Schedule A, Part II, Line 12

Description	Amount
Workshop Income	$ 9,560
Consultation Income	4,168
Administrative Fees	29,353
Miscellaneous Income	1,527
Total	$ 44,608