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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015Open to Public
Inspection**A** For the 2015 calendar year, or tax year beginning **JUL 1, 2015** and ending **JUN 30, 2016****B** Check if applicable:

- ☒ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

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

Doing business as

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

951 EASTPORT CENTER DR.

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

VALPARAISO, IN 46383**F** Name and address of principal officer: **KIM OLESKER****SAME AS C ABOVE****D** Employer identification number**35-6006484****E** Telephone number**219-464-3583****G** Gross receipts \$**2,046,103.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

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

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)() (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **UNITEDWAYPC.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1957****M** State of legal domicile: **IN****Part I Summary****1** Briefly describe the organization's mission or most significant activities: **UNITED WAY OF PORTER COUNTY IS COMMITTED TO:****2** Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.**3** Number of voting members of the governing body (Part VI, line 1a) **3****4** Number of independent voting members of the governing body (Part VI, line 1b) **4****5** Total number of individuals employed in calendar year 2015 (Part V, line 2a) **71****6** Total number of volunteers (estimate if necessary) **4631****7a** Total unrelated business revenue from Part VIII, column (C), line 12 **0.****b** Net unrelated business taxable income from Form 990-T, line 34 **0.****8** Contributions and grants (Part VIII, line 1h)**9** Program service revenue (Part VIII, line 2g)**10** Investment income (Part VIII, column (A), lines 3, 4, and 7d)**11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)**12** Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)**13** Grants and similar amounts paid (Part IX, column (A), lines 1-3)**14** Benefits paid to or for members (Part IX, column (A), line 4)**15** Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)**16a** Professional fundraising fees (Part IX, column (A), line 11e)**b** Total fundraising expenses (Part IX, column (D), line 25) ▶ **85,925.****17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)**18** Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)**19** Revenue less expenses. Subtract line 18 from line 12**20** Total assets (Part X, line 16)**21** Total liabilities (Part X, line 26)**22** Net assets or fund balances. Subtract line 21 from line 20

Prior Year

Current Year

2,053,428.**2,022,142.****0.****0.****6,447.****9,897.****8,937.****-47,655.****2,068,812.****1,984,384.****875,252.****891,379.****0.****0.****616,991.****681,041.****0.****0.****817,802.****947,148.****2,310,045.****2,519,568.****-241,233.****-535,184.**

Beginning of Current Year

End of Year

4,889,522.**4,353,822.****276,921.****291,719.****4,612,601.****4,062,103.****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 **5/12/17**
 ▶ Type or print name and title **Acio Sikaske - secretary**

Paid Preparer Use Only
 Print/Type preparer's name **MARK T. ROWLEY** Preparer's signature **Mark T. Rowley** Date **5-4-17** Check if self-employed ☐ PTIN **P00361858**
 Firm's name ▶ **ROWLEY & COMPANY LLP** Firm's EIN ▶ **35-1866709**
 Firm's address ▶ **409 WEST KIEFFER ROAD**
MICHIGAN CITY, IN 46360 Phone no. **219-874-1437**

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

☒ Yes ☐ No

532001 12-18-15

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

Form **990** (2015)**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION****AB 2**

Part III Statement of Program Service Accomplishments

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

☒ X**1** Briefly describe the organization's mission:

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?☒ X 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?...☒ X Yes ☐ No

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

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

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

4a (Code _____) (Expenses \$ 1,558,930. including grants of \$ 891,379.) (Revenue \$ _____)

FUNDING MEMBER AGENCY 501C(3) PROGRAMS. THROUGH OUR COMMUNITY INVESTMENT GRANT FUND UNITED WAY OF PORTER COUNTY SUPPORTS MORE THAN 45 PROGRAMS IN THREE COMMUNITY IMPACT AREAS: EDUCATION, FINANCIAL STABILITY, AND HEALTH. COMMUNITY VOLUNTEERS MAKE UP THE GRANT DECISION COMMITTEES AND RECOMMEND APPLICATIONS TO BOARD OF DIRECTORS FOR FINAL APPROVAL. THE TOTAL IMPACT ON OUR COMMUNITY THIS YEAR WAS \$891,379.

4b (Code _____) (Expenses \$ 70,489. including grants of \$ _____) (Revenue \$ _____)

EARLY CHILDHOOD SCHOOL READINESS PROGRAM - IS AN EARLY LEARNING COMMUNITY IMPACT INITIATIVE HELPING PREPARE OUR YOUNGEST CHILDREN (0-6) FOR SUCCESS IN SCHOOL THROUGH GRADE 3. RESPONDING TO THE NEEDS OF YOUNG FAMILIES, THE PROGRAM STRIVES TO HELP INCREASE A CHILD'S CHANCES FOR A BETTER SCHOOL EXPERIENCE THROUGH EARLY LEARNING INTERVENTIONS, SUCH AS KINDER CAMP, A KINDERGARTEN READINESS PROGRAM. THE PROGRAM FOCUSES TO INCREASE CHILD SOCIAL AND LIFE SKILLS DEVELOPMENT, SCHOOL PREPAREDNESS AND PARENTING SKILLS. KINDER CAMP, SUPPORTED BY COMMUNITY PARTNERS, FILLS AN EARLY LEARNING GAP FOR CHILDREN WITH LITTLE TO NO PRESCHOOL EXPERIENCE. THESE CHILDREN LACK A VARIETY OF SOCIAL BEHAVIORAL AND BASIC LEARNING SKILLS THAT HELP TO PROVIDE A POSITIVE SCHOOL EXPERIENCE. THE 3-WEEK CAMP TEACHES NEEDED LIFE SKILL BEHAVIORS

4c (Code _____) (Expenses \$ 406,023. including grants of \$ _____) (Revenue \$ _____)

AMERICORPS - UNITED WAY OF PORTER COUNTY HAS SPONSORED AN AMERICORPS PROGRAM SINCE 2007. THE PROGRAM PROVIDES CRITICAL SUPPORT SERVICES INCLUDING K-12 ACADEMIC TUTORING, FINANCIAL LITERACY TRAINING AND VOLUNTEER MANAGEMENT TO INCREASE THE CAPACITY OF NON-PROFIT ORGANIZATIONS. IN 2016, THE PROGRAM PROVIDED 46 FULL-TIME, PART-TIME, AND MINIMUM-TIME AMERICORPS MEMBERS TO SERVE IN LAKE, PORTER, LAPORTE, AND MARSHALL COUNTIES. AMERICORPS MEMBERS SERVED MORE THAN 39,000 HOURS, A VALUE OF OVER \$918,840 TO OUR COMMUNITY. AMERICORPS MEMBERS RECRUITED MORE THAN 1,200 VOLUNTEERS AND PROVIDED TUTORING, MENTORING OR CAREER ADVISING SERVICES TO 820 AREA STUDENTS.

4d Other program services (Describe in Schedule O.)(Expenses \$ 202,162. including grants of \$ _____) (Revenue \$ _____)**4e** Total program service expenses 2,237,604.

Part IV Checklist of Required Schedules

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

Form 990 (2015)

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) 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>		X
25b 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>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c 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>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
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>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
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>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b 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>		
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>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		
Note. All Form 990 filers are required to complete Schedule O	X	

Form 990 (2015)

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	15	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	71	
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)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	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?		
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.		
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?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

Form 990 (2015)

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

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

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

	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.	35	
b Enter the number of voting members included in line 1a, above, who are independent	35	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders?	6	X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

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

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

Section C. Disclosure

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

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

☐ Own website ☐ 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, address, and telephone number of the person who possesses the organization's books and records. **►**

NONPROFIT PROCESSING & ACCOUNTING SERVICES - 219-464-3583
3901 NORTH MERIDIAN STREET, SUITE 306, INDIANAPOLIS, IN 46208

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROY AUSTENSEN DIRECTOR	1.50	X						0.	0.	0.
(2) JAYNE COOPER CHAIR	4.00	X		X				0.	0.	0.
(3) KELLY CREDIT COMMUNITY IMPACT CO-CHAIR	4.00	X		X				0.	0.	0.
(4) RON DONAHUE DIRECTOR	1.50	X						0.	0.	0.
(5) MARY JANE EISENHauer DIRECTOR	1.50	X						0.	0.	0.
(6) JACK ELIA GOLF COMMITTEE CHAIR	4.00	X		X				0.	0.	0.
(7) HEATHER ENNIS DIRECTOR	1.50	X						0.	0.	0.
(8) RIC FRATACCIA GOVERNANCE CHAIR	4.00	X		X				0.	0.	0.
(9) STEVE GEORGION DIRECTOR	1.50	X						0.	0.	0.
(10) ALLEN GIPSON DIRECTOR	1.50	X						0.	0.	0.
(11) CAROL HALL DIRECTOR	1.50	X						0.	0.	0.
(12) DANITA JOHNSON HUGHES DIRECTOR	1.50	X						0.	0.	0.
(13) STEPHANIE JONES DIRECTOR	1.50	X						0.	0.	0.
(14) TODD LEETH DIRECTOR	1.50	X						0.	0.	0.
(15) BRUCE LINDNER DIRECTOR	1.50	X						0.	0.	0.
(16) BROCK LLOYD PAST BOARD CHAIR	4.00	X		X				0.	0.	0.
(17) LARRY MCAFEE DIRECTOR	1.50	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KATHRYN MCMILLAN DIRECTOR	1.50	X						0.	0.	0.
(19) DAVID MIKA CAMPAIGN CHAIR	4.00	X		X				0.	0.	0.
(20) GINA MOODY COMMUNITY IMPACT CHAIR	4.00	X		X				0.	0.	0.
(21) LAURIE MULLET DIRECTOR	1.50	X						0.	0.	0.
(22) J.J. PELLER DIRECTOR	1.50	X						0.	0.	0.
(23) REX RICHARDS DIRECTOR	1.50	X						0.	0.	0.
(24) ANNA ROGERS DIRECTOR	1.50	X						0.	0.	0.
(25) DAVE ROSE DIRECTOR	1.50	X						0.	0.	0.
(26) SUSAN SCROGGINS DIRECTOR	1.50	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								92,299.	0.	19,399.
d Total (add lines 1b and 1c)								92,299.	0.	19,399.

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? If "Yes," complete Schedule J for such individual | | X |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual | | X |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person | | X |

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2015)

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 6,547.				
	b Membership dues	1b				
	c Fundraising events	1c 394,302.				
	d Related organizations	1d				
	e Government grants (contributions)	1e 591,422.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 1,029,871.				
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f		2,022,142.			
	Program Service Revenue	2 a	Business Code			
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f						
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)		8,207.		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real (ii) Personal				
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b Less: cost or other basis and sales expenses		1,690.			
	c Gain or (loss)		0.			
	d Net gain or (loss)		1,690.			1,690.
	8 a Gross income from fundraising events (not including \$ 394,302. of contributions reported on line 1c). See Part IV, line 18	a 9,085.				
	b Less: direct expenses	b 61,719.				
	c Net income or (loss) from fundraising events		-52,634.			-52,634.
	9 a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
	10 a Gross sales of inventory, less returns and allowances	a				
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11 a OTHER INCOME	900099	4,979.			4,979.	
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		4,979.				
12 Total revenue. See instructions.		1,984,384.	0.	0.	-37,758.	

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 domestic organizations and domestic governments. See Part IV, line 21	891,379.	891,379.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	111,697.	95,609.	9,345.	6,743.
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	435,690.	372,934.	36,453.	26,303.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	27,930.	23,907.	2,337.	1,686.
9 Other employee benefits	67,731.	57,975.	5,667.	4,089.
10 Payroll taxes	37,993.	31,898.	3,543.	2,552.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	51,783.	4,640.	46,707.	436.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	43,679.	16,261.	152.	27,266.
13 Office expenses	47,532.	41,336.	3,602.	2,594.
14 Information technology				
15 Royalties				
16 Occupancy	56,063.	42,464.	7,258.	6,341.
17 Travel	57,490.	55,415.	832.	1,243.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	16,682.	13,983.	1,553.	1,146.
20 Interest				
21 Payments to affiliates	18,262.		18,262.	
22 Depreciation, depletion, and amortization	14,987.	10,657.	2,515.	1,815.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEMBER COSTS	329,023.	329,023.		
b BOARD DESIGNATE EXPENSE	129,820.	129,820.		
c UNREALIZED PLEDGES	78,035.	78,035.		
d PROCESSING FEES	62,520.	10,440.	52,080.	
e All other expenses	41,272.	31,828.	5,733.	3,711.
25 Total functional expenses. Add lines 1 through 24e	2,519,568.	2,237,604.	196,039.	85,925.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	137,343.	1	138,255.
	2 Savings and temporary cash investments	1,372,892.	2	1,016,767.
	3 Pledges and grants receivable, net	750,249.	3	677,334.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	98,095.	9	37,653.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 829,275.		
	b Less: accumulated depreciation	10b 290,885.	10c	538,390.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	1,207,825.	12	1,214,032.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	783,395.	15	731,391.
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,889,522.	16	4,353,822.	
Liabilities	17 Accounts payable and accrued expenses	276,921.	17	291,719.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	276,921.	26	291,719.
	Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets		4,223,792.	27	3,732,310.
28 Temporarily restricted net assets		388,809.	28	329,793.
29 Permanently restricted net assets			29	
Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building, or equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 Total net assets or fund balances		4,612,601.	33	4,062,103.
34 Total liabilities and net assets/fund balances	4,889,522.	34	4,353,822.	

Form 990 (2015)

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,984,384.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,519,568.
3	Revenue less expenses. Subtract line 2 from line 1	3	-535,184.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,612,601.
5	Net unrealized gains (losses) on investments	5	-15,314.
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	4,062,103.

Part XII Financial Statements and ReportingCheck 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2015)

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) ACO SIKOSKI SECRETARY	4.00	X		X				0.	0.	0.
(28) ZACHARY TUCKER DIRECTOR	1.50	X						0.	0.	0.
(29) KEN TURNER TREASURER/FINANCE CHAIR	4.00	X		X				0.	0.	0.
(30) KELSEY VINZANT DIRECTOR	1.50	X						0.	0.	0.
(31) DWAYNE WALKER DIRECTOR	1.50	X						0.	0.	0.
(32) JOHN WEBER DIRECTOR	1.50	X						0.	0.	0.
(33) CARL WENZ VICE CHAIR	4.00	X		X				0.	0.	0.
(34) BETH WROBEL DIRECTOR	1.50	X						0.	0.	0.
(35) RANDY ZROMKOSKI DIRECTOR	1.50	X						0.	0.	0.
(36) KIM OLESKER PRESIDENT	50.00			X				92,299.	0.	19,399.
Total to Part VII, Section A, line 1c								92,299.		19,399.

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2015

Open to Public
Inspection

Name of the organization

UNITED WAY OF PORTER COUNTY INDIANA

Employer identification number

35-6006484

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2994949.	1840608.	2387914.	2053428.	2022142.	11299041.
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	2994949.	1840608.	2387914.	2053428.	2022142.	11299041.
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)						1299691.
6 Public support. Subtract line 5 from line 4						9999350.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	2994949.	1840608.	2387914.	2053428.	2022142.	11299041.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	7,913.	5,323.	5,773.	6,447.	8,207.	33,663.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	8,019.	59,230.	18,883.	4,053.	4,979.	95,164.
11 Total support. Add lines 7 through 10						11427868.
12 Gross receipts from related activities, etc. (see instructions)					12	

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	87.50 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	85.87 %
16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2015. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2014. 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Schedule A (Form 990 or 990-EZ) 2015

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. 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 - 2014. 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 Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	Yes	No
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2015

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported organizations		
4	Amounts paid to acquire exempt-use assets		
5	Qualified set-aside amounts (prior IRS approval required)		
6	Other distributions (describe in Part VI). See instructions.		
7	Total annual distributions. Add lines 1 through 6.		
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2015 from Section C, line 6		
10	Line 8 amount divided by Line 9 amount		

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7:			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
(See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:**PROCESSING FEE REVENUE**

2011 AMOUNT: \$ 8,019.

2012 AMOUNT: \$ 32,149.

2013 AMOUNT: \$ 18,883.

2014 AMOUNT: \$ 4,053.

2015 AMOUNT: \$ 4,979.

BAD DEBT

2012 AMOUNT: \$ 27,081.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No 1545-0047

2015

Open to Public
Inspection

Name of the organization

UNITED WAY OF PORTER COUNTY INDIANA

Employer identification number
35-6006484

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

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

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

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

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

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

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

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

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

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

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

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on 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) Revenue included on 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 Revenue included on Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

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

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

(check all that apply):

a ☐ Public exhibitiond ☐ Loan or exchange programsb ☐ Scholarly researche ☐ Other _____c ☐ Preservation for future generations

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

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

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

☐ Yes☐ No**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on 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, for escrow or custodial account liability?

☐ Yes☒ No

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	783,395.	831,044.	734,330.	650,561.	667,806.
b Contributions					2,090.
c Net investment earnings, gains, and losses	-5,720.	-2,437.	138,676.	92,912.	-11,369.
d Grants or scholarships	36,689.	34,710.	31,573.		
e Other expenditures for facilities and programs					
f Administrative expenses	9,595.	10,502.	10,389.	9,143.	7,966.
g End of year balance	731,391.	783,395.	831,044.	734,330.	650,561.

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 on lines 2a, 2b, and 2c should equal 100%.

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

(i) unrelated organizations

(ii) related organizations

Yes No

3a(i) X

3a(ii) X

3b

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	250,463.			250,463.
b Buildings	542,181.		256,814.	285,367.
c Leasehold improvements				
d Equipment	36,631.		34,071.	2,560.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				538,390.

Schedule D (Form 990) 2015

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) VARIOUS CDS	730,414.	END-OF-YEAR MARKET VALUE
(B) 5/3 MUNICIPAL BOND	130,000.	END-OF-YEAR MARKET VALUE
(C) MONEY MARKET FUNDS, OTHER	353,618.	END-OF-YEAR MARKET VALUE
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	1,214,032.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) ENDOWMENT FUNDS HELD @ PORTER COMMUNITY FOUNDATION	731,391.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	731,391.

Part X Other Liabilities.

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

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

Schedule D (Form 990) 2015

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	2,007,420.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-15,314.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	38,350.
e	Add lines 2a through 2d	2e	23,036.
3	Subtract line 2e from line 1	3	1,984,384.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,984,384.

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	2,557,918.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	38,350.
e	Add lines 2a through 2d	2e	38,350.
3	Subtract line 2e from line 1	3	2,519,568.
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	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,519,568.

Part XIII Supplemental Information.

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

PART V, LINE 4:

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

Part XIII Supplemental Information (continued)**PART X, LINE 2:**

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

THE ORGANIZATION'S POLICY IS TO RECOGNIZE INTEREST AND PENALTIES ACCRUED ON ANY UNRECOGNIZED TAX BENEFITS AS A COMPONENT OF INCOME TAX EXPENSE.

THE ORGANIZATION DID NOT RECORD ANY ACCRUED INTEREST OR PENALTIES ASSOCIATED WITH AN UNRECOGNIZED TAX BENEFITS DURING THE YEARS ENDED JUNE 30, 2016 OR 2015 AND NO AMOUNTS ARE ACCRUED AS OF JUNE 30, 2016 OR 2015. THE ORGANIZATION DOES NOT ANTICIPATE ANY MATERIAL AMOUNTS OF UNRECOGNIZED TAX BENEFITS WITHIN THE NEXT 12 MONTHS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSE 38,350.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSE 38,350.

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

UNITED WAY OF PORTER COUNTY INDIANA

Employer identification number

35-6006484

Part I

Fundraising Activities

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

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

- a** ☐ Mail solicitations

- b** ☐ Internet and email solicitations

- c** ☐ Phone solicitations

- d** ☐ In-person solicitations

- e ☐ Solicitation of non-government grants**

- ☐ Solicitation of government grants

- g ☐ Special fundraising events

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

☐ Yes☐ No

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

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

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

	(a) Event #1 GOLF OUTING (event type)	(b) Event #2 HALF MARATHON (event type)	(c) Other events 1 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue				
1 Gross receipts	67,165.	18,622.	317,600.	403,387.
2 Less: Contributions	58,080.	18,622.	317,600.	394,302.
3 Gross income (line 1 minus line 2)	9,085.			9,085.
Direct Expenses				
4 Cash prizes			21,999.	21,999.
5 Noncash prizes				
6 Rent/facility costs	22,240.	4,102.		26,342.
7 Food and beverages		73.		73.
8 Entertainment				
9 Other direct expenses		13,305.		13,305.
10 Direct expense summary. Add lines 4 through 9 in column (d)				61,719.
11 Net income summary. Subtract line 10 from line 3, column (d)				-52,634.

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity conducted in:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

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

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

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

Name ► _____

Address ► _____

- 16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer☐ Employee☐ Independent contractor

- 17 Mandatory distributions:

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

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

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

Part IV	Supplemental Information <i>(continued)</i>
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[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" on 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

2015

Open to Public
Inspection

Name of the organization

UNITED WAY OF PORTER COUNTY INDIANA

Employer identification number

35-6006484

Part I General Information on Grants and Assistance

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

☒ Yes ☐ No

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS 755W LINCOLNWAY VALPARAISO, IN 46385	35-1091894	501(C)(3)	10,000.	0.			EMERGENCY RESPONSE AND RECOVERY
BOYS & GIRLS CLUB OF PORTER COUNTY 354 W JEFFERSON STREET VALPARAISO, IN 46384	35-1724072	501(C)(3)	120,000.	0.			SPARK AFTER SCHOOL PHYSICAL ACTIVITY, KIDSTOP FINANCIAL ASSISTANCE, EDUCATION &
CARING PLACE 3107 CASCADE DRIVE VALPARAISO, IN 46383	31-0944075	501(C)(3)	65,000.	0.			SAFE EMERGENCY SHELTER
CATHOLIC CHARITIES DIOCESE OF GARY 6919 INDIANAPOLIS BLVD HAMMOND, IN 46302	35-1122204	501(C)(3)	13,000.	0.			FINANCIAL ASSISTANCE & SELF SUFFICIENCY
CRISIS CENTER 101 N. MONTGOMERY GARY, IN 46403	35-1324480	501(C)(3)	11,000.	0.			TEEN COURT AND SAFE PLACE
DUNEBROOK 502 WALL ST. SUITE 105 VALPARAISO, IN 46383	35-1781854	501(C)(3)	10,000.	0.			COMMUNITY PARTNERS FOR CHILD SAFETY

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

33.

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

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

35

Schedule I (Form 990) (2015)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DUNELAND FAMILY YMCA 215 ROOSEVELT STREET CHESTERTON, IN 46304	35-1404559	501(C)(3)	30,000.	0.			STRONG KIDS SCHOLARSHIP
FAMILY & YOUTH SERVICES BUREAU 253 W LINCOLNWAY VALPARAISO, IN 46383	35-1350178	501(C)(3)	42,790.	0.			CLINICAL SERVICES, LEARNING PLACE
FAMILY HOUSE 1250 MARYLAND VENUE, SW WASHINGTON, DC 20024	35-1511473	501(C)(3)	17,250.	0.			FAMILY PRESERVATION
GABRIEL'S HORN 792 MCCOOL AVENUE VALPARAISO, IN 46385	32-0075800	501(C)(3)	7,300.	0.			FINANCIAL STABILITY & CASE MANAGEMENT
HEALTHLINE 454 SOUTH COLLEGE AVE VALPARAISO, IN 46383	35-2147791	501(C)(3)	20,000.	0.			LIFESTYLE CHANGES FOR DISEASE MGMT
HILLTOP NEIGHBORHOOD HOUSE 460 SOUTH COLLEGE AVE VALPARAISO, IN 46383	35-1971819	501(C)(3)	55,000.	0.			HEALTHY KIDS/HEALTHY CHOICES/CHILD CARE SCHOLARSHIPS/ KINDERGARTEN READINESS
HOUSING OPPORTUNITIES 954 EASTPORT CENTRE DR, STE A VALPARAISO, IN 46383	35-1965214	501(C)(3)	55,000.	0.			TEMPORARY/TRANSITIONAL HOUSING
MENTAL HEALTH AMERICA OF PC 402 INDIANA AVE VALPARAISO, IN 46383	35-1855589	501(C)(3)	20,000.	0.			LIVE YOUR LIFE WELL/ BRIDGING THE GAP/ OPEN DOOR SOCIAL CLUB
MORaine HOUSE 353 W LINCOLNWAY VALPARAISO, IN 46383	35-1379793	501(C)(3)	14,000.	0.			INTENSE RECOVERY PROGRAM

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEIGHBORS PORTAGE ADULT EDUCATION 5391 CENTRAL AVENUE PORTAGE, IN 46368	45-0697456	501(C)(3)	7,000.	0.			CHILDCARE
NORTHSHORE HEALTH CLINICS 6450 US HWY 6 PORTAGE, IN 46368	35-2028588	501(C)(3)	10,000.	0.			FAMILY CARE
NORTHWEST INDIANA COMMUNITY ACTION 5240 FOUNTAIN DR CROWN POINT, IN 46307	35-1112290	501(C)(3)	15,000.	0.			211/INFORMATION AND ASSISTANCE
OPPORTUNITY ENTERPRISES 2801 EVANS AVENUE VALPARAISO, IN 46383	35-1136833	501(C)(3)	40,000.	0.			DAY SERVICES/ EMPLOYMENT SERVICES
PARENTS AS TEACHERS 5391 CENTRAL AVENUE PORTAGE, IN 46368	35-2109773	501(C)(3)	15,000.	0.			READY SET KINDERGARTEN
PORTAGE TOWNSHIP YMCA 3100 WILLOWCREEK ROAD PORTAGE, IN 46368	35-1404478	501(C)(3)	15,000.	0.			YOUTH & SENIOR WELLNESS CENTER
PORTER COUNTY COMMUNITY SERVICES 1005 CAMPBELL STREET VALPARAISO, IN 46385	35-1296781	501(C)(3)	50,000.	0.			EMERGENCY ASSISTANCE
PORTER COUNTY EDUCATION SERVICES 750 RANSOM ROAD VALPARAISO, IN 46385	35-6005292	501(C)(3)	15,000.	0.			SUMMER ENRICHMENT
PORTER STARK SERVICES 601 WALL ST VALPARAISO, IN 46383	35-1330771	501(C)(3)	15,000.	0.			WELLNESS CLUB

Schedule I (Form 990)

UNITED WAY OF PORTER COUNTY INDIANA

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. AGNES ADULT DAY SERVICE CENTER 1859 WEST HARRISON BLVD VALPARAISO, IN 46383	35-7122888	501(C)(3)	9,200.	0.			TRAINING FOR VOLUNTEERS
THE SALVATION ARMY 799 CAPITAL ROAD VALPARAISO, IN 46385	13-5561351	501(C)(3)	20,000.	0.			NUTRITIONAL ASSISTANCE/ EMERGENCY FINANCIAL ASSISTANCE
URBAN LEAGUE OF NWI 3101 BROADWAY GARY, IN 46409	35-1178594	501(C)(3)	10,000.	0.			CONTINGENT ON REPORTING/INCREASING IN NUMBERS
VALPARAISO YMCA 55 CHICAGO STREET VALPARAISO, IN 46383	35-0876401	501(C)(3)	21,900.	0.			BUILDING FOR OUR FUTURE/ DIABETES PREVENTION PROGRAM
VISITING NURSE ASSOCIATION 501 MARQUETTE STREET VALPARAISO, IN 46385	35-1174866	501(C)(3)	65,000.	0.			PHOENIX CENTER, HOME HEALTH CARE
FRONTLINE FOUNDATIONS 1008 BROADWAY CHESTERTON, IN 46304	91-1847653	501(C)(3)	17,000.	0.			INTENSIVE OUTPATIENT TREATMENT FOR YOUNG PC ADULTS
PORTER ASSOCIATION HANDICAPPED CHILDREN - 1390 BRANDYWINE RD - CROWN POINT, IN 46307	23-7422242	501(C)(3)	10,000.	0.			CUSTOM ORTHOTICS FOR HANDICAPPED CHILDREN
DAYSRING WOMENS CENTER 2001 CALUMET AVENUE VALPARAISO, IN 46383	46-2808675	501(C)(3)	55,000.	0.			COUNSELING FOR HOMELESS WOMEN
PORTER COUNTY PACT 1356 W. LINCOLNWAY VALPARAISO, IN 46383	23-7351004	501(C)(3)	10,000.	0.			HEALTH RECOVERY CONNECTION

Schedule I (Form 990)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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.

PART I, LINE 2:

COMMUNITY IMPACT: ORGANIZATIONS RECEIVING ALLOCATED FUNDING FROM UWPC

UNDERGO INTENSIVE PRE-SCREENING BEFORE BEING AWARDED FUNDING. SUCH

SCREENING INCLUDES:

1. AN APPLICATION PROCESS THAT INCLUDES EXPLANATIONS OF THE PROPOSED USE

AND RESULTS FROM USE OF FUNDING

2. VOLUNTEERS REVIEW OF THE ORGANIZATION TO GAIN A LEVEL OF ASSURANCE THAT

THE ORGANIZATION FOLLOWS SOUND FISCAL POLICIES

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

Part IV Supplemental Information

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

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

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

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

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: BOYS & GIRLS CLUB OF PORTER COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: SPARK AFTER SCHOOL PHYSICAL ACTIVITY, KIDSTOP FINANCIAL ASSISTANCE, EDUCATION & CAREER DEVELOPMENT

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

UNITED WAY OF PORTER COUNTY INDIANA

Employer identification number

35-6006484

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

A. CONTINUALLY EVALUATING AND ADAPTING TO COMMUNITY NEEDS

B. MAINTAINING EXCELLENCE, INTEGRITY, AND ACCOUNTABILITY IN ALL
ENDEAVORS

C. EMPOWERING COMMUNITY MEMBERS TO ACHIEVE THEIR CHARITABLE GIVING
GOALS

D. RESPECTING THE DIGNITY OF ALL PEOPLE

E. BUILDING COALITIONS AND PARTNERSHIPS

F. ENSURING QUALITY SERVICES AND PROGRAMS

G. PROMOTING AND SUPPORTING VOLUNTEERISM

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

REFER TO PART III, LINE 4D FOR REGIONAL VOLUNTEER CENTER (RVC),
COMMUNITY INITIATIVES, AND EMERGENCY AND DISASTER PROGRAM.

FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:

THE HARDEST HIT FUND IS NO LONGER CONDUCTED.

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

(CONVERSING WITH PEERS AND ADULTS, SHARING, LISTENING, ETC.), SCHOOL
PROCEDURES (STANDING IN LUNCH LINE, TAKING TURNS, ETC.) AND ACADEMIC
SKILLS (LETTERS, READING, NUMBERS, COLORS, ETC.) VIA A STEM- FOCUSED
CURRICULUM TO A WELL ROUNDED EXPERIENCE.

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

VITA - A FREE TAX SERVICE PREPARATION AND FINANCIAL LITERACY FOR

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

Schedule O (Form 990 or 990-EZ) (2015)

532211
09-02-15

Name of the organization

UNITED WAY OF PORTER COUNTY INDIANA

Employer identification number

35-6006484

LOW-INCOME TAXPAYERS. THIS PROGRAM SPECIFICALLY BENEFITS THE ELDERLY AND DISABLED POPULATION IN THE COMMUNITY. THE PROGRAM IS PROVIDED IN PARTNERSHIP WITH THE NORTHWEST INDIANA ASSET BUILDING COALITION, IRS, AND JP MORGAN CHASE. IN 2016, 664 FEDERAL TAX RETURNS AND 718 INDIANA AND OTHER STATE RETURNS WERE PREPARED AND FILED. AVERAGE TOTAL ADJUSTED GROSS INCOME (AGI) WAS \$18,909. FEDERAL AND STATE REFUNDS TO LOW- AND MODERATE INCOME TAXPAYERS TOTALED \$817,224 WITH \$162,139 IN EARNED INCOME TAX CREDITS CLAIMED.

UNITED WAY READING BUDDIES - REGIONAL LITERACY PROGRAM ENGAGES A VARIETY OF COMMUNITY PARTNERS TO PROVIDE MORE THAN 3,900 NEW STUFFED ANIMAL READING BUDDIES TO 162 FIRST AND SECOND GRADE CLASSROOMS IN LAKE AND PORTER COUNTIES. EACH STUDENT RECEIVES A READING BUDDY TO READ ALOUD TO DAILY TO IMPROVE MOTIVATION TO READ, GRADE-LEVEL READING SKILLS AND ORAL FLUENCY. GUIDANCE COUNSELORS ALSO USE THE STUFFED ANIMALS AS COUNSELING TOOLS.

POWER OF YOUTH - THE POWER OF YOUTH HIGH SCHOOL COUNCIL OFFERS STUDENTS A CHANCE TO BECOME ADVOCATES ON ISSUES THAT AFFECT TEENS IN THEIR COMMUNITY. WITH THEIR CURRENT FOCUS OF BUILDING SELF-ESTEEM IN TEENS, THEY LEARN THE FULL CIRCLE OF THE PHILANTHROPIC PROCESS BY CONDUCTING FUNDRAISERS AND ALLOCATING FUNDS TO COMMUNITY PROGRAMS THAT BENEFIT THEIR CAUSE. THIS IS ACCOMPLISHED THROUGH A GRANTING PROCESS THAT REQUIRES AN OUTCOMES ASSESSMENT WHERE THE GRANT RECIPIENTS DEMONSTRATE THE IMPACT THESE FUNDS HAVE HAD ON THEIR ORGANIZATION AND OUR COMMUNITY'S TEEN POPULATION. THIS YEAR'S MAJOR FUNDRAISER WAS THE VALPO HALF MARATHON. OVER 300 RUNNERS PARTICIPATED AND THE RACE BROUGHT IN \$7,000 TO BE DISTRIBUTED TO GRANT RECIPIENTS THROUGHOUT OUR COMMUNITY.

Name of the organization

UNITED WAY OF PORTER COUNTY INDIANA

Employer identification number

35-6006484

THEY ALSO DO COMMUNITY SERVICE PROJECTS, BUILD LEADERSHIP SKILLS, HAVE ACCESS TO A LARGE NETWORK OF LIKE-MINDED TEENS, AND THE OPPORTUNITY TO LEARN FROM THE UNITED WAY OF PORTER COUNTY. THE COUNCIL IS MADE UP OF THREE REPRESENTATIVES FROM EACH PORTER COUNTY HIGH SCHOOL, AND LEADERS OF THE COUNCIL SERVE ON THE UNITED WAY OF PORTER COUNTY BOARD OF DIRECTORS.

YOUNG LEADERS UNITED - YOUNG LEADERS UNITED IS MAKING A DIFFERENCE BY UNITING YOUNG PROFESSIONALS IN A COMMON UNDERSTANDING OF THE VALUE OF PHILANTHROPY IN OUR COMMUNITY. WE CURRENTLY HAVE 150 MEMBERS. THIS AFFINITY GROUP PROVIDES MEMBERS AN OPPORTUNITY TO DEVELOP AS LEADERS IN THEIR COMMUNITY, WHILE BUILDING A RELATIONSHIP WITH UNITED WAY OF PORTER COUNTY AS NEW AND POTENTIAL DONORS, ADVOCATES AND VOLUNTEERS. ENGAGEMENT OPPORTUNITIES INCLUDE NETWORKING, VOLUNTEERING, PROFESSIONAL DEVELOPMENT, BUILD A STRONG UNDERSTANDING OF THE NEEDS AND POTENTIAL SOLUTIONS TO THESE NEEDS IN OUR COMMUNITY, AND THE OPPORTUNITY TO LEARN FROM COMMUNITY LEADERS WHO DEMONSTRATE STRONG PHILANTHROPIC LEADERSHIP. IN 2016 THIS GROUP DEVELOPED A FAMILY FUN FIELD DAY AND PICNIC EVENT IN RESPONSE TO UNITED WAY OF PORTER COUNTY'S 2015 LETS'S TALK COMMUNITY CONVERSATIONS WHERE THERE WAS VOICED CONCERNS REGARDING AFFORDABLE FAMILY FUN ACTIVITIES IN PORTER COUNTY. THE EVENT DREW MORE THAN 300 INDIVIDUALS AND PROVIDED A FUN-FILLED DAY OF CLASSIC GAMES SUCH AS TUG-OF-WAR, OBSTACLE COURSES AND REALAYS. THE EVENT ALSO HAD MORE THAN 20 ACTIVITIES INCLUDING CRAFTS, PUPPY KISSING BOOTHS, PET ADOPTION AREA, PONY RIDES AND MORE.

UNITED WAY RSVP OF NORTHWEST INDIANA - IS OUR RETIRED AND SENIOR VOLUNTEER PROGRAM AND IS A GRANT FUNDED PROGRAM THAT EXCLUSIVELY

Name of the organization

UNITED WAY OF PORTER COUNTY INDIANA

Employer identification number

35-6006484

PROMOTES VOLUNTEERISM IN ADULTS 55 YEARS OF AGE AND OVER. THIS YEAR
RSVP HAD MORE THAN 400 VOLUNTEERS SERVING MORE THAN 30,700 HOURS, A
COMMUNITY IMPACT OF OVER \$723,292, THROUGHOUT THE NW INDIANA REGION.
THIS IS A 50% INCREASE OVER LAST YEAR'S VOLUNTEERS. OUR VOLUNTEERS HELP
TO ASSIST IN THE AREAS OF EDUCATION, HEALTH, VETERAN AND MILITARY
FAMILIES, AND MEALS ON WHEELS DELIVERY. IN 2016 RSVP OF NORTHWEST
INDIANA WAS NAMED EXEMPLARY VOLUNTEER PROGRAM OF THE YEAR BY INDIANA'S
STATE VOLUNTEER SERVICE AGENCY.

UNITED WAY REGIONAL VOLUNTEER CENTER (RVC)- MATCHES RESIDENTS WITH
VOLUNTEER OPPORTUNITIES AT NONPROFITS THROUGHOUT NORTHWEST INDIANA. THE
RVC ANNUALLY COORDINATES THE REGIONAL COMMUNITY ACTION EVENT - DAY OF
CARING. IN 2016, THE VOLUNTEER CENTER CONNECTED 200 NONPROFITS WITH
MORE THAN 8,300 VOLUNTEERS. THE CENTER ALSO PROVIDES GROUP AND CORPORATE
ENGAGEMENT OPPORTUNITIES.

UNITED WAY OF PORTER COUNTY COMMUNITY INITIATIVES INCLUDE THE COALITION
OF AFFORDABLE HOUSING, EMPOWER PORTER COUNTY/GETTING RESULTS AND THE
NWI COMMUNITY ORGANIZATIONS ACTION IN DISASTER (COAD) PROGRAM. THESE
INITIATIVES ARE TASKFORCE-ORIENTED TO CONTINUALLY CONNECT THE COMMUNITY
BY BRINGING COMMUNITY LEADERS, VOLUNTEERS AND BUSINESSES TOGETHER TO
SOLVE ISSUES THROUGH EDUCATION TO BE PREPARED FOR TIMES OF CRISIS.

UNITED WAY OF PORTER COUNTY EMERGENCY AND DISASTER PROGRAMS PROVIDE
SUSTAINABILITY DURING TIMES OF CRISIS IN RESIDENTS' LIVES BY SUPPORTING
COMMUNITY ACTION PROGRAMS SUCH AS NWI 211, AND WORKING WITH AREA
NONPROFITS SUCH AS THE SALVATION ARMY, THE AMERICAN RED CROSS AND
PORTER COUNTY AGING & COMMUNITY SERVICES.

Name of the organization

UNITED WAY OF PORTER COUNTY INDIANA

Employer identification number

35-6006484

EXPENSES \$ 202,162. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

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

FORM 990 PART V LINE 1B

FORM W-2G WAS ISSUED IN ERROR. THE INCOME SHOULD HAVE BEEN REPORTED TO THE RECIPIENT ON A FORM 1099-MISC AS OTHER INCOME INSTEAD OF BEING REPORTED ON FORM W-2G. THE PRIZE MONEY AWARDED WAS FROM A FUNDRAISING EVENT AND IS NOT CONSIDERED A GAMBLING EVENT.

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

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

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

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

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

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

Name of the organization

UNITED WAY OF PORTER COUNTY INDIANA

Employer identification number

35-6006484

FORM 990, PART XII, LINE 2C:

FORM 990, PART XII, LINE 2C: THE TREASURER AND EXECUTIVE DIRECTOR

REVIEW THE AUDITED FINANCIAL STATEMENTS AND OVERSEE THE SELECTION OF AN
INDEPENDENT ACCOUNTANT, THIS PROCESS HAS REMAINED THE SAME AS IN THE
PRIOR YEAR.