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2013

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 private foundations)

► Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at www.irs.gov/form990.Open to Public
Inspection

A For the 2013 calendar year, or tax year beginning , 2013, and ending

B Check if applicable	C Name of organization UNITED WAY OF GREATER LAPORTE COUNTY				D Employer identification number 35-0782893	
Address change	Doing business as				E Telephone number (219) 210-3534	
Name change	Number and street (or P O box if mail is not delivered to street address)				F Name and address of principal officer KRIS PATE 115 E 4TH ST MICHIGAN CITY IN 46360	
Initial return	115 E 4TH ST				G Gross receipts \$ 1,050,006.	
Terminated	City or town, state or province, country, and ZIP or foreign postal code MICHIGAN CITY IN 46360				H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Amended return					H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Application pending	If No, attach a list (see instructions)				H(c) Group exemption number	
I Tax-exempt status	X 501(c)(3)	501(c) () (insert no)	4947(a)(1) or	527		
J Website:	N/A					
K Form of organization	X Corporation	Trust	Association	Other ►	L Year of formation	1995
M State of legal domicile						IN

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO COLLECT AND REDISTRIBUTE DONATIONS
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
Revenue	3 Number of voting members of the governing body (Part VI, line 1a) 3 17
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 17
Expenses	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 4
	6 Total number of volunteers (estimate if necessary) 6 76
Net Assets or Fund Balances	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
8 Contributions and grants (Part VIII, line 1h) 868,004. 946,715.	
9 Program service revenue (Part VIII, line 2g) 4,874. 15,762.	
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 8,131. 43,221.	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 881,009. 1,005,698.	
12 Total revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12) 578,524. 572,878.	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 145,432. 264,784.	
14 Benefits paid to or for members (Part IX, column (A), line 4) 187,130. 225,582.	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 911,086. 1,063,244.	
16a Professional fundraising fees (Part IX, column (A), line 11e) 19 0.	
b Total fundraising expenses (Part IX, column (D), line 25) ► 187,130. 225,582.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 911,086. 1,063,244.	
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) -30,077. -57,546.	
19 Revenue less expenses. Subtract line 18 from line 12 732,223. 665,962.	
20 Total assets (Part X, line 16) 132,990. 124,275.	
21 Total liabilities (Part X, line 26) 599,233. 541,687.	
22 Net assets or fund balances. Subtract line 21 from line 20 Beginning of Current Year End of Year	

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 <i>Kris Pate</i>	Date <i>11-11-14</i>			
	► KRIS PATE Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name PAUL E. APPLEGATE, CPA	Preparer's signature <i>Paul E. Applegate CPA</i>	Date <i>11-11-14</i>	Check <input type="checkbox"/> if self-employed	PTIN P00212518
	Firm's name ► APPLEGATE & COMPANY, PC, CPA				
	Firm's address ► 1421 S. WOODLAND AVE. MICHIGAN CITY IN 46360			Firm's EIN	
			Phone no	(219) 871-7880	

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

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

TEEA0101 11/08/13

Form 990 (2013)

917

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Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III 1 Briefly describe the organization's mission

TO COLLECT AND REDISTRIBUTE DONATIONS

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

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

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

If 'Yes,' describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to
others, the total expenses, and revenue, if any, for each program service reported

4 a (Code _____) (Expenses \$ 745,900. including grants of \$ 428,056.) (Revenue \$ 677,858.)

UNITED WAY OF GREATER LAPORTE COUNTY ADMINISTERS AN ANNUAL FUNDRAISING
CAMPAIGN IN LAPORTE COUNTY, INDIANA AND USES THOSE FUNDS TO SUPPORT
A VARIETY OF HUMAN SERVICE PROGRAMS IN LAPORTE COUNTY. (SEE ATTACHED)

4 b (Code _____) (Expenses \$ 144,822. including grants of \$ 144,822.) (Revenue \$ 144,822.)

DESIGNATIONS TO VARIOUS NOT FOR PROFIT AGENCIES (SEE ATTACHED)

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

4 d Other program services (Describe in Schedule O)

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

4 e Total program service expenses ► 890,722.

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	11 a 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	11 b 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	11 c 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	11 d X	
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e 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	11 f X	
12 a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12 a 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	12 b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13 X	
14 a Did the organization maintain an office, employees, or agents outside of the United States?	14 a 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	14 b X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? 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	
20 a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20 X	
b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government 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 or 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 25a	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 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, 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, IV, and 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 X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	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 ComplianceCheck if Schedule O contains a response or note to any line in this Part V

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

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 or note to any line in this Part VI.

Section A. Governing Body and Management

1 a Enter the number of voting members of the governing body at the end of the tax year. **1 a** 17

If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.

1 b Enter the number of voting members included in line 1a, above, who are independent **1 b** 17

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? **2** X

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? **3** X

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

5 Did the organization become aware during the year of a significant diversion of the organization's assets? **5** X

6 Did the organization have members or stockholders? **6** X

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

b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? **7 b** X

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following

a The governing body? **8 a** X

b Each committee with authority to act on behalf of the governing body? **8 b** X

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

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

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

b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? **10 b**

11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? **11 a** X

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

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

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? **12 b** X

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done **12 c** X

13 Did the organization have a written whistleblower policy? **13** X

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

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

a The organization's CEO, Executive Director, or top management official **15 a** X

b Other officers of key employees of the organization **15 b** X

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

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

b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? **16 b**

Section C. Disclosure

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

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

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

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

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

► MARLETTE BERNACCHI 115 E 4TH ST MICHIGAN CITY IN 46360 (219) 210-3534

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0- in columns (D), (E), and (F) if no compensation was paid

- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee'

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		or director	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated	Former		
(1) KRIS PATE Executive Director	40.00	X				X		72,214.	0.	0.
(2) ANDY NEAL Chairman	2.00	X		X					0.	0.
(3) G. THOR THORDARSON Vice-Chairman	2.00	X		X					0.	0.
(4) ALEXIS PONTIUS VICE-CHAIRMAN	2.00	X		X					0.	0.
(5) DR. KAREN SCHMID SECRETARY	2.00	X		X					0.	0.
(6) Amarnath Agarwal MEMBER	2.00	X							0.	0.
(7) HENRY BROOKS MEMBER	2.00	X							0.	0.
(8) DR. JAMES CALLAGHAN MEMBER	2.00	X							0.	0.
(9) DAN DOBBINS TREASURER	2.00	X		X					0.	0.
(10) BILL HACKNEY Member	2.00	X							0.	0.
(11) ROBERT LAUSON MEMBER	2.00	X							0.	0.
(12) DENBY SNELL MEMBER	2.00	X							0.	0.
(13) DR. GLADE MONTGOMERY MEMBER	2.00	X							0.	0.
(14) ANGIE NELSON MEMBER	2.00	X							0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organization - lines 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	
		Former Officer or director	Individual trustee	Institutional trustee	Key employee	Highest compensated employee			
(15) CHARLIE ROBERTS Member	2.00		X				0.	0.	0.
(16) JACK ELIA Member	2.00		X				0.	0.	0.
(17) JIM STEMMLER Member	2.00		X				0.	0.	0.
(18) JEFFERY SMITH Former President	2.00		X			X	0.	0.	0.
(19) _____	-----	-----	-----	-----	-----	-----	-----	-----	-----
(20) _____	-----	-----	-----	-----	-----	-----	-----	-----	-----
(21) _____	-----	-----	-----	-----	-----	-----	-----	-----	-----
(22) _____	-----	-----	-----	-----	-----	-----	-----	-----	-----
(23) _____	-----	-----	-----	-----	-----	-----	-----	-----	-----
(24) _____	-----	-----	-----	-----	-----	-----	-----	-----	-----
(25) _____	-----	-----	-----	-----	-----	-----	-----	-----	-----
1b Sub-total							72,214.	0.	0.
c Total from continuation sheets to Part VII, Section A									
d Total (add lines 1b and 1c)							72,214.	0.	0.

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

	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	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	4	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	5	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 ►		

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII

CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	Business Code	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
1 a Federated campaigns	1a				
b Membership dues	1b				
c Fundraising events	1c	50,940.			
d Related organizations	1d	9,929.			
e Government grants (contributions)	1e				
f All other contributions, gifts, grants, and similar amounts not included above	1f	885,846.			
g Noncash contributions included in lines 1a-1f		\$ 38,437.			
h Total. Add lines 1a-1f		946,715.			
PROGRAM SERVICE REVENUE	Business Code				
	2 a				
	b				
	c				
	d				
	e				
	f All other program service revenue				
g Total. Add lines 2a-2f					
3 Investment income (including dividends, interest and other similar amounts)		15,762.	0.	0.	15,762.
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
6 a Gross rents	(i) Real				
b Less. rental expenses	(ii) Personal				
c Rental income or (loss)					
d Net rental income or (loss)					
7 a Gross amount from sales of assets other than inventory	(i) Securities				
b Less cost or other basis and sales expenses	(ii) Other				
c Gain or (loss)					
d Net gain or (loss)					
8 a Gross income from fundraising events (not including. \$ 50,940. of contributions reported on line 1c) See Part IV, line 18.	a				
b Less direct expenses	b				
c Net income or (loss) from fundraising events					
9 a Gross income from gaming activities See Part IV, line 19.	a	87,529.			
b Less: direct expenses	b	44,308.			
c Net income or (loss) from gaming activities		43,221.	43,221.	0.	0.
10 a Gross sales of inventory, less returns and allowances	a				
b Less cost of goods sold	b				
c Net income or (loss) from sales of inventory					
OTHER REVENUE	Miscellaneous Revenue	Business Code			
	11 a				
	b				
	c				
	d All other revenue				
e Total. Add lines 11a-11d					
12 Total revenue. See instructions		1,005,698.	43,221.	0.	15,762.

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 or note to any line in this Part IX

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	572,878.	572,878.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees	72,214.	36,107.	36,107.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	128,154.	64,077.	64,077.	0.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9 Other employee benefits	49,079.	24,540.	24,539.	0.
10 Payroll taxes	15,337.	7,669.	7,668.	0.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	15,490.	15,490.	0.	0.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	42,785.	32,089.	10,696.	0.
12 Advertising and promotion				
13 Office expenses	34,994.	29,635.	5,359.	0.
14 Information technology				
15 Royalties				
16 Occupancy	7,185.	5,389.	1,796.	0.
17 Travel	8,145.	8,145.	0.	0.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	19,248.	19,248.	0.	0.
20 Interest				
21 Payments to affiliates	1,980.	1,980.	0.	0.
22 Depreciation, depletion, and amortization	3,749.	0.	3,749.	0.
23 Insurance	1,683.	0.	1,683.	0.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a 211 Service	6,000.	6,000.	0.	0.
b Success By 6	25,000.	25,000.	0.	0.
c Bank Fees	6,492.	0.	6,492.	0.
d PRINTING	755.	755.	0.	0.
e All other expenses	52,076.	41,720.	10,356.	0.
25 Total functional expenses Add lines 1 through 24e.	1,063,244.	890,722.	172,522.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here □ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash – non-interest-bearing	413,044.	1	278,063.
	2 Savings and temporary cash investments	1,407.	2	
	3 Pledges and grants receivable, net	294,259.	3	352,469.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			
	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			
	7 Notes and loans receivable, net		5	
	8 Inventories for sale or use		6	
	9 Prepaid expenses and deferred charges		7	
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 25,679.		
	b Less: accumulated depreciation	10b 17,223.	10c 6,979.	10c 8,456.
	11 Investments – publicly traded securities	13,848.	11	24,941.
	12 Investments – other securities See Part IV, line 11		12	
	13 Investments – program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11		15	
	16 Total assets. Add lines 1 through 15 (must equal line 34)	732,223.	16	665,962.
LIABILITIES	17 Accounts payable and accrued expenses	28,189.	17	31,940.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	104,801.	21	92,335.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	0.	25	0.
	26 Total liabilities. Add lines 17 through 25	132,990.	26	124,275.
	NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets	391,558.	27	270,846.
	28 Temporarily restricted net assets	206,475.	28	270,841.
	29 Permanently restricted net assets	1,200.	29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	599,233.	33	541,687.
	34 Total liabilities and net assets/fund balances	732,223.	34	665,962.

BAA

Form 990 (2013)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI.

1 Total revenue (must equal Part VIII, column (A), line 12)	1	1,005,698.
2 Total expenses (must equal Part IX, column (A), line 25)	2	1,063,244.
3 Revenue less expenses. Subtract line 2 from line 1	3	-57,546.
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	599,233.
5 Net unrealized gains (losses) on investments	5	
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain in Schedule O)	9	
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	541,687.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII. 1 Accounting method used to prepare the Form 990: Cash Accrual Other

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

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

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:

 Separate basis Consolidated basis Both consolidated and separate basisb Were the organization's financial statements audited by an independent accountant?

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

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

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

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

OMB No 1545-0047

2013

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.
► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public
Inspection

Name of the organization

UNITED WAY OF GREATER LAPORTE COUNTY

Employer identification number

35-0782893

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

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

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

e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
 f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
 g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

(I) Name of supported organization	(II) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(IV) Is the organization in column (I) listed in your governing document?		(V) Did you notify the organization in column (I) of your support?		(VI) Is the organization in column (I) organized in the U S ?		(VII) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A) SEE ATTACHED III-4a	VARIOUS	501 C 3		X	X		X		426,000.
(B) SEE ATTACHED III-4b	VARIOUS	501 C 3		X	X		X		144,822.
(C)									
(D)									
(E)									
Total									570,822.

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

Schedule A (Form 990 or 990-EZ) 2013

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any 'unusual grants')						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)						12
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	%
16a 33-1/3% support test – 2013. If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 33-1/3% support test – 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
17a 10%-facts-and-circumstances test – 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here . Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
b 10%-facts-and-circumstances test – 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here . Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► <input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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						
7 a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 Ins 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 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15.	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33-1/3% support tests — 2013. 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 — 2012. 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.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service
Name of the organization

Supplemental Financial Statements

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

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

 Open to Public
Inspection

Employer identification number

UNITED WAY OF GREATER LAPORTE COUNTY

35-0782893

Part II Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

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

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

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

Part III Conservation Easements.

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Tax Year
2 a	
2 b	
2 c	
2 d	

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

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.

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

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

a Revenues included in Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

Part 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.

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

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

	Amount
1c	-382,376.
1d	-232,431.
1e	144,822.
1f	-759,629.

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

b If 'Yes,' explain the arrangement in Part 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
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

a Board designated or quasi-endowment ► %

b Permanent endowment ► %

c Temporarily restricted endowment ► %

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

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

(i) unrelated organizations
 (ii) related organizations

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings				
c Leasehold improvements				
d Equipment		25,679.	17,223.	8,456.
e Other				

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ► 8,456.

Part VII Investments – Other Securities.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
(I) _____		
Total. (Column (b) must equal Form 990, Part X, column (B) line 12) ►		

Part VIII Investments – Program Related.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

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

2. Liability for uncertain tax positions 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.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	1,005,698.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2 a	
b	Donated services and use of facilities	2 b	
c	Recoveries of prior year grants	2 c	
d	Other (Describe in Part XIII)	2 d	
e	Add lines 2a through 2d	2 e	
3	Subtract line 2e from line 1	3	1,005,698.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4 a	
b	Other (Describe in Part XIII)	4 b	
c	Add lines 4a and 4b	4 c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	1,005,698.

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

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	1,063,244.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2 a	
b	Prior year adjustments	2 b	
c	Other losses	2 c	
d	Other (Describe in Part XIII)	2 d	
e	Add lines 2a through 2d	2 e	
3	Subtract line 2e from line 1	3	1,063,244.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4 a	
b	Other (Describe in Part XIII)	4 b	
c	Add lines 4a and 4b	4 c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	1,063,244.

Part XIII Supplemental Information.

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

Pt_IV_Line_1b ____ Pledges_collected_during_campaign -- remitted_as_collected -----

Pt_IV_Line_2b ____ Pledges_collected_during_campaign -- remitted_as_collected -----

Pt_X_Line_2 ____ SEE_ATTACHED -----

Part XIII **Supplemental Information (continued)**

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.
► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF GREATER LAPORTE COUNTY

Employer identification number

Part I

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

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

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

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

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

3 |

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

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

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

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

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
	1 Gross revenue			87,529.	87,529.
DIRECT EXPENSES	2 Cash prizes				
	3 Noncash prizes			44,308.	44,308.
	4 Rent/facility costs				
	5 Other direct expenses.				
	6 Volunteer labor	Yes _____ % No	Yes _____ % No	Yes _____ % No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				► 44,308.
	8 Net gaming income summary Subtract line 7 from line 1, column (d)				► 43,221.

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

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

b If 'No,' explain

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

b If 'Yes,' explain

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

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

13. Indicate the percentage of gaming activity operated in		
a. The organization's facility	13a	%
b. An outside facility	13b	%

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

Name ►

Address ► [View Address](#)

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

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

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

Name _____

Address _____

16 Gaming manager information

Name - _____

Gaming manager compensation ➤ \$ _____

Description of services provided ►

Director/officer Employee Independent contractor

17 Mandatory distributions

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

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

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

SCHEDULE I
(Form 990)**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

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

► Attach to Form 990.

Department of the Treasury
Internal Revenue Service
Name of the organization

UNITED WAY OF GREATER LAPORTE COUNTY

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.**2013**

OMB No 1545-0047



1

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 III 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) -----							OPERATIONS
SEE ATTACHED	VARIOUS	501_C_(3)	426,000.				
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							
(8) -----							

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

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

► 23

Schedule I (Form 990) (2013)

TEEA3901 07/12/13

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

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.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Pt I Line 2	Board decides on amount to distribute for allocation and distributes the designations when money received from donor
-------------	--

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ► Complete if the organization answered 'Yes' on Form 990, Part IV, line 23.
 ► Attach to Form 990. ► See separate instructions.
 ► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open for Public
Inspection

Name of the organization

UNITED WAY OF GREATER LAPORTE COUNTY

Employer identification number
35-0782893

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

a The organization?

b Any related organization?

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

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

a The organization?

b Any related organization?

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

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

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

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

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

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

Schedule J (Form 990) 2013

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

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

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

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

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.
- Information about Schedule O (Form 990 or 990-EZ) and its instructions is
at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization

UNITED WAY OF GREATER LAPORTE COUNTY

Employer identification number

35-0782893

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

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

Pt VI, Line 15a Board approves compensation

Pt VI, Line 19 Upon request

Pt VI, Line 15b The board approves compensation.

THE UNITED WAY OF
GREATER LAPORTE COUNTY
#35-0782893

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

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

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

As of December 31, 2013, the United Way of Greater LaPorte County does not believe that it has taken any tax positions that would require the recording of any tax liability or does it believe that there are any unrealized tax benefits that would either increase or decrease within the next twelve months.

UNITED WAY OF GREATER LAPORTE COUNTY

SCHEDULES OF AGENCY ALLOCATIONS

For the years ended December 31, 2013 and 2012

	<u>2013</u>	<u>2012</u>
LaPorte Family YMCA	\$ 30,000	\$ 20,975
Red Cross - LaPorte County	35,000	45,536
Adolescent Health Center	13,320	13,539
Salvation Army - Michigan City	32,500	41,000
Salvation Army - LaPorte	20,000	
Girl Scouts	4,500	7,500
Boy Scouts	6,628	12,000
Catholic Family & Community Services of LaPorte County	10,500	10,000
Barker Woods Enrichment Center	34,000	33,000
Stepping Stone Shelter	40,400	40,618
Meals-on-Wheels - Michigan City	18,000	17,485
Meals-on-Wheels - LaPorte	10,000	12,000
Youth Service Bureau - Big Brothers/ Big Sisters of LaPorte County	21,800	21,896
Michiana Resources	24,780	25,000
Parents and Friends	14,500	13,000
Dunebrook - Prevent Child Abuse of LaPorte County	25,000	25,000
Child Care Consortium	15,000	12,000
READ LaPorte County	3,500	2,500
Michigan City Area Schools GAF	18,700	18,200
Citizens Concerned for the Homeless	22,000	14,236
Harmony House of LaPorte County/C.A.S.A.	10,000	10,000
Boys and Girls Club - Michigan City	9,872	3,439
Loaned Executive Supplementary Allocation Awards	6,000	5,500
Total allocations	<u>\$426,000</u>	<u>\$404,424</u>

	Jan-13 1	Mar-13 2	Jun-13 3	Sep-13 4	Dec-13 5
Reconciliation to DC Sum Mgmt Report					
Total for Service Categories	405,976.62	536,520.70	617,782.65	615,394.79	658,618.22
Allocable Amt from Non-Structure Checkoff	0.00		0.00	0.00	0.00
Grand Total from Below	60,936.38	133,403.68	141,192.68	144,321.78	144,321.78
	466,913.00	669,924.38	758,975.33	759,716.57	802,940.00
Non-Affiliated-LaPorte Co	4,854.50	5,010.50	5,010.50	5,270.50	5,270.50
Non-Affiliated-Other	2,434.62	4,864.12	4,526.62	4,526.62	5,462.73
Other United Ways	6,232.00	8,130.00	8,230.00	8,178.00	8,178.00
Sub Total	13,521.12	18,004.62	17,767.12	17,975.12	18,911.23
Write-Ins	1,777.00	1,777.00	1,777.00	1,777.00	777.00
Sub Total	15,298.12	19,781.62	19,544.12	19,752.12	19,688.23
Designations to Member Agencies	45,638.26	113,622.06	121,648.56	124,569.66	124,633.55
Grand Total from Andar	60,936.38	133,403.68	141,192.68	144,321.78	144,321.78
Entry made to VAM	60,936.38	72,467.30	7,789.00	3,129.10	0.00
Difference	0.00	(0.00)	0.00	0.00	0.00
Reconciliation of Difference					

144,321.78

admin	0.00	NONE IN 2012
direct desg	(63,259.96)	
Cash payout	0.00	
1st Qtr payout	(23,796.02)	
2nd Qtr payout	(14,709.74)	
3rd Qtr payout	(11,988.98)	
voided invoices	0.00	
	30,567.08	

OOA

52.00

Cash payout	0.00
1st Qtr payout	0.00
2nd Qtr payout	0.00
3rd Qtr payout	0.00
voided invoices	
	52.00

DCP Payee Summarized Report

Summarized Payee Report

Campaign Year		2011-2012 Final QOA (346) (Full Payout)										2012 Final QOA (346) (Full Payout)									
Cut-Off Date		12/31/2013										12/31/2013									
Payee Account		Payees getting paid										Payees getting paid									
Payee Type	Payee Name (Acct#)	Design	Design	Design	Design	Design	Design	Cash	Total	Design	Gross	Admin	Shunk	Net	Adj.	Amount	Less	Previous Paid	Less	Payment Due	Overpaid
Dsg	Rcv	Bill Direct	Pay Direct	Pay Direct	Pay Direct	Pay Direct	Pay Direct		Design	Design	Design	Expense	Amount	Distr	Distr	Pay Direct	Less	Pay Direct	Less	Payment Due	Overpaid
Master	United Way of St. Joseph County(6876)	11 108.86	3.00	11 663.86	8,406.52	11 663.86	8,406.52		UWSUJO	5.91	5.91	11 663.86	8,406.52	0.00	0.00	7 732.45	7 732.45	3 931.41	674.07		
Dsg	Rcv	555.00	55.00	6 351.52	6 351.52	12/31/2013	12/31/2013		UWSUJO	5.91	5.91	11 663.86	8,406.52	0.00	0.00	7 732.45	7 732.45	3 931.41	674.07		
Master	United Way of Southwest Michigan(8375)	130.00	0.00	130.00	97.74	12/31/2013	12/31/2013		UWSUWI	0.00	0.00	130.00	97.74	0.00	0.00	130.00	97.74	89.84	89.84	40.16	7.90
Dsg	Rcv	11.00	1.00	11.00	97.74	12/31/2013	12/31/2013		UWSUWI	0.00	0.00	130.00	97.74	0.00	0.00	130.00	97.74	89.84	89.84	40.16	7.90
Master	White County United Way, Inc.(14533)	130.00	0.00	130.00	97.74	12/31/2013	12/31/2013		UWWHIT	0.00	0.00	130.00	97.74	0.00	0.00	130.00	97.74	89.85	89.85	40.15	7.69
Dsg	Rcv	11.00	1.00	11.00	97.74	12/31/2013	12/31/2013		UWWHIT	0.00	0.00	130.00	97.74	0.00	0.00	130.00	97.74	89.85	89.85	40.15	7.69
Agency	North Central IN Rural Crisis Center(21988)	130.00	7.60	130.00	97.73	12/31/2013	12/31/2013		RURCRI	0.00	0.00	130.00	97.73	0.00	0.00	130.00	97.73	89.84	89.84	40.16	7.69
Dsg	Rcv	0.00	0.00	0.00	97.73	12/31/2013	12/31/2013		RURCRI	0.00	0.00	130.00	97.73	0.00	0.00	130.00	97.73	89.84	89.84	40.16	7.69
Master	United Way of Southwest Michigan-Niles(23343)	494.00	0.00	494.00	371.38	12/31/2013	12/31/2013		UWGRN	0.00	0.00	494.00	371.38	0.00	0.00	494.00	371.38	341.40	341.40	152.60	29.98
Dsg	Rcv	6.00	0.00	6.00	371.38	12/31/2013	12/31/2013		UWGRN	0.00	0.00	494.00	371.38	0.00	0.00	494.00	371.38	341.40	341.40	152.60	29.98
Master	United Way of Marshall County(22268)	585.00	0.00	585.00	439.79	12/31/2013	12/31/2013		UWMARS	0.00	0.00	585.00	439.79	0.00	0.00	585.00	439.79	404.30	404.30	160.70	35.49
Dsg	Rcv	0.00	0.00	0.00	439.79	12/31/2013	12/31/2013		UWMARS	0.00	0.00	585.00	439.79	0.00	0.00	585.00	439.79	404.30	404.30	160.70	35.49
Master	United Way of Kosciusko County(33571)	52.00	0.00	52.00	39.10	12/31/2013	12/31/2013		UWKOSC	0.00	0.00	52.00	39.10	0.00	0.00	52.00	39.10	35.94	35.94	18.06	3.16
Dsg	Rcv	6.00	0.00	6.00	39.10	12/31/2013	12/31/2013		UWKOSC	0.00	0.00	52.00	39.10	0.00	0.00	52.00	39.10	35.94	35.94	18.06	3.16
Master	United Way of Elkhart County, Inc(52508)	1,209.00	0.00	1,219.00	918.90	12/31/2013	12/31/2013		UWEIHK	0.00	0.00	1,219.00	918.90	0.00	0.00	1,219.00	918.90	84.56	84.56	373.44	73.34
Dsg	Rcv	10.00	0.00	10.00	918.90	12/31/2013	12/31/2013		UWEIHK	0.00	0.00	1,219.00	918.90	0.00	0.00	1,219.00	918.90	84.56	84.56	373.44	73.34
Agency	YWCA of St. Joseph County(71233)	26.00	0.00	26.00	19.55	12/31/2013	12/31/2013		YWCASJ	0.00	0.00	26.00	19.55	0.00	0.00	26.00	19.55	17.97	17.97	8.03	1.58
Dsg	Rcv	0.00	0.00	0.00	19.55	12/31/2013	12/31/2013		YWCASJ	0.00	0.00	26.00	19.55	0.00	0.00	26.00	19.55	17.97	17.97	8.03	1.58
Agency	Amer Red Cross of St. Joseph City(57547)	130.00	0.00	130.00	97.74	12/31/2013	12/31/2013		AMERSJ	0.00	0.00	130.00	97.74	0.00	0.00	130.00	97.74	89.84	89.84	40.16	7.90
Dsg	Rcv	0.00	0.00	0.00	97.74	12/31/2013	12/31/2013		AMERSJ	0.00	0.00	130.00	97.74	0.00	0.00	130.00	97.74	89.84	89.84	40.16	7.90
Agency	Catholic Charities of St. Joseph Co, INC(93955)	130.00	0.00	130.00	97.73	12/31/2013	12/31/2013		CATCHU	0.00	0.00	130.00	97.73	0.00	0.00	130.00	97.73	89.84	89.84	40.16	7.89
Dsg	Rcv	0.00	0.00	0.00	97.73	12/31/2013	12/31/2013		CATCHU	0.00	0.00	130.00	97.73	0.00	0.00	130.00	97.73	89.84	89.84	40.16	7.89
Agency	YMCA of Muncie(171702)	1,040.00	0.00	1,040.00	781.86	12/31/2013	12/31/2013		YMCAMI	0.00	0.00	1,040.00	781.86	0.00	0.00	1,040.00	781.86	718.76	718.76	321.24	63.10
Dsg	Rcv	0.00	0.00	0.00	781.86	12/31/2013	12/31/2013		YMCAMI	0.00	0.00	1,040.00	781.86	0.00	0.00	1,040.00	781.86	718.76	718.76	321.24	63.10
Agency	Boys and Girls of Coshocton(171850)	130.00	0.00	130.00	97.73	12/31/2013	12/31/2013		BOYDYG	0.00	0.00	130.00	97.73	0.00	0.00	130.00	97.73	89.85	89.85	40.15	7.88
Dsg	Rcv	0.00	0.00	0.00	97.73	12/31/2013	12/31/2013		BOYDYG	0.00	0.00	130.00	97.73	0.00	0.00	130.00	97.73	89.85	89.85	40.15	7.88

DCP Payee Summarized Report

Payee Type	Payee Name (Acct#)	Design Std Direct	Design Pay Direct	Design Payroll	Design Cash	Total Design	Vendor Number	Gross Distm	Admin Expense	Shunk Amount	Net Distm	Adj Amount	Less Pay Direct	Less Previous Paid	Payment Due	Overpaid
Master	Starke United Fund(196988)	10 00	10 00	156 00	39 09	166 00	STARUN	166 00	166 00	49 99	116 00	116 00	35 94	35 94	130 06	13 15
Dsg	United Way of Huntington County(197012)	0 00	0 00	520 00	390 93	520 00	UWHUNT	520 00	520 00	390 93	130 07	130 07	35 93	35 93	160 62	31 55
Rcv																
Master	Child and Parent Services (CAPS)(207746)	0 00	0 00	260 00	195 47	260 00	CHIPAR	260 00	260 00	195 47	64 53	64 53	17 99	17 99	80 31	15 76
Dsg	Stone Soup Community(207753)	0 00	0 00	26 00	19 54	26 00	DOMSYN	26 00	26 00	19 54	6 54	6 54	1 54	1 54	17 97	8 03
Rcv	Heart of Illinois Down Syndrome Assoc (207761)	0 00	0 00	300 00	225 53	300 00	DOMSYN	300 00	300 00	225 53	75 53	75 53	20 73	20 73	207 33	18 20
Agency	Jasper County Community Services(207787)	0 00	0 00	260 00	195 47	260 00	CONSJC	260 00	260 00	195 47	64 53	64 53	17 99	17 99	80 31	15 76
Dsg	Report Total	575 00	575 00	16 816 86	12 564 54	17 391 86	UWHUNT	17 391 86	17 391 86	12 639 54	1 54	1 54	35 94	35 94	11 615 44	5 776 42
Rcv	Actual Report Payout Total			16 816 86	12 564 54	17 391 86		17 391 86	17 391 86	12 639 54					11 615 44	1 024 10
Dsg																
Rcv																

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2013

Department of the Treasury
Internal Revenue Service (99)

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

Attachment
Sequence No. 179

Name(s) shown on return

UNITED WAY OF GREATER LAPORTE COUNTY

Identifying number

Business or activity to which this form relates

35-0782893

Form 990 / Form 990EZ

Part I Election To Expense Certain Property Under Section 179

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

1	Maximum amount (see instructions)	1	500,000.
2	Total cost of section 179 property placed in service (see instructions)	2	5,225.
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 2012 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instrs)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11.	12	
13	Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12.	13	

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

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

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	3,749.

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 2013.				
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 2013 Tax Year Using the General Depreciation System

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

Section C – Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property Enter amount from line 28	21	
22	Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations — see instructions	22	3,749.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement)		Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable																																																																																
Section A – Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles)																																																																																		
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">24 a Do you have evidence to support the business/investment use claimed?</td> <td colspan="2"><input type="checkbox"/> Yes</td> <td colspan="2"><input type="checkbox"/> No</td> <td colspan="2">24b If 'Yes,' is the evidence written?</td> <td colspan="2"><input type="checkbox"/> Yes</td> <td colspan="2"><input type="checkbox"/> No</td> </tr> <tr> <th>(a) Type of property (list vehicles first)</th> <th>(b) Date placed in service</th> <th>(c) Business/ investment use percentage</th> <th>(d) Cost or other basis</th> <th>(e) Basis for depreciation (business/investment use only)</th> <th>(f) Recovery period</th> <th>(g) Method/ Convention</th> <th>(h) Depreciation deduction</th> <th>(i) Elected section 179 cost</th> <th></th> <th></th> </tr> <tr> <td colspan="8">25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)</td> <td>25</td> <td></td> </tr> <tr> <td colspan="8">26 Property used more than 50% in a qualified business use</td> <td></td> <td></td> </tr> <tr> <td colspan="8">27 Property used 50% or less in a qualified business use.</td> <td></td> <td></td> </tr> <tr> <td colspan="8">28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1</td> <td>28</td> <td></td> </tr> <tr> <td colspan="8">29 Add amounts in column (i), line 26. Enter here and on line 7, page 1</td> <td>29</td> <td></td> </tr> </table>										24 a Do you have evidence to support the business/investment use claimed?		<input type="checkbox"/> Yes		<input type="checkbox"/> No		24b If 'Yes,' is the evidence written?		<input type="checkbox"/> Yes		<input type="checkbox"/> No		(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost			25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)								25		26 Property used more than 50% in a qualified business use										27 Property used 50% or less in a qualified business use.										28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1								28		29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29	
24 a Do you have evidence to support the business/investment use claimed?		<input type="checkbox"/> Yes		<input type="checkbox"/> No		24b If 'Yes,' is the evidence written?		<input type="checkbox"/> Yes		<input type="checkbox"/> No																																																																								
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Section B – Information on Use of Vehicles																																																																																		
Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles																																																																																		
30 Total business/investment miles driven during the year (do not include commuting miles). 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use?	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6																																																																							
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No																																																																						
Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees																																																																																		
Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).																																																																																		
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners. 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles							<input type="checkbox"/> Yes		<input type="checkbox"/> No																																																																									
Part VI Amortization																																																																																		
(a) Description of costs		(b) Date amortization begins		(c) Amortizable amount		(d) Code section		(e) Amortization period or percentage		(f) Amortization for this year																																																																								
42 Amortization of costs that begins during your 2013 tax year (see instructions)																																																																																		
43 Amortization of costs that began before your 2013 tax year.																																																																																		
44 Total. Add amounts in column (f) See the instructions for where to report																																																																																		

Application for Extension of Time To File an
Exempt Organization Return

► File a separate application for each return.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No 1545-1709

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

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

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

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

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

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

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

Enter filer's identifying number, see instructions

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

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

The books are in the care of ► MARIETTE BERNACCHI

Fax No. ► (219) 221-6258

► If the organization does not have an office or place of business in the United States, check this box

► If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for

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

until Aug 15 2014, to file the exempt organization return for the organization named above

The extension is for the organization's return for:

► calendar year 20 13 or

► tax year beginning , 20 , and ending , 20

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

Change in accounting period

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

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

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

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

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

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

Enter filer's identifying number, see instructions

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

Enter the Return code for the return that this application is for (file a separate application for each return) **01**

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

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

- The books are in care of > MARLETT BERNACCHI -----
Telephone No. > (219) 210-3534 ----- Fax No. > (219) 221-6258 -----
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box . . . > . If it is for part of the group, check this box > and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until NOV 17 2014.
- For calendar year 2013, or other tax year beginning _____, 20_____, and ending _____, 20_____.
If the tax year entered in line 5 is for less than 12 months, check reason Initial return Final return
 Change in accounting period
- State in detail why you need the extension . . . ADDITIONAL TIME IS NEEDED IN ORDER TO ACCUMULATE THE INFORMATION NECESSARY TO FILE AN ACCURATE RETURN.

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

Signature and Verification must be completed for Part II only.

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

Signature > R. L. K. M.
BAA

Title > CJA

FIFZ0502 12/31/13

Date > 1/3/17
Form 8868 (Rev 1-2014)