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Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except 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](http://www.irs.gov/form990).

OMB No 1545-0047

**2013**Open to Public  
Inspection**A** For the 2013 calendar year, or tax year beginning **JUL 1, 2013** and ending **JUN 30, 2014****B** Check if applicable:

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

**C** Name of organization**UNITED WAY OF PORTER COUNTY INDIANA**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address)

**PO BOX 2028**

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

**VALPARAISO, IN 46384-2028****F** Name and address of principal officer: **SHARON KISH****SAME AS C ABOVE****D** Employer identification number**35-6006484****E** Telephone number**219-464-3583****G** Gross receipts \$**2,573,902.****H(a)** Is this a group return

for subordinates?

☐ Yes☒ No**H(b)** Are all subordinates included?☐ Yes☐ No

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

**H(c)** Group exemption number**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **UNITEDWAYPC.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Year of formation: **1957****M** State of legal domicile: **IN****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <b>FUNDING TO LOCAL IMPACT PARTNERS AS PART OF THE ORGANIZATION'S COMMUNITY PLAN FOCUSED ON ACHIEVING</b>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	42
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	42
	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	76
	6	Total number of volunteers (estimate if necessary)	6	4073
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	1,840,608.	2,387,914.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,323.	5,773.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	116,216.	138,876.
	12		1,962,147.	2,532,563.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,011,150.	1,034,169.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	614,353.	617,084.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) <b>128,660.</b>		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	748,415.	827,003.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,373,918.	2,478,256.
	19	Revenue less expenses. Subtract line 18 from line 12	-411,771.	54,307.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	4,976,935.	5,083,727.
	22	Net assets or fund balances. Subtract line 21 from line 20	164,468.	216,954.
	22		4,812,467.	4,866,773.

**Part II Signature Block**

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

Sign Here

Signature of officer

Date

Type or print name and title

**5-14-15**

Paid

Print/Type preparer's name

**MARK T. ROWLEY**

Preparer's signature

Date

Check if self-employed

PTIN

☐**P00361858**

Preparer

Firm's name

**ROWLEY, BUSHUE & COMPANY LLC**

Firm's EIN

**35-1866709**

Use Only

Firm's address

**409 WEST KIEFFER ROAD  
MICHIGAN CITY, IN 46360**Phone no. **219-874-1437**

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

☒ Yes☐ No

332001 10-29-13

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

Form **990** (2013)**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**

SCANNED JUN 17 2015

**Part III** Statement of Program Service Accomplishments

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

☒

1 Briefly describe the organization's mission:

UNITED WAY OF PORTER COUNTY LEADS, UNITES, AND INSPIRES OUR COMMUNITY TO IMPROVE LIVES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☒ Yes ☐ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code ) (Expenses \$ 1,454,254. including grants of \$ 869,644. ) (Revenue \$ )

FUNDING MEMBER AGENCY 501C(3) PROGRAMS. PARTICIPATING AGENCIES REQUEST FUNDING FOR PROGRAMS WITHIN THREE COMMUNITY IMPACT AREAS: EDUCATION, INCOME, AND HEALTH. PROPOSALS ARE REVIEWED BY COMMUNITY INVESTMENT VOLUNTEERS AND SUBMITTED TO BOARD OF DIRECTORS FOR APPROVAL.

4b (Code ) (Expenses \$ 212,185. including grants of \$ 164,525. ) (Revenue \$ )

SUCCESS BY 6/UNITED FOR CHILDREN - THIS EARLY LEARNING COMMUNITY IMPACT INITIATIVE HAS GONE THROUGH A NAME CHANGE: UNITED FOR CHILDREN AND NOW HELPS PREPARE OUR YOUNGEST CHILDREN (0-9) FOR SUCCESS IN SCHOOL THROUGH GRADE 3. RESPONDING TO THE NEEDS OF YOUNG FAMILIES, UNITED FOR CHILDREN IN NORTHWEST INDIANA SUPPORTS THE COLLABORATIVE EFFORTS OF THE UNITED WAYS IN LAKE, PORTER AND LAPORTE COUNTIES IN CONJUNCTION WITH AGENCY PARTNERS, CHILD CARE PROVIDERS, PARENTS OF YOUNG CHILDREN, SCHOOLS AND GOVERNMENTAL ORGANIZATIONS. THE FOCUS OF THE INITIATIVE IS ON IMPROVING PARENTING SKILLS, ACCESS TO PRENATAL CARE, PROVIDING CONSISTENT ACCESS TO HIGH QUALITY HEALTH CARE, DEVELOPING COGNITIVE SKILLS, INSURING ACCESS TO DEVELOPMENTAL SCREENINGS, PREPARING CHILDREN FOR KINDERGARTEN, READING AT GRADE LEVEL, ALONG WITH INTERVENTION AND

4c (Code ) (Expenses \$ 365,736. including grants of \$ ) (Revenue \$ )

AMERICORPS - UNITED WAY OF PORTER COUNTY SPONSORED THE AMERICORPS PROGRAM IN NWI FOR THE SEVENTH YEAR. 46 AMERICORPS MEMBERS PROVIDED TUTORING AND MENTORING SERVICES IN SCHOOLS TO CHILDREN, WERE CAREER ADVISORS IN HIGH SCHOOLS, AND RECRUITED VOLUNTEERS FOR AREA NONPROFITS TO HELP THEM INCREASE THEIR SERVICE CAPACITY.

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

(Expenses \$ 128,474. including grants of \$ ) (Revenue \$ )

4e Total program service expenses 2,160,649.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21, 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		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	X	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	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		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

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**Part IV Checklist of Required Schedules** (continued)

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

Note. All Form 990 filers are required to complete Schedule O

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

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

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**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

☒ X**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	42	
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent	42	
<b>2</b> 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
<b>3</b> 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
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
<b>6</b> Did the organization have members or stockholders?	6	X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	8a	X
<b>b</b> Each committee with authority to act on behalf of the governing body?	8b	X
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	10a	X
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X
<b>13</b> Did the organization have a written whistleblower policy?	13	X
<b>14</b> Did the organization have a written document retention and destruction policy?	14	X
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	15a	X
<b>b</b> Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

**Section C. Disclosure**

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

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website    ☐ Another's website    ☒ Upon request    ☐ Other (explain in Schedule O)

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

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►  
**NONPROFIT PROCESSING & ACCOUNTING SERVICES**  
**3901 NORTH MERIDIAN STREET, SUITE 306, INDIANAPOLIS, IN 46208**

**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 line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SCOTT ALLEN DIRECTOR	1.50	X						0.	0.	0.
(2) ROY AUSTENSEN DIRECTOR	1.50	X						0.	0.	0.
(3) JAKE BERTUCCI DIRECTOR	1.50	X						0.	0.	0.
(4) JEFF BIGGS DIRECTOR	1.50	X						0.	0.	0.
(5) GEORGE CARBERRY BOARD CHAIR	4.00	X		X				0.	0.	0.
(6) JAYNE COOPER DIRECTOR	1.50	X						0.	0.	0.
(7) WILLIAM DONOVAN DIRECTOR	1.50	X						0.	0.	0.
(8) HEATHER ENNIS DIRECTOR	1.50	X						0.	0.	0.
(9) GREG FARRALL CAMPAIGN CO-CHAIR	4.00	X		X				0.	0.	0.
(10) GREG FOX DIRECTOR	1.50	X						0.	0.	0.
(11) RIC PRATACCIA DIRECTOR	1.50	X						0.	0.	0.
(12) ALLEN GIPSON DIRECTOR	1.50	X						0.	0.	0.
(13) CAROL HALL DIRECTOR	1.50	X						0.	0.	0.
(14) CHERYL HARMON PAST CHAIR	1.50	X						0.	0.	0.
(15) DANITA JOHNSON HUGHES DIRECTOR	1.50	X						0.	0.	0.
(16) ANNA JONES DIRECTOR	1.50	X						0.	0.	0.
(17) STEPHANIE JONES DIRECTOR	1.50	X						0.	0.	0.



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JODI JUHL DIRECTOR	1.50	X						0.	0.	0.
(19) TOM KENNEDY DIRECTOR	1.50	X						0.	0.	0.
(20) LUMA KHABBAZ DIRECTOR	1.50	X						0.	0.	0.
(21) DR. JON KILPINEN DIRECTOR	1.50	X						0.	0.	0.
(22) MICHAEL KWIATKOWSKI DIRECTOR	1.50	X						0.	0.	0.
(23) TODD LEETH DIRECTOR	1.50	X						0.	0.	0.
(24) BRUCE LINDNER DIRECTOR	1.50	X						0.	0.	0.
(25) BROCK LLOYD VICE CHAIR	4.00	X		X				0.	0.	0.
(26) DAVID MIKA DIRECTOR	1.50	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								94,278.	0.	17,942.
<b>d Total (add lines 1b and 1c)</b>								94,278.	0.	17,942.

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

- 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
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
NONE		

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

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) LINDA MILLER DIRECTOR	1.50	X						0.	0.	0.
(28) MARY MILLER DIRECTOR	1.50	X						0.	0.	0.
(29) GINA MOODY COMMUNITY IMPACT CHAIR	4.00	X		X				0.	0.	0.
(30) LAURIE MULLET SECRETARY	4.00	X		X				0.	0.	0.
(31) KRIS PARKER DIRECTOR	1.50	X						0.	0.	0.
(32) STUART REILLY DIRECTOR	1.50	X						0.	0.	0.
(33) REX RICHARDS DIRECTOR	1.50	X						0.	0.	0.
(34) DAVE ROSE DIRECTOR	1.50	X						0.	0.	0.
(35) ACO SIKOSKI DIRECTOR	1.50	X						0.	0.	0.
(36) JEFF SPENCER DIRECTOR	1.50	X						0.	0.	0.
(37) KEN TURNER DIRECTOR	1.50	X						0.	0.	0.
(38) STEPHEN TURNER DIRECTOR	1.50	X						0.	0.	0.
(39) KELLY VENEGAS VOLUNTEER DEVELOPMENT CHAIR	4.00	X		X				0.	0.	0.
(40) ANEEQA VIRGIL DIRECTOR	1.50	X						0.	0.	0.
(41) TODD WAGENBLAST TREASURER	4.00	X		X				0.	0.	0.
(42) BETH WROBEL DIRECTOR	1.50	X						0.	0.	0.
(43) SHARON KISH PRESIDENT	50.00	X		X				94,278.	0.	17,942.
Total to Part VII, Section A, line 1c								94,278.		17,942.

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b> 17,049.				
	<b>b</b> Membership dues	<b>1b</b>				
	<b>c</b> Fundraising events	<b>1c</b> 73,185.				
	<b>d</b> Related organizations	<b>1d</b>				
	<b>e</b> Government grants (contributions)	<b>1e</b> 769,345.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b> 1,528,335.				
	<b>g</b> Noncash contributions included in lines 1a-1f \$					
	<b>h Total.</b> Add lines 1a-1f		2,387,914.			
<b>Program Service Revenue</b>	<b>Business Code</b>					
	<b>2 a</b>					
	<b>b</b>					
	<b>c</b>					
	<b>d</b>					
	<b>e</b>					
	<b>f</b> All other program service revenue					
<b>g Total.</b> Add lines 2a-2f						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)		5,773.			5,773.
	<b>4</b> Income from investment of tax-exempt bond proceeds					
	<b>5</b> Royalties					
	<b>6 a</b> Gross rents	(i) Real (ii) Personal				
	<b>b</b> Less: rental expenses					
	<b>c</b> Rental income or (loss)					
	<b>d</b> Net rental income or (loss)					
	<b>7 a</b> Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses					
	<b>c</b> Gain or (loss)					
	<b>d</b> Net gain or (loss)					
	<b>8 a</b> Gross income from fundraising events (not including \$ 73,185. of contributions reported on line 1c). See Part IV, line 18	<b>a</b> 33,045.				
	<b>b</b> Less: direct expenses	<b>b</b> 41,339.				
	<b>c</b> Net income or (loss) from fundraising events		-8,294.			-8,294.
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19	<b>a</b>				
	<b>b</b> Less: direct expenses	<b>b</b>				
	<b>c</b> Net income or (loss) from gaming activities					
	<b>10 a</b> Gross sales of inventory, less returns and allowances	<b>a</b>				
<b>b</b> Less: cost of goods sold	<b>b</b>					
<b>c</b> Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11 a</b> NET GAIN ON ENDOWMENT	900099	128,287.			128,287.	
<b>b</b> OTHER INCOME	900099	18,883.			18,883.	
<b>c</b>						
<b>d</b> All other revenue						
<b>e Total.</b> Add lines 11a-11d		147,170.				
<b>12 Total revenue.</b> See instructions.		2,532,563.	0.	0.	144,649.	

**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 ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	1,034,169.	1,034,169.		
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	112,220.	89,416.	11,104.	11,700.
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	353,373.	281,565.	34,966.	36,842.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	20,378.	16,237.	2,016.	2,125.
9 Other employee benefits	97,171.	77,425.	9,615.	10,131.
10 Payroll taxes	33,942.	27,749.	3,015.	3,178.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	55,765.	25,654.	24,031.	6,080.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	33,448.	1,690.	133.	31,625.
13 Office expenses	46,577.	35,571.	5,437.	5,569.
14 Information technology				
15 Royalties				
16 Occupancy	50,488.	31,798.	8,599.	10,091.
17 Travel	49,987.	45,618.	1,366.	3,003.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	13,009.	11,035.	903.	1,071.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	16,619.	10,138.	3,157.	3,324.
23 Insurance				
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 <b>MEMBER COSTS</b>	310,448.	310,448.		
b <b>BOARD DESIGNATE EXPENSE</b>	122,442.	122,442.		0.
c <b>PROCESSING FEES</b>	54,960.	960.	54,000.	
d <b>DUES</b>	22,684.	3,611.	17,947.	1,126.
e All other expenses	50,576.	35,123.	12,658.	2,795.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	2,478,256.	2,160,649.	188,947.	128,660.
26 <b>Joint costs.</b> 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
<b>Assets</b>	1 Cash - non-interest-bearing	57,546.	1	160,971.
	2 Savings and temporary cash investments	1,913,801.	2	1,635,249.
	3 Pledges and grants receivable, net	693,701.	3	861,026.
	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		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	32,104.	9	34,907.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 835,959.		
	b Less: accumulated depreciation	10b 279,175.	10c	556,784.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	1,001,663.	12	1,003,746.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	734,330.	15	831,044.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	4,976,935.	16	5,083,727.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	164,468.	17	216,954.
	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		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25	164,468.	26	216,954.
	<b>Net Assets or Fund Balances</b>	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		4,424,978.	27	4,488,777.
28 Temporarily restricted net assets		387,489.	28	377,996.
29 Permanently restricted net assets			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 <b>Total net assets or fund balances</b>		4,812,467.	33	4,866,773.
34 <b>Total liabilities and net assets/fund balances</b>		4,976,935.	34	5,083,727.

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**Part XI Reconciliation of Net Assets**

Check 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	2,532,563.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,478,256.
3	Revenue less expenses. Subtract line 2 from line 1	3	54,307.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,812,467.
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	-1.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,866,773.

**Part XII Financial Statements and Reporting**

Check 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 basis

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

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

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

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

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

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

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

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

Form 990 (2013)

Department of the Treasury  
Internal Revenue Service

▶ **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](http://www.irs.gov/form990).

OMB No. 1545-0047

2013

**Open to Public Inspection**

Name of the organization

UNITED WAY OF PORTER COUNTY INDIANA

Employer identification number

35-6006484

<b>Part I</b>	<b>Reason for Public Charity Status</b> (All organizations must complete this part.) See instructions.
---------------	--

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

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

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box \_\_\_\_\_

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

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? \_\_\_\_\_

(ii) A family member of a person described in (i) above? \_\_\_\_\_

(iii) A 35% controlled entity of a person described in (i) or (ii) above? \_\_\_\_\_

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

[illegible]

**LHA 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.")	2170043.	1852511.	2994949.	1840608.	2387914.	11246025.
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 <b>Total.</b> Add lines 1 through 3	2170043.	1852511.	2994949.	1840608.	2387914.	11246025.
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)						1278870.
6 <b>Public support.</b> Subtract line 5 from line 4						9967155.

**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	2170043.	1852511.	2994949.	1840608.	2387914.	11246025.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	26,923.	16,073.	7,913.	5,323.	5,773.	62,005.
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.)	4,600.	33,511.	8,019.	59,230.	18,883.	124,243.
11 <b>Total support.</b> Add lines 7 through 10						11432273.
12 Gross receipts from related activities, etc. (see instructions)					12	135,769.
13 <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and 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	87.18 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	86.08 %
16a <b>33 1/3% support test - 2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► <input checked="" type="checkbox"/>		
b <b>33 1/3% support test - 2012.</b> 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 <b>10% -facts-and-circumstances test - 2013.</b> 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 <b>10% -facts-and-circumstances test - 2012.</b> 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 <b>Private foundation.</b> 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"/>		

Schedule A (Form 990 or 990-EZ) 2013



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12)						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <span style="float: right;">► <input type="checkbox"/></span>						

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

<b>15</b> Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2012 Schedule A, Part III, line 15	<b>16</b>	%

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

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

**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 A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:**

**PROCESSING FEE REVENUE**

2009 AMOUNT: \$ 4,600.

2010 AMOUNT: \$ 1,189.

2011 AMOUNT: \$ 8,019.

2012 AMOUNT: \$ 32,149.

2013 AMOUNT: \$ 18,883.

**BAD DEBT**

2010 AMOUNT: \$ 32,322.

2012 AMOUNT: \$ 27,081.

**SCHEDULE D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF PORTER COUNTY INDIANA

Employer identification number

35-6006484

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

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

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

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

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

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

(check all that apply)

a ☐ Public exhibitiond ☐ Loan or exchange programsb ☐ Scholarly researche ☐ Other \_\_\_\_\_c ☐ Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets

to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes☐ No**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes☐ No

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

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes☐ Nob If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	734,330.	650,561.	667,806.	536,502.	481,147.
b Contributions			2,090.		275.
c Net investment earnings, gains, and losses	138,676.	92,912.	-11,369.	139,374.	60,662.
d Grants or scholarships	31,573.				
e Other expenditures for facilities and programs					
f Administrative expenses	10,389.	9,143.	7,966.	8,070.	5,582.
g End of year balance	831,044.	734,330.	650,561.	667,806.	536,502.

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

a Board designated or quasi-endowment ▶ 100.00 %

b Permanent endowment ▶ %

c Temporarily restricted endowment ▶ %

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

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

(i) unrelated organizations

(ii) related organizations

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

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
1a Land	250,463.			250,463.
b Buildings	528,527.		229,622.	298,905.
c Leasehold improvements				
d Equipment	56,969.		49,553.	7,416.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				556,784.

Schedule D (Form 990) 2013

**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) VARIOUS CDS	873,746.	END-OF-YEAR MARKET VALUE
(B) 5/3 MUNICIPAL BOND	130,000.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	<b>1,003,746.</b>	

**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	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (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) ENDOWMENT FUNDS HELD @ PORTER COMMUNITY FOUNDATION	831,044.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	<b>831,044.</b>

**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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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 ☒

Schedule D (Form 990) 2013

**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	2,573,902.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	41,339.
e	Add lines 2a through 2d	2e	41,339.
3	Subtract line 2e from line 1	3	2,532,563.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,532,563.

**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	2,519,596.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	41,339.
e	Add lines 2a through 2d	2e	41,339.
3	Subtract line 2e from line 1	3	2,478,257.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	-1.
c	Add lines 4a and 4b	4c	-1.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,478,256.

**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.

**PART V, LINE 4:**

**EXPLANATION: THE ENDOWMENT WAS CREATED WHEN UNITED WAY OF PORTER COUNTY TRANSFERRED FUNDS TO AN ENDOWMENT MANAGED BY PORTER COUNTY COMMUNITY FOUNDATION AND WILL CONTINUE TO EXIST SO LONG AS ASSETS ARE AVAILABLE IN THE FUND AND THE PURPOSES OF THE FUND CAN BE SERVED BY ITS CONTINUATION. IF THE FUND IS TERMINATED, THE PORTER COUNTY COMMUNITY FOUNDATION SHALL DEVOTE ANY REMAINING ASSETS FOR CHARITABLE OR OTHER EXEMPT PURPOSES. THE PURPOSE OF THE ENDOWMENT IS TO PROVIDE SUPPORT TO THE UNITED WAY OF PORTER COUNTY ENABLING THE ORGANIZATION TO CARRY OUT ITS MISSION. THE PRINCIPAL OF THE ENDOWMENT IS RESTRICTED AND MAY NOT BE INVADED WITHOUT APPROVAL OF THE PORTER COUNTY COMMUNITY FOUNDATION AND THE UNITED WAY BOARD OF DIRECTORS.**

**Part XIII** Supplemental Information (continued)

## PART X, LINE 2:

EXPLANATION: THE ORGANIZATION FOLLOWS GUIDANCE ISSUED BY THE FASB WITH RESPECT TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. A TAX POSITION IS RECOGNIZED AS A BENEFIT ONLY IF IT IS "MORE LIKELY THAN NOT" THAT THE TAX POSITION WOULD BE SUSTAINED IN A TAX EXAMINATION, WITH A TAX EXAMINATION BEING PRESUMED TO OCCUR. THE TAX BENEFIT RECOGNIZED IS THE LARGEST AMOUNT OF TAX BENEFIT THAT IS GREATER THAN FIFTY PERCENT LIKELY OF BEING REALIZED ON EXAMINATION. FOR TAX POSITIONS NOT MEETING THE "MORE LIKELY THAN NOT" TEST, NO TAX BENFIT IS RECORDED.

THE ORGANIZATION'S POLICY IS TO RECOGNIZE INTEREST AND PENALTIES ACCRUED ON ANY UNRECOGNIZED TAX BENEFITS AS A COMPONENT OF INCOME TAX EXPENSE. THE ORGANIZATION DID NOT RECORD ANY ACCRUED INTEREST OR PENALTIES ASSOCIATED WITH AN UNRECOGNIZED TAX BENEFITS DURING THE YEARS ENDED JUNE 30, 2014 OR 2013. THE ORGANIZATION DOES NOT ANTICIPATE ANY MATERIAL AMOUNTS OF UNRECOGNIZED TAX BENEFITS WITHIN THE NEXT 12 MONTHS.

## PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSE 41,339.

## PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSE 41,339.

## PART XII, LINE 4B - OTHER ADJUSTMENTS:

ROUNDING -1.

Department of the Treasury  
Internal Revenue Service

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

**▶ Attach to Form 990 or Form 990-EZ.**

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

## Open To Public Inspection

Name of the organization

UNITED WAY OF PORTER COUNTY INDIANA

Employer identification number

35-6006484

## Part I

**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

- 2 a** 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.

[illegible]

**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

	(a) Event #1 <b>GOLF OUTING</b> (event type)	(b) Event #2 <b>HALF MARATHON</b> (event type)	(c) Other events <b>NONE</b> (total number)	(d) Total events (add col. (a) through col. (c))
<b>Revenue</b>				
1 Gross receipts	75,125.	31,105.		106,230.
2 Less: Contributions	53,850.	19,335.		73,185.
3 Gross income (line 1 minus line 2)	21,275.	11,770.		33,045.
<b>Direct Expenses</b>				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs	19,809.	2,547.		22,356.
7 Food and beverages		338.		338.
8 Entertainment				
9 Other direct expenses	7,063.	11,582.		18,645.
10 Direct expense summary. Add lines 4 through 9 in column (d)				41,339.
11 Net income summary. Subtract line 10 from line 3, column (d)				-8,294.

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

	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
<b>Revenue</b>				
1 Gross revenue				
<b>Direct Expenses</b>				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				
8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

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

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?  |  | <input type="checkbox"/> Yes | <input type="checkbox"/> 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? |  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 13 Indicate the percentage of gaming activity operated in.   |  |                              |                             |
| a The organization's facility  |  | 13a                          | %                           |
| b An outside facility  |  | 13b                          | %                           |
| 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:                                     |  |                              |                             |

Name 

Address 

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ► \$ \_\_\_\_\_.
- c** If "Yes," enter name and address of the third party:

Name 

Address 

**16 Gaming manager information:**

Name 

Gaming manager compensation ► \$ \_\_\_\_\_

**Description of services provided** ► \_\_\_\_\_

☐ Director/officer      ☐ Employee      ☐ Independent contractor

**17 Mandatory distributions:**

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

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

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

► Attach to Form 990.

► Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

**2013**

Open to Public  
Inspection

Name of the organization

**UNITED WAY OF PORTER COUNTY INDIANA**

Employer identification number  
**35-6006484**

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

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

☒ Yes ☐ No

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS 755W LINCOLNWAY VALPARAISO, IN 46385	35-1091894	501(C)(3)	15,000.	0.			EMERGENCY RESPONSE AND RECOVERY
BOY SCOUTS-LASALLE 1340 SOUTH BEND AVE SOUTH BEND, IN 46617	35-0867966	501(C)(3)	3,000.	0.			COMPREHENSIVE YOUTH DEVELOPMENT
BOYS & GIRLS CLUB OF PORTER COUNTY 354 W JEFFERSON STREET VALPARAISO, IN 46384	35-1724072	501(C)(3)	115,000.	0.			SPARK AFTER SCHOOL PHYSICAL ACTIVITY
CARING PLACE 3107 CASCADE DRIVE VALPARAISO, IN 46383	31-0944075	501(C)(3)	50,000.	0.			SAFE EMERGENCY SHELTER
DUNELAND FAMILY YMCA 215 ROOSEVELT STREET CHESTERTON, IN 46304	35-1404559	501(C)(3)	22,100.	0.			STRONG KIDS SCHOLARSHIP
FAMILY & YOUTH SERVICES BUREAU 253 W LINCOLNWAY VALPARAISO, IN 46383	35-1350178	501(C)(3)	50,500.	0.			HEALTHY FAMILIES, RISK MANAGEMENT PROGRAM
<b>2</b> Enter total number of section 501(c)(3) and government organizations listed in the line 1 table							33.
<b>3</b> Enter total number of other organizations listed in the line 1 table							0.

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

Schedule I (Form 990) (2013)

**UNITED WAY OF PORTER COUNTY INDIANA**

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GABRIEL'S HORN 792 MCCOOL AVENUE VALPARAISO, IN 46385	32-0075800	501(C)(3)	7,000.	0.			CASE MANAGEMENT
GIRL SCOUTS OF GREATER CHICAGO & NW INDIANA - 8699 BROADWAY - MERRILLVILLE, IN 46410	35-0888016	501(C)(3)	3,000.	0.			LEADERSHIP PROGRAM
HEALTHLINE 454 SOUTH COLLEGE AVE VALPARAISO, IN 46383	35-2147791	501(C)(3)	25,000.	0.			SUBSTANCE ABUSE PREVENTION
HILLTOP NEIGHBORHOOD HOUSE 460 SOUTH COLLEGE AVE VALPARAISO, IN 46383	35-1971819	501(C)(3)	50,000.	0.			HEALTHY BODY/HEALTHY MINDS FOOD PROGRAM/CHILD CARE/ KINDERGARTEN READINESS
MENTAL HEALTH ASSOCIATION 402 INDIANA AVE VALPARAISO, IN 46383	35-1855589	501(C)(3)	20,000.	0.			BRIDGING THE GAP
MORaine HOUSE 353 W LINCOLNWAY VALPARAISO, IN 46383	35-1379793	501(C)(3)	10,000.	0.			INTENSE RECOVERY PROGRAM
NORTHSHORE HEALTH CLINICS 6450 US HWY 6 PORTAGE, IN 46368	35-2028588	501(C)(3)	5,000.	0.			NON-STRESS TESTING FOR HIGH RISK PREGNANT WOMEN
OPPORTUNITY ENTERPRISES 2801 EVANS AVENUE VALPARAISO, IN 46383	35-1136833	501(C)(3)	60,000.	0.			REHABILITATION SERVICES
PORTAGE TOWNSHIP YMCA 3100 WILLOWCREEK ROAD PORTAGE, IN 46368	35-1404478	501(C)(3)	37,100.	0.			YOUTH OBESITY/YOUTH DEVELOPMENT LAUNCH

Schedule I (Form 990)

**UNITED WAY OF PORTER COUNTY INDIANA**

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purposé of grant or assistance
PORTER COUNTY COMMUNITY SERVICES 1005 CAMPBELL STREET VALPARAISO, IN 46385	35-1296781	501(C)(3)	50,000.	0.			EMERGENCY ASSISTANCE
PORTER COUNTY EDUCATION SERVICES 750 RANSOM ROAD VALPARAISO, IN 46385	35-6005292	501(C)(3)	10,000.	0.			SUMMER ENRICHMENT
PORTER COUNTY FAMILY COUNSELING SERVICES - 554 LOCUST STREET - VALPARAISO, IN 46383	35-1183498	501(C)(3)	58,800.	0.			COMMUNITY MENTAL HEALTH SERVICES
ST. AGNES ADULT DAY SERVICE CENTER 1859 WEST HARRISON BLVD VALPARAISO, IN 46383	35-7122888	501(C)(3)	6,800.	0.			TRAINING FOR VOLUNTEERS
THE SALVATION ARMY 799 CAPITAL ROAD VALPARAISO, IN 46385	13-5561351	501(C)(3)	15,000.	0.			CASE MANAGEMENT/EMERGENCY ASSISTANCE COMMUNITY NUTRITION
VALPARAISO YMCA 55 CHICAGO STREET VALPARAISO, IN 46383	35-0876401	501(C)(3)	21,400.	0.			CHILD CARE/LIVESTRONG AT THE YMCA
VISITING NURSE ASSOCIATION 501 MARQUETTE STREET VALPARAISO, IN 46385	35-1174866	501(C)(3)	65,000.	0.			PHOENIX CENTER, HOME HEALTH CARE
HOUSING OPPORTUNITIES 954 EASTPORT CENTRE DR. STE A VALPARAISO, IN 46383	35-1965214	501(C)(3)	55,000.	0.			TEMPORARY/TRANSITIONAL HOUSING
NORTHWEST INDIANA COMMUNITY ACTION 5240 FOUNTAIN DR CROWN POINT, IN 46307	35-1112290	501(C)(3)	15,000.	0.			211

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOY SCOUTS-CALUMET 8751 CALUMET AVE MUNSTER, IN 46321	35-0867968	501(C)(3)	2,500.	0.			SCOUTING/YOUTH DEVELOPMENT
LAKE COUNTY PARENTS AS TEACHERS 5391 CENTRAL AVENUE PORTAGE, IN 46368	35-2109773	501(C)(3)	15,000.	0.			READY SET KINDERGARTEN
CATHOLIC CHARITIES 6919 INDIANAPOLIS BLVD HAMMOND, IN 46320	35-1122204	501(C)(3)	10,000.	0.			FINANCIAL ASSISTANCE & SELF SUFFICIENCY
DUNEBROOK 502 WALL ST. SUITE 105 VALPARAISO, IN 46383	35-1781854	501(C)(3)	10,000.	0.			COMMUNITY PARTNERS FOR CHILD SAFETY
CRISIS CENTER 101 N. MONTGOMERY GARY, IN 46403	35-1324480	501(C)(3)	7,800.	0.			TEEN COURT AND SAFE PLACE
FAMILY HOUSE 1250 MARYLAND VENUE, SW WASHINGTON, DC 20024	35-1511473	501(C)(3)	15,000.	0.			FAMILY PRESERVATION
NEIGHBORS PORTAGE ADULT EDUCATION 5391 CENTRAL AVENUE PORTAGE, IN 46368	45-0697456	501(C)(3)	10,000.	0.			CHILDCARE
PORTER STARK SERVICES 601 WALL ST VALPARAISO, IN 46383	35-1330771	501(C)(3)	20,000.	0.			WELLNESS CLUB
URBAN LEAGUE OF NWI 3101 BROADWAY GARY, IN 46409	35-1178594	501(C)(3)	10,000.	0.			PROJECT READY INITIATIVE

Schedule I (Form 990)

(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

Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information
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PART I, LINE 2:

EXPLANATION: COMMUNITY IMPACT: ORGANIZATIONS RECEIVING ALLOCATED FUNDING

FROM UWPC UNDERGO INTENSIVE PRE-SCREENING BEFORE BEING AWARDED FUNDING.

SUCH SCREENING INCLUDES:

1. AN APPLICATION PROCESS THAT INCLUDES EXPLANATIONS OF THE PROPOSED USE AND RESULTS FROM USE OF FUNDING

2. VOLUNTEERS REVIEW OF THE ORGANIZATION TO GAIN A LEVEL OF ASSURANCE THAT THE ORGANIZATION FOLLOWS SOUND FISCAL POLICIES

3. VERIFICATION OF COMPLIANCE WITH THE PROVISIONS OF THE PATRIOT ACT

**Part IV** Supplemental Information

4. VERIFICATION OF CURRENT STATUS AS AN IRS CODE SECTION 501(C)3 NONPROFIT ORGANIZATION

5. ANNUAL AUDITS AND FORM 990- ARE PROVIDED TO UWPC

DONOR DESIGNATIONS: ORGANIZATIONS RECEIVING DONOR DESIGNATED CONTRIBUTIONS THROUGH UWPC UNDERGO SCREENING PRIOR TO THE DISTRIBUTION OF FUNDS. SUCH SCREENING INCLUDES:

1. VERIFICATION OF COMPLIANCE WITH THE PROVISIONS OF THE PATRIOT ACT

2. VERIFICATION OF CURRENT STATUS AS AN IRS CODE SECTION 501(C)3 NONPROFIT ORGANIZATION



**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

Open to Public  
Inspection

Employer identification number

UNITED WAY OF PORTER COUNTY INDIANA

35-6006484

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

OUTCOMES IN THREE SPECIFIC AREAS DETERMINED TO BE ESSENTIAL IN

IMPROVING PEOPLE'S LIVES AND STRENGTHENING OUR COMMUNITY:

1. EDUCATION - HELPING CHILDREN AND YOUTH ACHIEVE THEIR EDUCATIONAL  
SUCCESS

2. HEALTH - IMPROVING PHYSICAL AND MENTAL HEALTH AND WELL-BEING

3. INCOME - ACHIEVING FINANCIAL STABILITY AND INDEPENDENCE

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

EXPLANATION: SEE PART III, LINE 4D FOR RSVP OF NORTHWEST INDIANA.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

CHILD ADVOCACY. WE HAVE ALSO BEGUN PROVIDING LOCAL EDUCATORS WORKSHOPS  
IN THE PHILOSOPHY OF "MINDS IN MOTION" AS A STRATEGY TO IMPROVE LEVELS  
OF CONCENTRATION IN OUR AREA YOUNG STUDENTS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

VITA - PROVIDES FREE TAX SERVICE PREPARATION AND FINANCIAL LITERACY FOR  
LOW INCOME TAXPAYERS. THIS PROGRAM IS OF GREAT BENEFIT TO OUR ELDERLY  
AND DISABLED POPULATION. THE 2013 TAX FILING SEASON RESULTED IN THE  
PREPARATION OF 513 FEDERAL TAX RETURNS AND 544 STATE RETURNS. THE  
RETURNS RESULTED IN \$497,864 OF REFUNDS TO LOW INCOME TAXPAYERS. OF  
THAT AMOUNT, \$130,086 WAS FOR EARNED INCOME CREDIT.

UNITED WAY READING BUDDIES - BY ENGAGING WITH THE COMMUNITY AND

PARTNERS LIKE THE VALPORAISO UNIVERSITY SOFTBALL TEAM, NEARLY 3,000 NEW

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

Schedule O (Form 990 or 990-EZ) (2013)

332211  
09-04-13

Name of the organization

UNITED WAY OF PORTER COUNTY INDIANA

Employer identification number

35-6006484

STUFFED ANIMALS WERE COLLECTED AND DISTRIBUTED TO AREA ELEMENTARY SCHOOLS. IN 125 CLASSROOMS OF 1ST AND 2ND GRADERS EACH STUDENT RECEIVED A "READING BUDDY" TO READ ALOUD TO EACH DAY AS PART OF THEIR CURRICULUM TO IMPROVE MOTIVATION TO READ, READING AT GRADE LEVEL AND ORAL FLUENCY. GUIDANCE COUNSELORS ALSO USE THE STUFFED ANIMALS AS COUNSELING TOOLS.

HARDEST HIT FUND - A PROGRAM TO AID HOMEOWNERS WHO ARE AT RISK OF FORECLOSURE ON THEIR HOME. ELIGIBLE INDIVIDUALS CAN QUALIFY FOR FINANCIAL ASSISTANCE IF THEY VOLUNTEER A REQUIRED NUMBER OF HOURS PER MONTH. UNITED WAY VOLUNTEER COORDINATORS HELP TO PLACE THE HOMEOWNERS IN VOLUNTEER POSITIONS.

POWER OF YOUTH - THE POWER OF YOUTH HIGH SCHOOL COUNCIL OFFERS STUDENTS A CHANCE TO BECOME ADVOCATES ON ISSUES THAT AFFECT TEENS IN THEIR COMMUNITY. WITH THEIR CURRENT FOCUS OF BUILDING SELF-ESTEEM IN TEENS, THEY CONDUCT FUNDRAISERS AND ALLOCATE FUNDS TO COMMUNITY PROGRAMS THAT BENEFIT THEIR CAUSE. THEY ALSO DO COMMUNITY SERVICE PROJECTS, BUILD LEADERSHIP SKILLS, HAVE ACCESS TO A LARGER NETWORK OF LIKE-MINDED TEENS, AND THE OPPORTUNITY TO LEARN FROM THE UNITED WAY OF PORTER COUNTY. THE COUNCIL IS MADE OF THREE REPRESENTATIVES FROM EACH PORTER COUNTY HIGH SCHOOL, AND LEADERS OF THE COUNCIL SERVE ON THE UNITED WAY OF PORTER COUNTY BOARD OF DIRECTORS.

YOUNG LEADERS UNITED - YOUNG LEADERS UNITED IS MAKING A DIFFERENCE BY UNITING YOUNG PROFESSIONALS. THIS AFFINITY GROUP PROVIDES MEMBERS AN OPPORTUNITY TO DEVELOP AS LEADERS IN THEIR COMMUNITY, WHILE BUILDING A RELATIONSHIP WITH UNITED WAY OF PORTER COUNTY AS NEW AND POTENTIAL DONORS, ADVOCATES AND VOLUNTEERS. ENGAGEMENT OPPORTUNITIES INCLUDE

Name of the organization

UNITED WAY OF PORTER COUNTY INDIANA

Employer identification number

35-6006484

NETWORKING, VOLUNTEERING, PROFESSIONAL DEVELOPMENT, AND THE OPPORTUNITY  
TO LEARN FROM COMMUNITY LEADERS.

UNITED WAY RSVP OF NORTHWEST INDIANA - RSVP STANDS FOR RETIRED AND  
SENIOR VOLUNTEER PROGRAM AND IS EXCLUSIVELY FOR PROMOTING VOLUNTEERSISM  
IN ADULTS 55 YEARS OF AGE AND OVER. WE CURRENTLY HAVE 180 VOLUNTEERS  
THROUGHOUT THE NW INDIANA REGION. OUR VOLUNTEERS HELP TO ASSIST IN THE  
AREAS OF EDUCATION, HEALTH, VETERAN AND MILITARY FAMILIES, AND ECONOMIC  
STABILITY. IN 2014 OUR VOLUNTEERS SERVED 20,860 HOURS, DROVE 67,565  
MILES AND ASSISTED 126,376 MEN, WOMEN, AND CHILDREN IN NORTHWEST  
INDIANA.

EXPENSES \$ 128,474. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: BEFORE IT IS FILED, FORM 990 IS PRESENTED TO THE GOVERNING  
BODY AND ALL MEMBERS OF THE FINANCE COMMITTEE. THE FINANCE COMMITTEE  
REVIEWS THE TAX FORM BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: THE ORGANIZATION HAS A CONFLICT OF INTEREST DISCLOSURE  
STATEMENT THAT MEMBERS OF THE ORGANIZATION MUST COMPLETE EACH YEAR.  
MEMBERS NEED TO DISCLOSE AND WITHDRAW FROM DISCUSSION AND VOTING ON  
POTENTIAL CONFLICTS.

FORM 990, PART VI, SECTION B, LINE 15:

EXPLANATION: SALARIES WITH 3 YEAR COMPARISON DATA ARE REVIEWED AND APPROVED  
BY THE EXECUTIVE COUNCIL ALONG WITH APPROVAL OF THE BUDGET BY THE FINANCE  
COMMITTEE AND THE BOARD OF DIRECTORS.

Name of the organization

UNITED WAY OF PORTER COUNTY INDIANA

Employer identification number

35-6006484

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: INDIVIDUALS INTERESTED IN REVIEWING THE GOVERNING DOCUMENTS,  
POLICIES AND FINANCIAL STATEMENTS MAY CONTACT THE PRESIDENT TO MEET AND  
REVIEW THEM.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

ROUNDING

-1.

FORM 990, PART XII, LINE 2C:

EXPLANATION: FORM 990, PART XII, LINE 2C: THE TREASURER AND EXECUTIVE  
DIRECTOR REVIEW THE AUDITED FINANCIAL STATEMENTS AND OVERSEE THE  
SELECTION OF AN INDEPENDENT ACCOUNTANT, THIS PROCESS HAS REMAINED THE  
SAME AS LAST YEAR.

**Depreciation and Amortization 990**  
 (Including Information on Listed Property)

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

OMB No 1545-0172

**2013**

Attachment  
 Sequence No 179

UNITED WAY OF PORTER COUNTY INDIANA

FORM 990 PAGE 10

35-6006484

**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	500,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	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	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.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	4,221.

**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	17	11,717.
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
19a 3-year property						
b 5-year property		3,504.	5	MQ	SL	290.
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	12 / 13	26,108.	39 yrs.	MM	S/L	391.
	/			MM	S/L	

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

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

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	16,619.
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.)**24a** Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
--	-------------------------------------	--	-------------------------------	--	---------------------------	------------------------------	----------------------------------	---------------------------------------

**25** Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use**25****26** Property used more than 50% in a qualified business use:

		%						
		%						
		%						

**27** Property used 50% or less in a qualified business use:

		%			S/L		
		%			S/L		
		%			S/L		

**28** Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1**28****29** Add amounts in column (i), line 26. Enter here and on line 7, page 1**29****Section B - Information on Use of Vehicles**

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

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

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

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

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
<b>38</b> 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		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> 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?		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use?		

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

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
<b>42</b> Amortization of costs that begins during your 2013 tax year					
<b>43</b> Amortization of costs that began before your 2013 tax year					<b>43</b>
<b>44</b> Total. Add amounts in column (f). See the instructions for where to report					<b>44</b>

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

**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	
<b>Type or print</b> Name of exempt organization or other filer, see instructions. <b>UNITED WAY OF PORTER COUNTY INDIANA</b>	Employer identification number (EIN) or <b>35-6006484</b>
<b>File by the due date for filing your return. See instructions.</b> Number, street, and room or suite no. If a P.O. box, see instructions. <b>PO BOX 2028</b>	Social security number (SSN) 
City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>VALPARAISO, IN 46384-2028</b>	

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 (sec. 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.**

**NONPROFIT PROCESSING & ACCOUNTING SERVICES - 3901 NORTH**

• The books are in the care of **► MERIDIAN STREET, SUITE 306 - INDIANAPOLIS, IN 46208**

Telephone No. **►** Fax No. **►**

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

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

4 I request an additional 3-month extension of time until **MAY 15, 2015**

5 For calendar year **►** , or other tax year beginning **JUL 1, 2013** , and ending **JUN 30, 2014**

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

7 State in detail why you need the extension  
**ADDITIONAL TIME IS RESPECTFULLY REQUESTED IN ORDER TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE INCOME TAX 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 <b>Balance due.</b> 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 **►** *[Signature]* Title **►** **CPA** Date **►** **2/5/2015**

Form 8868 (Rev. 1-2014)

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

OMB No. 1545-1709

► **File a separate application for each return.**► **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868).**

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

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

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

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

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

Part I only ☐

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

Type or print	Name of exempt organization or other filer, see instructions.	Enter filer's identifying number
File by the due date for filing your return. See instructions.	<b>UNITED WAY OF PORTER COUNTY INDIANA</b>	Employer identification number (EIN) or <b>35-6006484</b>
	Number, street, and room or suite no. If a P.O. box, see instructions <b>PO BOX 2028</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>VALPARAISO, IN 46384-2028</b>	

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 (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**NONPROFIT PROCESSING & ACCOUNTING SERVICES - 3901 NORTH**

- The books are in the care of ► **MERIDIAN STREET, SUITE 306 - INDIANAPOLIS, IN 46208**

Telephone No. ►

Fax No. ►

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

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2015**, to file the exempt organization return for the organization named above. The extension is for the organization's return for.

► ☐ calendar year  or► ☒ tax year beginning **JUL 1, 2013**, and ending **JUN 30, 2014**

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

☐ Change in accounting period

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

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