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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 By law, the IRS generally cannot redact the information on the form

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 07-01-2013, 2013, and ending 06-30-2014

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

UNITED WAY OF THE LEWIS AND CLARK AREA INC

Doing Business As

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

PO BOX 862

Room/suite

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

HELENA, MT 59624

D Employer identification number

81-6017354

E Telephone number

(406) 442-4360

G Gross receipts \$ 1,295,244

F Name and address of principal officer

BRIAN JOHNSON
PO BOX 862
HELENA, MT 59624

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:

WWW UNITEDWAYLCA ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other

L Year of formation

1966

M State of legal domicile

MT

Part I Summary																																											
Activities & Governance	1 Briefly describe the organization's mission or most significant activities INCREASE THE ORGANIZED CAPACITY OF PEOPLE TO CARE FOR ONE ANOTHER IN OUR COMMUNITY																																										
	2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets																																										
Revenue	<table><tr><td>3</td><td>Number of voting members of the governing body (Part VI, line 1a)</td><td>3</td><td>36</td></tr><tr><td>4</td><td>Number of independent voting members of the governing body (Part VI, line 1b)</td><td>4</td><td>36</td></tr><tr><td>5</td><td>Total number of individuals employed in calendar year 2013 (Part V, line 2a)</td><td>5</td><td>7</td></tr><tr><td>6</td><td>Total number of volunteers (estimate if necessary)</td><td>6</td><td>200</td></tr><tr><td>7a</td><td>Total unrelated business revenue from Part VIII, column (C), line 12</td><td>7a</td><td>0</td></tr><tr><td>b</td><td>Net unrelated business taxable income from Form 990-T, line 34</td><td>7b</td><td>0</td></tr></table>	3	Number of voting members of the governing body (Part VI, line 1a)	3	36	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	36	5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	7	6	Total number of volunteers (estimate if necessary)	6	200	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0																		
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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

BRIAN JOHNSON EXECUTIVE DIRECTOR

Type or print name and title

2015-02-19

Date

Paid Preparer Use Only

Prnt/Type preparer's name

JOHN H STEINHOFF CPA

Preparer's signature

Date

2015-02-19

Check ☐ if self-employed

PTIN P01031457

Firm's name

JUNKERMIERCLARKCAMPANELLASTEVENSPC

Firm's EIN

81-0348775

Firm's address

PO BOX 9047
KALISPELL, MT 59904

Phone no

(406) 755-3681

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2013)

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

INCREASE THE ORGANIZED CAPACITY OF PEOPLE TO CARE FOR ONE ANOTHER IN OUR COMMUNITY

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 \$ 265,080 including grants of \$ 240,136) (Revenue \$ 3,618)

DIRECT PAYMENTS TO UNITED WAY MEMBER CHARITABLE ORGANIZATIONS OF ALLOCATIONS BY UNITED WAY BOARD

4b

(Code) (Expenses \$ 317,558 including grants of \$ 287,676) (Revenue \$ 11,419)

DONOR DESIGNATED CONTRIBUTIONS PAYABLE TO MEMBER AND NON-MEMBER CHARITABLE ORGANIZATIONS

4c

(Code) (Expenses \$ 595,481 including grants of \$ 539,447) (Revenue \$ 21,413)

AMOUNTS PAYABLE TO NON-MEMBER CHARITABLE ORGANIZATIONS OF DONOR DESIGNATED AND DEEMED DESIGNATED CONTRIBUTIONS THROUGH THE COMBINED FEDERAL CAMPAIGN AND STATE EMPLOYEES GIVING CAMPAIGN

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

AMOUNTS PAYABLE TO NON-MEMBER CHARITABLE ORGANIZATIONS OF DONOR DESIGNATED AND DEEMED DESIGNATED CONTRIBUTIONS THROUGH THE STATE EMPLOYEES COMBINED CAMPAIGN

4d

Other program services (Describe in Schedule O)

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

4e

Total program service expenses

1,178,119

Form 990 (2013)

Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	No
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

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

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	Yes
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
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	Yes
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

Section B. Policies

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
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▶
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (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. ▶BRIAN JOHNSON PO BOX 862 HELENA, MT 59601 (406) 442-4360

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

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, or 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

[illegible]

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	30,101	0	750

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

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
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? <i>If "Yes," complete Schedule J for such individual</i>	4	No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

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

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

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

Part VIII

Statement of Revenue

Check 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
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a			
	b	Membership dues	1b			
	c	Fundraising events	1c			
	d	Related organizations	1d			
	e	Government grants (contributions)	1e			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,231,785		
	g	Noncash contributions included in lines 1a-1f \$				
	h	Total. Add lines 1a-1f		1,231,785		
Program Service Revenue	2a	DONOR DESIGNATION FEE	Business Code 900099	20,374	20,374	
	b	ADMINISTRATIVE FEES	900099	15,771	15,771	
	c					
	d					
	e					
	f	All other program service revenue				
	g	Total. Add lines 2a-2f		36,145		
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		7,130	
4		Income from investment of tax-exempt bond proceeds				
5		Royalties				
6a		(i) Real		1,105		1,105
		(ii) Personal				
		Gross rents				
		Less rental expenses				
b		Rental income or (loss)				
c		Net rental income or (loss)				
7a		(i) Securities				
		(ii) Other				
		Gross amount from sales of assets other than inventory				
		Less cost or other basis and sales expenses				
b		Gain or (loss)				
c		Net gain or (loss)				
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18		9,817		9,817
		a	11,079			
		b	1,262			
c		Net income or (loss) from fundraising events				
9a		Gross income from gaming activities See Part IV, line 19				
	a					
	b					
c	Net income or (loss) from gaming activities					
10a	Gross sales of inventory, less returns and allowances					
	a					
	b					
c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11a	MISC INCOME	900099	305	305		
b						
c						
d	All other revenue					
e	Total. Add lines 11a-11d		305			
12	Total revenue. See Instructions		1,286,287	36,450	0	18,052

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.	1,067,259	1,067,259		
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.				
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.	138,618	70,570	24,383	43,665
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9	Other employee benefits.	7,187	3,683	1,270	2,234
10	Payroll taxes.	11,173	5,689	1,965	3,519
11	Fees for services (non-employees):				
a	Management.				
b	Legal.				
c	Accounting.	25,710		25,710	
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 Schedule O).				
12	Advertising and promotion.	9,312			9,312
13	Office expenses.	6,092	3,101	1,071	1,920
14	Information technology.				
15	Royalties.				
16	Occupancy.	7,017	3,573	1,234	2,210
17	Travel.	12,129	6,175	2,132	3,822
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.				
20	Interest.				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	9,803	4,991	1,724	3,088
23	Insurance.	4,167	2,121	733	1,313
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	DUES & SUBSCRIPTIONS	8,821	8,371	450	
b	SOFTWARE AND EQUIPMENT	6,296		6,296	
c	ADMINISTRATIVE AND OTHE	4,546	1,216	3,330	
d	RECOGNITION AWARDS	3,539		3,539	
e	All other expenses	3,641	1,370	1,423	848
25	Total functional expenses. Add lines 1 through 24e.	1,325,310	1,178,119	75,260	71,931
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

					(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			47,786	1	155,138
	2	Savings and temporary cash investments			271,230	2	141,473
	3	Pledges and grants receivable, net			278,707	3	263,283
	4	Accounts receivable, net			3,550	4	3,550
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.				5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	482
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a	316,745			
	b	Less: accumulated depreciation	10b	69,277	231,689	10c	247,468
	11	Investments—publicly traded securities				11	
	12	Investments—other securities. See Part IV, line 11.			292,047	12	325,975
	13	Investments—program-related. See Part IV, line 11.				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11.			169,758	15	185,743
	16	Total assets. Add lines 1 through 15 (must equal line 34).			1,294,767	16	1,323,112
Liabilities	17	Accounts payable and accrued expenses			5,580	17	27,525
	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.			595,314	25	606,305
	26	Total liabilities. Add lines 17 through 25.			600,894	26	633,830
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			339,576	27	281,301
	28	Temporarily restricted net assets			334,297	28	387,981
	29	Permanently restricted net assets			20,000	29	20,000
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			693,873	33	689,282
	34	Total liabilities and net assets/fund balances			1,294,767	34	1,323,112

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	1,286,287
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,325,310
3	Revenue less expenses Subtract line 2 from line 1	3	-39,023
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	693,873
5	Net unrealized gains (losses) on investments	5	34,432
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	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	689,282

Part XII Financial Statements and Reporting

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

		Yes	No
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	2a	No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis	2b	No
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	No
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	

Additional Data

Software ID:

Software Version:

EIN: 81-6017354

Name: UNITED WAY OF THE LEWIS AND CLARK AREA INC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ERIK BURKE DIRECTOR	1 00	X						0	0	0
MELISSA ALLOWATT DIRECTOR	1 00	X						0	0	0
NEWELL ANDERSON DIRECTOR	1 00	X						0	0	0
RYAN DOMIER DIRECTOR	1 00	X						0	0	0
LAURIE EKANGER DIRECTOR	1 00	X						0	0	0
SHANNON HALL DIRECTOR	1 00	X						0	0	0
LAURIE HANSON DIRECTOR	1 00	X						0	0	0
JOHN HARRINGTON DIRECTOR	1 00	X						0	0	0
HAL JACOBSON DIRECTOR	1 00	X						0	0	0
RAYELLEN JOHNSON DIRECTOR	1 00	X						0	0	0
HOLLY KALECZYC DIRECTOR	1 00	X						0	0	0
ERIKA KOSTAL DIRECTOR	1 00	X						0	0	0
TERRI KUNZ 1ST VICE PRESIDENT	1 00	X		X				0	0	0
MARK LANCASTER DIRECTOR	1 00	X						0	0	0
RYAN LINDSAY DIRECTOR	1 00	X						0	0	0
CAROL LOCKWOOD PRESIDENT	1 00	X		X				0	0	0
STEVE LOUTTIT TREASURER	1 00	X		X				0	0	0
SHERRON MASSMAN DIRECTOR	1 00	X						0	0	0
DENISE MELTON DIRECTOR	1 00	X						0	0	0
CHRIS MILLER DIRECTOR	1 00	X						0	0	0
CHRISTIAN PIPER DIRECTOR	1 00	X						0	0	0
ELIZABETH RICHARDSON DIRECTOR	1 00	X						0	0	0
JIM RICKMAN DIRECTOR	1 00	X						0	0	0
STEVE ROCK DIRECTOR	1 00	X						0	0	0
CHARLES ROLLING DIRECTOR	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MAT RUDE 2ND VICE PRESIDENT	1 00	X		X				0	0	0
JANICE SCHENK DIRECTOR	1 00	X						0	0	0
SONJA SCOTT DIRECTOR	1 00	X						0	0	0
SUZANNE SEVERIN 1ST PAST PRESIDENT	1 00	X		X				0	0	0
ANITA SHONTZ DIRECTOR	1 00	X						0	0	0
DAVID SALONO DIRECTOR	1 00	X						0	0	0
MICHAEL SPATZ DIRECTOR	1 00	X						0	0	0
DANIEL TROST DIRECTOR	1 00	X						0	0	0
GREG UPHAM DIRECTOR	1 00	X						0	0	0
ROBERT WARD DIRECTOR	1 00	X						0	0	0
RONALD WATERMAN DIRECTOR	1 00	X						0	0	0
BRIAN JOHNSON EXECUTIVE DIRECTOR	1 00			X				30,101	0	750

SCHEDULE A
(Form 990 or 990EZ)

Department of the
Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization UNITED WAY OF THE LEWIS AND CLARK AREA INC	Employer identification number 81-6017354
--	--

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

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

1

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(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?

a

☐

b

☐

c

☐

d

☐

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)

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

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

Provide the following information about the supported organization(s)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 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 ")	1,146,410	1,109,518	1,410,610	854,210	1,231,785	5,752,533
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1,146,410	1,109,518	1,410,610	854,210	1,231,785	5,752,533
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)						204,888
6 Public support. Subtract line 5 from line 4						5,547,645

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	1,146,410	1,109,518	1,410,610	854,210	1,231,785	5,752,533
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	10,450	9,747	8,647	22,270	15,930	67,044
9	Net income from unrelated business activities, whether or not the business is regularly carried on	-7,157	1,787	659			-4,711
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	9,346	43,238	18,823	25,264	11,079	107,750
11	Total support (Add lines 7 through 10)						5,922,616
12	Gross receipts from related activities, etc (see instructions)					12	304,455
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ☐						

Section C. Computation of Public Support Percentage			
14	Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	93 670 %
15	Public support percentage for 2012 Schedule A, Part II, line 14	15	93 580 %
16a	33 1/3% support test—2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☒		
b	33 1/3% support test—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ☐		
17a	10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ☐		
b	10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ☐		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐		

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

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

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

Part IV

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

Facts And Circumstances Test		
Return Reference	Explanation	

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization UNITED WAY OF THE LEWIS AND CLARK AREA INC	Employer identification number 81-6017354
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

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

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

1

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

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

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

3

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

4

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

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

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

7

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

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

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

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

▶ \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2013

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

- 3

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

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

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

- 1a

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

☐ Yes

☐ No
- b

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

☐ No
- b

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

☐

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	52,727	45,380	44,899	36,115	34,623
b Contributions		4,100	3,220	3,350	100
c Net investment earnings, gains, and losses	8,517	5,845	-377	7,624	3,570
d Grants or scholarships	1,881	1,689	1,556	1,447	1,519
e Other expenditures for facilities and programs					
f Administrative expenses	2,025	909	806	743	659
g End of year balance	57,338	52,727	45,380	44,899	36,115

- 2

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

Board designated or quasi-endowment
- b

Permanent endowment
- c

Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

No
- b

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

3b
- 4

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

Part VI Land, Buildings, and Equipment. 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		51,712		51,712
b Buildings		219,721	52,956	166,765
c Leasehold improvements				
d Equipment		45,312	16,321	28,991
e Other				0
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				247,468

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	821,864
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	34,432
b	Donated services and use of facilities	2b	31,635
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	8,957
e	Add lines 2a through 2d	2e	75,024
3	Subtract line 2e from line 1	3	746,840
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	539,447
c	Add lines 4a and 4b	4c	539,447
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	1,286,287

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	826,455
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	31,635
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	8,957
e	Add lines 2a through 2d	2e	40,592
3	Subtract line 2e from line 1	3	785,863
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	539,447
c	Add lines 4a and 4b	4c	539,447
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	1,325,310

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.

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENTS EXPENSES 1,262 RENTAL EXPENSES 7,695
PART XI, LINE 4B - OTHER ADJUSTMENTS	FEDERAL CAMPAIGN DESIGNATION 94,219 STATE CAMPAIGN DESIGNATION 445,228
PART XII, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENTS EXPENSES 1,262 RENTAL EXPENSES 7,695
PART XII, LINE 4B - OTHER ADJUSTMENTS	FEDERAL CAMPAIGN DESIGNATION 94,219 STATE CAMPAIGN DESIGNATION 445,228

[illegible]

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.

OMB No 1545-0047

2013

Open to Public
Inspection

Name of the organization
UNITED WAY OF THE LEWIS AND CLARK AREA INC

Employer identification number
81-6017354

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.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
See Additional Data Table							

- 2

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

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

Part III

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

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

Part IV

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

Return Reference	Explanation
PART I, LINE 2	THE ALLOCATION OF FUNDS TO AGENCIES IS REGULATED BY THE ALLOCATIONS POLICIES AND PROCEDURES MANUAL WHICH DESCRIBES THE ALLOCATION PROCESS THE ORGANIZATION ALSO HAS ON FILE THE RECOMMENDATION OF THE DIFFERENT ALLOCATIONS THAT ARE PART OF THE RECOMMENDATIONS MADE BY THE ALLOCATIONS PANEL CHAIRS TO THE BOARD AT THEIR MAY MEETING EACH YEAR ONCE APPROVED BY THE BOARD, EACH OF THE AGENCIES RECEIVES A LETTER DESCRIBING THE AMOUNT OF FUNDS THEY ARE SCHEDULED TO RECEIVE, WHETHER THE FUNDS ARE DESIGNATED OR UNDESIGNATED, THE ANNUAL/MONTHLY AMOUNT THEY ARE SCHEDULED TO RECEIVE FROM UNITED WAY AND WHETHER THEY MAY BE RECEIVING FUNDS FROM A THIRD PARTY PROCESSOR OTHER THAN OUR UNITED WAY

Additional Data

Software ID:
Software Version:
EIN: 81-6017354
Name: UNITED WAY OF THE LEWIS AND CLARK AREA INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
HELENA FOOD SHARE PO BOX 943 HELENA,MT 59624	36-3507623	501 C3	52,903				TO PROVIDE FOOD ASSISTANCE TO LOW INCOME FAMILIES AND INDIVIDUALS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
GOD'S LOVE SHELTER 533 N LAST CHANCE GULCH HELENA, MT 59601	81-0400234	501 C3	49,246				TO PROVIDE SHELTER AND FOOD FOR HOMELESS INDIVIDUALS AND FAMILIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
THE FRIENDSHIP CENTER 1430 SANDERS HELENA, MT 59601	23-7131678	501 C3	39,986				TO PROVIDE SHELTER AND SUPPORT FOR VICTIMS OF DOMESTIC AND SEXUAL VIOLENCE AND THEIR CHILDREN

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
YOUTH HOMES INC PO BOX 7616 MISSOULA,MT 59807	81-0331313	501 C3	42,693				TO PROVIDE GROUP HOMES AND FOSTER CARE

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
BIG BROTHERS BIG SISTERS OF HELENA 30 W 6TH AVE HELENA, MT 59601	23-7138696	501 C3	30,883				TO HELP CHILDREN IN NEED THROUGH PROFESSIONALLY SUPPORTED ONE TO ONE MENTORING RELATIONSHIPS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
FLORENCE CRITTENTON HOME 901 N HARRIS HELENA, MT 59601	81-0231788	501 C3	22,241				TO SUPPORT DAY CARE SERVICES AND THE BUILDING OF HEALTHY AND PRODUCTIVE LIVES FOR YOUNG WOMEN AND THEIR BABIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
THE ANGEL FUND PO BOX 7436 HELENA,MT 59604	81-0535130	501 C3	21,702				TO ASSIST LOW INCOME YOUTH IN HELENA SCHOOLS WITH NECESSARY SCHOOL-RELATED SUPPLIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
RMDC HOME DELIVERED MEALS PO BOX 1717 HELENA, MT 59624	81-0296458	501 C3	18,372				TO ASSIST HOMEBOUND SENIOR CITIZENS TO REMAIN INDEPENDENT THROUGH MEALS DELIVERED TO THEIR HOMES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
YMCA 1200 N MAIN HELENA,MT 59601	81-0231815	501 C3	15,838				TO PROVIDE LOW INCOME YOUTH WITH YMCA ACTIVITY SCHOLARSHIPS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
GOOD SAMARITAN MINISTRIES PO BOX 5177 HELENA,MT 59604	81-0231797	501 C3	14,737				TO HELP LOW INCOME PERSONS IN THE COMMUNITY COVER UNEXPECTED FINANCIAL DIFFICULTIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
FAMILY PROMISE PO BOX 939 HELENA, MT 59601	52-1591461	501 C3	11,909				TO ASSIST HOMELESS FAMILIES IN HELENA

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
PEERS UNLIMITED PO BOX 173 HELENA,MT 59624	36-3718843	501 C3	11,389				TO PROVIDE OPPORTUNITIES FOR PEOPLE WITH DISABILITIES TO HAVE A BETTER LIFE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
CASA - ADVOCATES FOR CHILDREN 133 REEDERS ALLEY HELENA,MT 59601	81-0523987	501 C3	10,917				TO PROVIDE COURT APPOINTED GUARDIANS ON BEHALF OF ABUSED AND NEGLECTED CHILDREN

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
LEWIS AND CLARK LITERACY COUNCIL 815 FRONT ST HELENA, MT 59601	81-0469892	501 C3	9,389				TO HELP ADULTS ACQUIRE READING, WRITING, MATH, AND ENGLISH LANGUAGE SKILLS THROUGH A VOLUNTEER TUTORING PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
ELKHORN SEARCH & RESCUE PO BOX 342 CLANCY, MT 59634	81-0389340	501 C3	7,961				TO HELP SAVE LIVES IN JEFFERSON COUNTY THROUGH SEARCH AND RESCUE, DISASTER AND EMERGENCY RESPONSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
RMDC HEAD START PROGRAM PO BOX 1717 HELENA, MT 59624	81-0296458	501 C3	8,101				TO PROVIDE A POSITIVE, SUPPORTIVE, AND SAFE LEARNING ENVIRONMENT FOR CHILDREN AND FAMILIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
CAREER TRAINING INSTITUTE 347 N LAST CHANCE GULCH HELENA, MT 59601	81-0415668	501 C3	8,372				TO PROVIDE SUPPORT ASSISTANCE FOR LOW INCOME PARTICIPANTS IN JOB TRAINING PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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GIRL SCOUTS OF MONTANA & WYOMING 735 GRAND AVE BILLINGS, MT 59102	81-6001486	501 C3	8,211				TO HELP GIRLS BUILD COURAGE, CONFIDENCE, AND CHARACTER

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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YWCA 501 SOUTH PARK HELENA,MT 59601	81-0235416	501 C3	7,137				TO PROVIDE LOW INCOME YOUTH WITH YMCA ACTIVITY SCHOLARSHIPS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
CATHOLIC SOCIAL SERVICES PO BOX 907 HELENA, MT 59624	81-0245570	501 C3	7,559				TO PROVIDE HELP IN ADOPTION AND COUNSELING FOR YOUNG WOMEN AND ADOPTIVE PARENTS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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BOY SCOUTS 820 17TH AVE W GREAT FALLS,MT 59405	81-0034177	501 C3	7,925				TO PREPARE YOUNG PEOPLE TO BECOME SELF-RELIANT AND MAKE POSITIVE CHOICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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MONTANA SUPPORTING SOLDIERS PO BOX 4964 HELENA, MT 59604	73-1698375	501 C3	7,184				TO PROVIDE SERVICES TO SERVICE MEMBERS, THEIR FAMILIES, AND VETERANS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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RMDC RSVP PO BOX 1717 HELENA,MT 59624	81-0296458	501 C3	6,266				TO PROVIDE VOLUNTEER OPPORTUNITIES FOR PEOPLE OVER 55, THEREBY HELPING THEM REMAIN ACTIVE AND INVOLVED IN THEIR COMMUNITY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
CANCER SCREENING PROGRAM OF LEWIS AND CLARK CO 1930 9TH AVE HELENA,MT 59601	81-6001383	LOCAL GOV	5,555				TO ASSIST LOW INCOME FAMILIES TO PREVENT CANCER WITH EARLY DETECTION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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FAMILY OUTREACH 1236 HELENA AVE HELENA,MT 59601	81-0367074	501 C3					TO PROVIDE ASSITANCE TO FAMILIES WITH DISABILITIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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GIRL SCOUTS OF MONTANA & WYOMING 735 GRAND AVE BILLINGS, MT 59102	81-6001486	501 C3					TO HELP GIRLS BUILD COURAGE, CONFIDENCE, AND CHARACTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
ELKHORN SEARCH & RESCUE PO BOX 342 CLANCY, MT 59634	81-0389340	501 C3					TO HELP SAVE LIVES IN JEFFERSON COUNTY THROUGH SEARCH AND RESCUE, DISASTER AND EMERGENCY RESPONSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 820 17TH AVE W GREAT FALLS, MT 59405	81-0034177	501 C3					TO PREPARE YOUNG PEOPLE TO BECOME SELF-RELIANT AND MAKE POSITIVE CHOICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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FAMILY PROMISE PO BOX 939 HELENA, MT 59601	52-1591461	501 C3					TO ASSIST HOMELESS FAMILIES IN HELENA

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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YWCA 501 SOUTH PARK HELENA,MT 59601	81-0235416	501 C3					TO PROVIDE LOW INCOME YOUTH WITH YMCA ACTIVITY SCHOLARSHIPS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
BIG BROTHERS BIG SISTERS OF HELENA 30 W 6TH AVE HELENA, MT 59601	23-7138696	501 C3					TO HELP CHILDREN IN NEED THROUGH PROFESSIONALLY SUPPORTED ONE TO ONE MENTORING RELATIONSHIPS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
BREAST AND CERVICAL HEALTH PROGRAM 1930 9TH AVE HELENA, MT 59601	81-6001383	LOCAL GOV					TO ASSIST LOW INCOME WOMEN TO PREVENT CANCER WITH EARLY DETECTION THROUGH ANNUAL SCREENINGS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
CAREER TRAINING INSTITUTE 347 N LAST CHANCE GULCH HELENA,MT 59601	81-0415668	501 C3					TO PROVIDE SUPPORT ASSISTANCE FOR LOW INCOME PARTICIPANTS IN JOB TRAINING PROGRAMS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
CASA - ADVOCATES FOR CHILDREN 133 REEDERS ALLEY HELENA,MT 59601	81-0523987	501 C3					TO PROVIDE COURT APPOINTED GUARDIANS ON BEHALF OF ABUSED AND NEGLECTED CHILDREN

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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CATHOLIC SOCIAL SERVICES PO BOX 907 HELENA, MT 59624	81-0245570	501 C3					TO PROVIDE HELP IN ADOPTION AND COUNSELING FOR YOUNG WOMEN AND ADOPTIVE PARENTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
FLORENCE CRITTENTON HOME 901 N HARRIS HELENA, MT 59601	81-0231788	501 C3					TO SUPPORT DAY CARE SERVICES AND THE BUILDING OF HEALTHY AND PRODUCTIVE LIVES FOR YOUNG WOMEN AND THEIR BABIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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GOD'S LOVE SHELTER 533 N LAST CHANCE GULCH HELENA, MT 59601	81-0400234	501 C3					TO PROVIDE SHELTER AND FOOD FOR HOMELESS INDIVIDUALS AND FAMILIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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GOOD SAMARITAN MINISTRIES PO BOX 5177 HELENA, MT 59604	81-0231797	501 C3					TO HELP LOW INCOME PERSONS IN THE COMMUNITY COVER UNEXPECTED FINANCIAL DIFFICULTIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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HELENA FOOD SHARE PO BOX 943 HELENA,MT 59624	36-3507623	501 C3					TO PROVIDE FOOD ASSISTANCE TO LOW INCOME FAMILIES AND INDIVIDUALS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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LEWIS AND CLARK LITERACY COUNCIL 815 FRONT ST HELENA, MT 59601	81-0469892	501 C3					TO HELP ADULTS ACQUIRE READING, WRITING, MATH, AND ENGLISH LANGUAGE SKILLS THROUGH A VOLUNTEER TUTORING PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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LEWIS AND CLARK SEARCH & RESCUE PO BOX 473 HELENA, MT 59624	81-0389419	501 C3					TO HELP SAVE LIVES IN LEWIS AND CLARK COUNTY THROUGH SEARCH, RESCUE, AND EMERGENCY RESPONSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
MONTANA SUPPORTING SOLDIERS PO BOX 4964 HELENA, MT 59604	73-1698375	501 C3					TO PROVIDE SERVICES TO SERVICE MEMBERS, THEIR FAMILIES, AND VETERANS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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MONTANA VETERANS FOUNDATION 1112 LESLIE AVE HELENA, MT 59601	33-1057024	501 C3					TO PROVIDE TRANSITIONAL HOUSING TO MONTANA VETERANS WHO HAVE FOUND THEMSELVES HOMELESS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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PEERS UNLIMITED PO BOX 173 HELENA, MT 59624	36-3718843	501 C3					TO PROVIDE OPPORTUNITIES FOR PEOPLE WITH DISABILITIES TO HAVE A BETTER LIFE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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RMDC HEAD START PROGRAM PO BOX 1717 HELENA,MT 59624	81-0296458	501 C3					TO PROVIDE A POSITIVE, SUPPORTIVE, AND SAFE LEARNING ENVIRONMENT FOR CHILDREN AND FAMILIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
RMDC HOME DELIVERED MEALS PO BOX 1717 HELENA,MT 59624	81-0296458	501 C3					TO ASSIST HOMEBOUND SENIOR CITIZENS TO REMAIN INDEPENDENT THROUGH MEALS DELIVERED TO THEIR HOMES

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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RMDC MONTANA YOUTH HOME PROGRAM PO BOX 1717 HELENA, MT 59624	81-0296458	501 C3					TO PROVIDE PHYSICAL AND EMOTIONAL SHELTER TO YOUTH WHOSE SAFETY, WELFARE, AND HEALTH ARE IN JEOPARDY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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RMDC RSVP PO BOX 1717 HELENA,MT 59624	81-0296458	501 C3					TO PROVIDE VOLUNTEER OPPORTUNITIES FOR PEOPLE OVER 55, THEREBY HELPING THEM REMAIN ACTIVE AND INVOLVED IN THEIR COMMUNITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
THE ANGEL FUND PO BOX 7436 HELENA, MT 59604	81-0535130	501 C3					TO ASSIST LOW INCOME YOUTH IN HELENA SCHOOLS WITH NECESSARY SCHOOL-RELATED SUPPLIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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THE FRIENDSHIP CENTER 1430 SANDERS HELENA, MT 59601	23-7131678	501 C3					TO PROVIDE SHELTER AND SUPPORT FOR VICTIMS OF DOMESTIC AND SEXUAL VIOLENCE AND THEIR CHILDREN

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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THE SALVATION ARMY 1905 HENDERSON ST HELENA, MT 59601	94-1156347	501 C3					TO HELP THOSE NEEDING ASSISTANCE WITH FINANCIAL DIFFICULTIES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
YMCA 1200 N MAIN HELENA,MT 59601	81-0231815	501 C3					TO PROVIDE LOW INCOME YOUTH WITH YMCA ACTIVITY SCHOLARSHIPS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

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BREAST AND CERVICAL HEALTH PROGRAM 1930 9TH AVE HELENA, MT 59601	81-6001383	LOCAL GOV					TO ASSIST LOW INCOME WOMEN TO PREVENT CANCER WITH EARLY DETECTION THROUGH ANNUAL SCREENINGS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
LEWIS AND CLARK SEARCH & RESCUE PO BOX 473 HELENA, MT 59624	81-0389419	501 C3					TO HELP SAVE LIVES IN LEWIS AND CLARK COUNTY THROUGH SEARCH, RESCUE, AND EMERGENCY RESPONSES

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
MONTANA VETERANS FOUNDATION 1112 LESLIE AVE HELENA, MT 59601	33-1057024	501 C3					TO PROVIDE TRANSITIONAL HOUSING TO MONTANA VETERANS WHO HAVE FOUND THEMSELVES HOMELESS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
RMDC MONTANA YOUTH HOME PROGRAM PO BOX 1717 HELENA, MT 59624	81-0296458	501 C3					TO PROVIDE PHYSICAL AND EMOTIONAL SHELTER TO YOUTH WHOSE SAFETY, WELFARE, AND HEALTH ARE IN JEOPARDY

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
THE SALVATION ARMY 1905 HENDERSON ST HELENA, MT 59601	94-1156347	501 C3					TO HELP THOSE NEEDING ASSISTANCE WITH FINANCIAL DIFFICULTIES

SCHEDULE O
 (Form 990 or 990-EZ)

Department of the Treasury
 Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
 Form 990 or to provide any additional information.
 Attach to Form 990 or 990-EZ.
 Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public
 Inspection

Name of the organization UNITED WAY OF THE LEWIS AND CLARK AREA INC	Employer identification number 81-6017354
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990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	THE IRS DETERMINATION LETTER SPECIFICALLY DESIGNATES THE UNITED WAY OF LEWIS AND CLARK AREA A MEMEBER ORGANIZATION
FORM 990, PART VI, SECTION A, LINE 7A	MEMBERS OF THE ORGANIZA TION HAVE THE POWER TO VOTE OR ELECT MEMBERS OF THE GOVERNING BODY
FORM 990, PART VI, SECTION A, LINE 7B	MEMBERS OF THE ORGANIZA TION HAVE THE RIGHT TO VOTE ON GOVERNANCE DECISIONS
FORM 990, PART VI, SECTION B, LINE 11	A COMPLETE COPY OF THE FORM 990 IS PROVIDED TO THE BOARD OF DIRECTORS THE FORM 990 IS REV IEWED FIRST BY THE EXECUTIVE DIRECTOR, THEN REVIEWED AND APPROVED BY THE FINANCE COMMITTEE
FORM 990, PART VI, SECTION B, LINE 12C	ALL BOARD MEMBERS MUST COMPLETE A NEW CONFLICT OF INTEREST POLICY STATEMENT WHEN JOINING THE BOARD AND ANNUALLY
FORM 990, PART VI, SECTION B, LINE 15A	THE BOARD OF DIRECTORS REVIEWS AND APPROVES COMPENSATION OF THE ORGANIZATION'S EXECUTIVE DIRECTOR AND ALL STAFF OF THE ORGANIZATION
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZA TION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO TH E PUBLIC UPON REQUEST FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE AN D UPON REQUEST
FORM 990, PART XI, LINE 2C	THE FINANCIAL STATEMENT AUDIT IS THE REPSONIBILITY OF THE FINANCE COMMITTEE THE BOARD OF DIRECTORS APPROVES THE FINAL AUDIT AT THE RECOMMENDATIONS OF THE FINANCE COMMITTEE
PAGE 11, PART X LINES 27-29	THE BEGINNING BALANCES HAVE BEEN RESTATED PROPERLY REFLECT THE UNRESTRICTED, TEMPORARILY A ND PERMANENTLY RESTRICTED NET ASSETS TOTAL AMOUNTS HAVE NOT CHANGED NOR HAS THE FINANCIAL HEALTH OF THE ORGANIZATION