

# Return of Organization Exempt From Income Tax

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

## 2012

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

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

<b>B</b> Check if applicable:	<b>C</b>	<b>D</b> Employer Identification Number		
<input type="checkbox"/> Address change	United Way of Monroe County, Inc. 441 S. College Avenue Bloomington, IN 47401	35-0985959		
<input type="checkbox"/> Name change		<b>E</b> Telephone number	812-334-8370	
<input type="checkbox"/> Initial return		<b>G</b> Gross receipts \$	1,452,498.	
<input type="checkbox"/> Terminated		<b>F</b> Name and address of principal officer:	<b>H(a)</b> Is this a group return for affiliates?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Amended return		Same As C Above	<b>H(b)</b> Are all affiliates included? If 'No,' attach a list. (see instructions)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Application pending		<b>H(c)</b> Group exemption number		
<b>I</b> Tax-exempt status	<input checked="" type="checkbox"/> 501(c)(3)	<input type="checkbox"/> 501(c) ( ) (insert no.)	<input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
<b>J</b> Website:	http://www.monroeunitedway.org/			
<b>K</b> Form of organization:	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Trust	<input type="checkbox"/> Association <input type="checkbox"/> Other	
<b>L</b> Year of Formation:	1956	<b>M</b> State of legal domicile:	IN	

**Part I Summary**

	1 Briefly describe the organization's mission or most significant activities: <u>United Way improves people's lives by addressing critical needs today and working to reduce those needs tomorrow. Funds are raised from a broad community base and granted to tax exempt agencies. See Schedule O.</u>			
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3 Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>		10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>		10
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	<b>5</b>		12
	6 Total number of volunteers (estimate if necessary)	<b>6</b>		740
	7a Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>		0.
	7b Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>		0.
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)		Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)		1,520,385.	1,408,816.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)		11,334.	19,638.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		321.	352.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,626.	99.
			1,537,666.	1,428,905.
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)		809,433.	816,762.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)			
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		555,500.	510,433.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)			
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 170,566.			
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		160,916.	187,154.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,525,849.	1,514,349.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12		11,817.	-85,444.	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)		Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)		1,534,644.	1,426,048.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20		333,394.	300,700.
		1,201,250.	1,125,348.	

**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.

<b>Sign Here</b>	Signature of officer	Date	
	Type or print name and title.		
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date
	Duane L. Vaught		8/14/13
	Firm's name ▶ Stampfli Associates, CPAs, PC	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's address ▶ 200 S College Ave Bloomington, IN 47404-5177	Firm's EIN ▶ 35-1908065	P01208070
	Phone no. (812) 339-0450		

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

United Way improves people's lives by addressing critical needs today and working to reduce those needs tomorrow. Funds are raised from a broad community base and granted to tax exempt agencies. See Schedule O.

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

Yes No

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

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

Yes No

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

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

4a (Code: ) (Expenses \$ 1,221,750. including grants of \$ ) (Revenue \$ )

United Way of Monroe County works with member agencies and a network of other community partners to provide comprehensive and collaborative solutions that help local residents improve their lives. The organization focuses on the building blocks of a better life, Education, Earnings & Essentials - to create and support solutions to the most pressing issues in our community. Priorities and results are contained in Schedule O.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

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

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

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

4e Total program service expenses 1,221,750.

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

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

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

BAA

Form 990 (2012)

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

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

		Yes	No
<b>1 a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. <input type="text" value="9"/>		
<b>1 b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. <input type="text" value="0"/>		
<b>1 c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? <input type="checkbox"/>	X	
<b>2 a</b>	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. <input type="text" value="12"/>		
<b>2 b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <input type="checkbox"/>	X	
<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
<b>3 a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? <input type="checkbox"/>		X
<b>3 b</b>	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O. <input type="checkbox"/>		
<b>4 a</b>	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)? <input type="checkbox"/>		X
<b>4 b</b>	If 'Yes,' enter the name of the foreign country: <input type="text"/> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>5 a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? <input type="checkbox"/>		X
<b>5 b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? <input type="checkbox"/>		X
<b>5 c</b>	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? <input type="checkbox"/>		
<b>6 a</b>	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? <input type="checkbox"/>		X
<b>6 b</b>	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? <input type="checkbox"/>		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7 a</b>	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? <input type="checkbox"/>		X
<b>7 b</b>	If 'Yes,' did the organization notify the donor of the value of the goods or services provided? <input type="checkbox"/>		
<b>7 c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? <input type="checkbox"/>		X
<b>7 d</b>	If 'Yes,' indicate the number of Forms 8282 filed during the year. <input type="text"/>		
<b>7 e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? <input type="checkbox"/>		X
<b>7 f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <input type="checkbox"/>		X
<b>7 g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? <input type="checkbox"/>		
<b>7 h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? <input type="checkbox"/>		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? <input type="checkbox"/>		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9 a</b>	Did the organization make any taxable distributions under section 4966? <input type="checkbox"/>		
<b>9 b</b>	Did the organization make a distribution to a donor, donor advisor, or related person? <input type="checkbox"/>		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10 a</b>	Initiation fees and capital contributions included on Part VIII, line 12. <input type="text"/>		
<b>10 b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. <input type="text"/>		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11 a</b>	Gross income from members or shareholders. <input type="text"/>		
<b>11 b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) <input type="text"/>		
<b>12 a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? <input type="checkbox"/>		
<b>12 b</b>	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. <input type="text"/>		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13 a</b>	Is the organization licensed to issue qualified health plans in more than one state? <input type="checkbox"/>		
<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
<b>13 b</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. <input type="text"/>		
<b>13 c</b>	Enter the amount of reserves on hand. <input type="text"/>		
<b>14 a</b>	Did the organization receive any payments for indoor tanning services during the tax year? <input type="checkbox"/>		X
<b>14 b</b>	If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O. <input type="checkbox"/>		

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1 a</b>	Enter the number of voting members of the governing body at the end of the tax year. . . . . <b>1 a</b> 10 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>1 b</b>	Enter the number of voting members included in line 1a, above, who are independent . . . . . <b>1 b</b> 10		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? . . . . .		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		X
<b>6</b>	Did the organization have members or stockholders? . . . . .		X
<b>7 a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .		X
<b>7 b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? . . . . .		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8 a</b>	a The governing body? . . . . .	X	
<b>8 b</b>	b Each committee with authority to act on behalf of the governing body? . . . . .	X	
<b>9</b>	Is there any officer, director or 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. . . . .		X

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

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

**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 (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  
United Way of Monroe County 441 S. College Ave Bloomington IN 47401 812-334-8370

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

Check if Schedule O contains a response to any question in this Part VII.

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Dave Conner Treasurer	2 0	X		X				0.	0.	0.
(2) Lisa Abbott Director	2 0	X						0.	0.	0.
(3) Heidi Schulz Vice President	2 0	X		X				0.	0.	0.
(4) Mark Franklin President	2 0	X		X				0.	0.	0.
(5) Forrest Gilmore Director	2 0	X						0.	0.	0.
(6) Kevin Osborne Vice President	2 0	X		X				0.	0.	0.
(7) Rebecca Billick Secretary	2 0	X		X				0.	0.	0.
(8) Steve Deckard Director	2 0	X						0.	0.	0.
(9) Debbie Landrum Director	2 0	X						0.	0.	0.
(10) Kyle Parker Director	2 0	X						0.	0.	0.
(11) Barry D. Lessow Executive Direc	50 0			X				65,000.	0.	0.
(12)										
(13)										
(14)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(15) -----									
(16) -----									
(17) -----									
(18) -----									
(19) -----									
(20) -----									
(21) -----									
(22) -----									
(23) -----									
(24) -----									
(25) -----									
<b>1 b Sub-total</b> .....						65,000.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....						0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....						65,000.	0.	0.	
<b>2</b> 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
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual.</i> .....		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If 'Yes' complete Schedule J for such individual.</i> .....		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person.</i> .....		X

**Section B. Independent Contractors**

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

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

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



**Part VIII Statement of Revenue**

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS</b>	<b>1 a</b> Federated campaigns .....	<b>1 a</b> 28,683.				
	<b>b</b> Membership dues .....	<b>1 b</b>				
	<b>c</b> Fundraising events .....	<b>1 c</b>				
	<b>d</b> Related organizations .....	<b>1 d</b>				
	<b>e</b> Government grants (contributions) .....	<b>1 e</b> 19,932.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1 f</b> 1,360,201.				
	<b>g</b> Noncash contributions included in Ins 1a-1f: \$	23,593.				
	<b>h Total.</b> Add lines 1a-1f .....	▶ 1,408,816.				
	<b>PROGRAM SERVICE REVENUE</b>	<b>Business Code</b>				
		<b>2 a</b> Designations-admin fee		10,932.	10,932.	
<b>b</b> CFC Campaign fees			8,706.	8,706.		
<b>c</b> -----						
<b>d</b> -----						
<b>e</b> -----						
<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....		▶	19,638.			
<b>OTHER REVENUE</b>	<b>3</b> Investment income (including dividends, interest and other similar amounts) .....	▶	352.		352.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....	▶				
	<b>5</b> Royalties .....	▶				
	<b>6 a</b> Gross rents .....	(i) Real				
		(ii) Personal				
		<b>b</b> Less: rental expenses				
		<b>c</b> Rental income or (loss) .....				
	<b>d</b> Net rental income or (loss) .....	▶				
	<b>7 a</b> Gross amount from sales of assets other than inventory.	(i) Securities	23,593.			
		(ii) Other				
		<b>b</b> Less: cost or other basis and sales expenses .....	23,593.			
		<b>c</b> Gain or (loss) .....				
	<b>d</b> Net gain or (loss) .....	▶				
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>				
		<b>b</b> Less: direct expenses .....	<b>b</b>			
		<b>c</b> Net income or (loss) from fundraising events .....	▶			
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>				
		<b>b</b> Less: direct expenses .....	<b>b</b>			
<b>c</b> Net income or (loss) from gaming activities .....		▶				
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>					
	<b>b</b> Less: cost of goods sold .....	<b>b</b>				
	<b>c</b> Net income or (loss) from sales of inventory .....	▶				
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11 a</b> Miscellaneous		99.		99.		
<b>b</b> -----						
<b>c</b> -----						
<b>d</b> All other revenue .....						
<b>e Total.</b> Add lines 11a-11d .....	▶	99.				
<b>12 Total revenue.</b> See instructions .....	▶	1,428,905.	19,638.	0.	451.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	816,762.	816,762.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	65,000.	39,000.	13,000.	13,000.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	322,437.	215,241.	36,065.	71,131.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	33,345.	22,501.	3,868.	6,976.
9 Other employee benefits	63,081.	40,775.	8,343.	13,963.
10 Payroll taxes	26,570.	17,436.	3,364.	5,770.
11 Fees for services (non-employees):				
a Management				
b Legal	148.		148.	
c Accounting	27,117.	1,311.	25,806.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amt exceeds 10% of line 25, column (A) amt, list line 11g expenses on Sch O)	3,393.		3,393.	
12 Advertising and promotion				
13 Office expenses				
14 Information technology	4,856.	3,642.	728.	486.
15 Royalties				
16 Occupancy	37,749.	28,312.	5,662.	3,775.
17 Travel	2,132.	1,599.	320.	213.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	161.	161.		
20 Interest				
21 Payments to affiliates	13,326.	6,663.	3,331.	3,332.
22 Depreciation, depletion, and amortization	2,318.	927.	464.	927.
23 Insurance	3,738.	2,803.	561.	374.
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 Campaign Costs	41,820.	1,064.		40,756.
b Miscellaneous	23,204.	7,106.	10,097.	6,001.
c Equipment expense	9,554.	7,166.	1,433.	955.
d Postage and Shipping	5,434.	2,717.	1,359.	1,358.
e All other expenses	12,204.	6,564.	4,091.	1,549.
25 Total functional expenses. Add lines 1 through 24e	1,514,349.	1,221,750.	122,033.	170,566.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
ASSETS	<b>1</b> Cash – non-interest-bearing	349,115.	<b>1</b>	351,860.
	<b>2</b> Savings and temporary cash investments	424,495.	<b>2</b>	267,813.
	<b>3</b> Pledges and grants receivable, net	746,237.	<b>3</b>	788,866.
	<b>4</b> Accounts receivable, net	3,711.	<b>4</b>	7,480.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges	4,373.	<b>9</b>	5,234.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 22,804.		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 18,009.	6,713.	<b>10c</b> 4,795.
	<b>11</b> Investments – publicly traded securities		<b>11</b>	
	<b>12</b> Investments – other securities. See Part IV, line 11		<b>12</b>	
	<b>13</b> Investments – program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34)		1,534,644.	<b>16</b>	1,426,048.
LIABILITIES	<b>17</b> Accounts payable and accrued expenses	4,488.	<b>17</b>	7,434.
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D	54,123.	<b>21</b>	39,668.
	<b>22</b> 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		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> 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	274,783.	<b>25</b>	253,598.
	<b>26 Total liabilities.</b> Add lines 17 through 25	333,394.	<b>26</b>	300,700.
NET ASSETS OR FUND BALANCES	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets	358,854.	<b>27</b>	268,041.
	<b>28</b> Temporarily restricted net assets	842,396.	<b>28</b>	857,307.
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
<b>33</b> Total net assets or fund balances	1,201,250.	<b>33</b>	1,125,348.	
<b>34</b> Total liabilities and net assets/fund balances	1,534,644.	<b>34</b>	1,426,048.	

BAA

Form 990 (2012)

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	1,428,905.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	1,514,349.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-85,444.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	1,201,250.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O). See Schedule O	<b>9</b>	9,542.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	1,125,348.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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.			
<b>2 a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant?	X	
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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
<b>2 b</b>	Were the organization's financial statements audited by an independent accountant?	X	
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			
<b>2 c</b>	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?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
<b>3 a</b>	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>3 b</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.		

BAA

Form 990 (2012)

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

**2012**

**Open to Public Inspection**

<b>Name of the organization</b> United Way of Monroe County, Inc.	<b>Employer identification number</b> 35-0985959
--	---

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

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

- 1  A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III – Functionally integrated      d  Type III – Non-functionally integrated
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	11 g (i)	
(ii) A family member of a person described in (i) above? .....	11 g (ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	11 g (iii)	

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants'.)	1,357,079.	3,295,135.	2,317,012.	1,520,385.	1,408,816.	9,898,427.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						0.
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge.						0.
<b>4 Total.</b> Add lines 1 through 3.	1,357,079.	3,295,135.	2,317,012.	1,520,385.	1,408,816.	9,898,427.
<b>5</b> 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).						0.
<b>6 Public support.</b> Subtract line 5 from line 4.						9,898,427.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
<b>7</b> Amounts from line 4.	1,357,079.	3,295,135.	2,317,012.	1,520,385.	1,408,816.	9,898,427.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	7,472.	2,156.	1,879.	821.	352.	12,680.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) See Part IV.	29,398.	35,053.	14,358.	22,586.	19,737.	121,132.
<b>11 Total support.</b> Add lines 7 through 10.						10,032,239.
<b>12</b> Gross receipts from related activities, etc (see instructions).					12	0.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)).	<b>14</b>	98.67 %
<b>15</b> Public support percentage from 2011 Schedule A, Part II, line 14.	<b>15</b>	99.60 %
<b>16a 33-1/3% support test – 2012.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization.	<input checked="" type="checkbox"/>	
<b>b 33-1/3% support test – 2011.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
<b>17a 10%-facts-and-circumstances test – 2012.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
<b>b 10%-facts-and-circumstances test – 2011.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.	<input type="checkbox"/>	

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

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

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.') . . . . .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose. . . . .						
3 Gross receipts from activities that are not an unrelated trade or business under section 513. . . . .						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge. . . . .						
6 <b>Total.</b> 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 <b>Public support</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6. . . . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975. . . . .						
c Add lines 10a and 10b. . . . .						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on. . . . .						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
13 <b>Total support.</b> (Add lns 9, 10c, 11, and 12.) . . . . .						

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

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

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)). . . . .	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15. . . . .	16	%

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

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)). . . . .	17	%
18 Investment income percentage from 2011 Schedule A, Part III, line 17. . . . .	18	%

19a **33-1/3% support tests – 2012.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. . . . .

b **33-1/3% support tests – 2011.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization. . . . .

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





United Way of Monroe County, Inc.

35-0985959

## Part II, Line 10 - Other Income

<u>Nature and Source</u>	<u>2012</u>	<u>2011</u>	<u>2010</u>	<u>2009</u>	<u>2008</u>
Miscellaneous	\$ 99.	\$ 5,626.	\$ -40.	\$ 604.	\$ 1,155.
Administrative fee	10,932.	16,960.	14,398.	34,449.	28,243.
CFC fee	8,706.				
Total	<u>\$ 19,737.</u>	<u>\$ 22,586.</u>	<u>\$ 14,358.</u>	<u>\$ 35,053.</u>	<u>\$ 29,398.</u>

**Schedule B**  
**(Form 990, 990-EZ,**  
**or 990-PF)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

► **Attach to Form 990, Form 990-EZ, or Form 990-PF**

OMB No. 1545-0047

**2012**

**Name of the organization**

United Way of Monroe County, Inc.

**Employer identification number**

35-0985959

**Organization type** (check one):

**Filers of:**

Form 990 or 990-EZ

**Section:**

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc, purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc, purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc, contributions of \$5,000 or more during the year. . . . . ► \$ \_\_\_\_\_

**Caution:** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF) but it **must** answer 'No' on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2, of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

**Schedule B** (Form 990, 990-EZ, or 990-PF) (2012)

**or 990-PF.**

Name of organization <b>United Way of Monroe County, Inc.</b>	Employer identification number <b>35-0985959</b>
--	---

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<div style="background-color: black; width: 200px; height: 15px; margin-bottom: 5px;"></div> <hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/> Bloomington, IN 47401	\$ 28,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	<hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	<hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	<hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	<hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
—	<hr style="border-top: 1px dashed black;"/> <hr style="border-top: 1px dashed black;"/>	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

United Way of Monroe County, Inc.

35-0985959

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	N/A		
_____		\$ _____	
_____		\$ _____	
_____		\$ _____	
_____		\$ _____	
_____		\$ _____	

Name of organization: **United Way of Monroe County, Inc.** Employer identification number: **35-0985959**

**Part III Exclusively religious, charitable, etc, individual contributions to section 501(c)(7), (8) or (10)**

**organizations that total more than \$1,000 for the year.** Complete columns (a) through (e) and the following line entry.

For organizations completing Part III, enter total of *exclusively* religious, charitable, etc, contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ..... ▶ \$                      N/A  
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

**SCHEDULE D  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

OMB No. 1545-0047

**2012**

**Open to Public Inspection**

Name of the organization

Employer identification number

United Way of Monroe County, Inc.

35-0985959

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

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

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No
- 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
- Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area
- Protection of natural habitat  Preservation of a certified historic structure
- Preservation of open space

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

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

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_
- 4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

- 1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_
- (ii) Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_
- b Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

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

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

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

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

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

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

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

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

See Part XIII

	Amount
c Beginning balance	54,123.
d Additions during the year	81,298.
e Distributions during the year	95,753.
f Ending balance	39,668.

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

b If 'Yes,' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.  Yes  No

See Part XIII

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

	(a) Current	(b) Prior year	(c) Two years	(d) Three years	(e) Four years
1 a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Temporarily restricted endowment  \_\_\_\_\_ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

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

	Yes	No
(i) unrelated organizations	<input type="checkbox"/>	<input type="checkbox"/>
(ii) related organizations	<input type="checkbox"/>	<input type="checkbox"/>
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?	<input type="checkbox"/>	<input type="checkbox"/>

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1 a Land				
b Buildings				
c Leasehold improvements		403.	403.	0.
d Equipment				
e Other		22,401.	17,606.	4,795.

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)  4,795.

**Part VII Investments – Other Securities.** See Form 990, Part X, line 12. N/A

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

**Part VIII Investments – Program Related.** See Form 990, Part X, line 13. N/A

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

**Part IX Other Assets.** See Form 990, Part X, line 15. N/A

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

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Designations Payable	253,598.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, column (B) line 25.) . . . . . ▶	253,598.

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



<b>Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return</b>		
1	Total revenue, gains, and other support per audited financial statements	1 1,410,918.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
	a Net unrealized gains on investments	2a
	b Donated services and use of facilities	2b 283,528.
	c Recoveries of prior year grants	2c
	d Other (Describe in Part XIII.) See Part XIII	2d 32,592.
	e Add lines 2a through 2d	2e 316,120.
3	Subtract line 2e from line 1	3 1,094,798.
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.) See Part XIII	4b 334,107.
	c Add lines 4a and 4b	4c 334,107.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5 1,428,905.

<b>Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return</b>		
1	Total expenses and losses per audited financial statements	1 1,486,820.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
	a Donated services and use of facilities	2a 283,528.
	b Prior year adjustments	2b
	c Other losses	2c
	d Other (Describe in Part XIII.) See Part XIII	2d 32,592.
	e Add lines 2a through 2d	2e 316,120.
3	Subtract line 2e from line 1	3 1,170,700.
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.) See Part XIII	4b 343,649.
	c Add lines 4a and 4b	4c 343,649.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5 1,514,349.

**Part XIII Supplemental Information**

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

**Part IV, Line 1b - Contributions Or Other Assets Not Included on B/S**

Organization manages area Combined Federal Campaign under contract from LFCC and subject to Federal Office of Personnel Management. Funds do not belong to organization and are not combined with organization funds.

**Part IV, Line 2b - Explanation Of Escrow Account Liability**

Escrow liability reported on balance sheet represents funds held by organization for and under direction of other organizations. Funds are not segregated form organization funds.

**Part XIII Supplemental Information** (continued)

**Part X - FIN 48 Footnote**

The agency files Federal and Indiana income tax returns as an exempt organization under section 501(c)(3) of the Internal revenue Code and does not report any unrelated business income or other income taxes. The agency is not considered to be a private foundation.

The agency's Federal and Indiana income tax returns for 2008, 2009, 2010, 2011 and 2012 are subject to examination by the IRS and state of Indiana, generally for three years after they were filed. The agency recognizes tax benefits only to the extent the agency believes it is "more likely than not" that its tax positions would be sustained upon examination. There were no tax positions considered less than 50% likely of sustainability.

There were no income tax penalties or interest incurred in 2012 or 2011.

United Way of Monroe County, Inc.

35-0985959

**Schedule D, Part XI, Line 2d  
Other Revenue Included In F/S But Not Included On Form 990**

Uncollectable pledges.....	\$	32,592.
Total	\$	<u>32,592.</u>

**Schedule D, Part XI, Line 4b  
Other Revenue Included On Form 990 But Not Included In F/S**

Designated contributions.....	\$	334,107.
Total	\$	<u>334,107.</u>

**Schedule D, Part XII, Line 2d  
Other Expenses And Losses Per Audited F/S**

Uncollectable pledges.....	\$	32,592.
Total	\$	<u>32,592.</u>

**Schedule D, Part XII, Line 4b  
Other Expenses Included On Form 990 But Not Included In F/S**

Designated contributions paid.....	\$	343,649.
Total	\$	<u>343,649.</u>

**SCHEDULE I  
(Form 990)**

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

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

Employer identification number

United Way of Monroe County, Inc.

35-0985959

**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. See Part IV

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Abilities Unlimited Disabilit 2620 N Walnut St, Ste 1205 Bloomington, IN 47404	35-1708926	501 (c) (3)	9,745.	0.			General & People with disabilities
(2) American Red Cross 411 E 7 St Bloomington, IN 47408	35-0872348	501 (c) (3)	35,599.	0.			General & disaster & emergency
(3) Amethyst House PO Box 5787 Bloomington, IN 47402	35-1499772	501 (c) (3)	24,975.	0.			General & addiction services
(4) Area 10 Agency on Aging 630 W Edgewood Dr Ellettsville, IN 47429	31-0955307	501 (c) (3)	39,853.	0.			General & elderly services
(5) Big Brothers Big Sisters of M PO Box 2534 Bloomington, IN 47402	35-1330448	501 (c) (3)	36,001.	0.			General & youth services
(6) Boys & Girls Club of Bloomingt PO Box 1716 Bloomington, IN 47402	35-0997525	501 (c) (3)	36,140.	0.			General & youth services
(7) Catholic Charities of Bloomin 635 N College Ave Bloomington, IN 47404	35-0867980	501 (c) (3)	36,593.	0.			General & counseling & education
(8) Community Kitchen of Monroe C 917 S Rogers Bloomington, IN 47403	31-1101408	501 (c) (3)	47,648.	0.			General & food for low income

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 25

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

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

**Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S.**

United Way only provides Community Action Fund allocation grants to human service agencies that have successfully been certified by our board as meeting standards of efficiency, effectiveness, and governance. The amounts of these grants are based on a separate application in which the agency describes past results and anticipated outcomes. Formal re-certification and re-allocation processes are conducted triennially (and alternate so agencies participate in one process every 18 months), and agencies submit financial, administrative, and programmatic documentation annually. We also evaluate the outcomes of any other projects (for example, those funded through grants we've received) via periodic reports, participation in project meetings, and as appropriate, on-site visits.

**Continuation Sheet for Schedule I (Form 990)**

**2012**

▶ **Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II and Part III.**

Continuation Page **1** of **2**

<b>Name of the organization</b> United Way of Monroe County, Inc.	<b>Employer identification number</b> 35-0985959
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**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
Girls Inc. ----- 1108 W 8th St ----- Bloomington, IN 47404	54-0962978	501 (c) (3)	32,271.				General & youth services
Harmony School (Rhino's) ----- 909 E 2nd St ----- Bloomington, IN 47401	35-1554219	501 (c) (3)	16,968.				General & youth services
Hoosier Hills Food Bank ----- PO Box 697 ----- Bloomington, IN 47402	31-1051402	501 (c) (3)	50,912.				Food for disadvantaged
Indiana Legal Services ----- 151 N Delaware St Suite 1640 ----- Indianapolis, IN 46204	35-6059654	501 (c) (3)	17,302.				Legal service for poor
MCCSC School Assistance Fund ----- 315 North Dr ----- Bloomington, IN 47401	23-7159426	501 (c) (3)	13,556.				School education
Middle Way House ----- 404 W Kirkwood Ave ----- Bloomington, IN 47404	23-7300355	501 (c) (3)	65,857.				Shelter abused women
Monroe County United Ministries ----- 827 W 14th Court ----- Bloomington, IN 47404	35-1313090	501 (c) (3)	34,615.				Child care & emergency ser
Mother Hubbards Cupboard ----- 1010 S. Walnut Suite G ----- Bloomington, IN 47401	35-2082414	501 (c) (3)	12,762.				Food distribution
Options ----- 200 E Winslow ----- Bloomington, IN 47401	35-1550876	501 (c) (3)	8,506.				Disability housing
People & Animal Learning ----- PO Box 1033 ----- Bloomington, IN 47402	35-2107038	501 (c) (3)	12,082.				Therapy with animals

## Continuation Sheet for Schedule I (Form 990)

# 2012

▶ Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II and Part III.

Continuation Page 2 of 2

<b>Name of the organization</b> United Way of Monroe County, Inc.	<b>Employer identification number</b> 35-0985959
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**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
<u>Planned Parenthood of Indiana</u> <u>200 S Meridian St #400</u> <u>Indianapolis, IN 46206</u>	35-0874276	501 (c) (3)	38,316.				Reproductive ed & care
<u>RBB School Assistance Fund</u> <u>600 S Edgewood Dr</u> <u>Ellettsville, IN 47429</u>	35-1088650	501 (c) (3)	5,427.				Gen support - school education
<u>Salvation Army</u> <u>PO Box 2117</u> <u>Bloomington, IN 47402</u>	36-2617910	501 (c) (3)	36,678.				Indigent food & shelter
<u>Shalom Community Center</u> <u>PO Box 451</u> <u>Bloomington, IN 47402</u>	74-3056968	501 (c) (3)	12,179.				Indigent food & shelter
<u>Stepping Stones</u> <u>P.O. Box 1366</u> <u>Bloomington, IN 47402</u>	06-1730901	501 (c) (3)	5,673.				Youth Assistance
<u>Stone Belt Arc</u> <u>2815 E 10th St</u> <u>Bloomington, IN 47408</u>	35-1059827	501 (c) (3)	40,796.				Developmental disability
<u>Volunteers in Medicine</u> <u>PO Box 2568</u> <u>Bloomington, IN 47402</u>	20-4383915	501 (c) (3)	52,709.				Underserved medical care
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**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2012**

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.

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Name of the organization

Employer identification number

United Way of Monroe County, Inc.

35-0985959

**Form 990, Part VI, Line 11b - Form 990 Review Process**

Reviewed by a committee of the board and available to the entire board. Detailed review by Executive Director with President and Treasurer

**Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts**

All Board members must complete a conflict of interest form each year and submit it to the organization. The conflict of interest form would disclose any conflicts that may be present which then could be explored to determine the extent of the conflict.

So far, there have been no conflicts to report except for board member also serving as uncompensated board member of an agency receiving allocation. Member abstains from any vote relating to that agency.

**Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees**

Every year a systematic review of salaries for all employees is conducted.

Comparisons are made to local, regional and national norms

**Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available**

We make our Articles of Incorporation, IRS Letter, Code of Ethics, and Form 990 available to the public in our offices. On our Web site, we place our Code of Ethics, Non-Discrimination Policy, Independent Auditor's report, and Form 990, our Program Service Accomplishments, and the United Way Worldwide membership standards.



Form 990, Part XI, Line 9  
Other Changes In Net Assets Or Fund Balances

Difference between designation received and paid.....	\$	9,542.
Total	\$	<u>9,542.</u>

**UNITED WAY OF MONROE COUNTY #35-0985959**  
**Form 990, Schedule O**  
**Program Service Accomplishments**

United Way of Monroe County works with member agencies and a network of other community partners to provide comprehensive and collaborative solutions that help local residents improve their lives. We have served Monroe County since 1936, and became a United Fund/Way in 1956. We are a certified member of United Way Worldwide.



By focusing on the building blocks of a better life – Education, Earnings & Essentials — we create and support solutions to the most pressing issues in our community.

**Specifically, we work to meet these priorities:**

<b>Our Priorities</b>		
<b>Education</b>	<b>Earnings</b>	<b>Essentials</b>
Helping children, youth, and adults achieve their potential by: <ul style="list-style-type: none"> <li>• Entering school ready to succeed</li> <li>• Graduating school ready to earn</li> <li>• Continuing to build job and life skills</li> </ul>	Helping hard working families get ahead by: <ul style="list-style-type: none"> <li>• Gaining and maintaining stable employment</li> <li>• Increasing and retaining income</li> <li>• Building savings and assets</li> </ul>	Helping individuals and families meet basic needs with access to: <ul style="list-style-type: none"> <li>• Sufficient food</li> <li>• A stable place to live</li> <li>• Health care and wellness</li> <li>• Crisis management skills</li> </ul>
<b>Our Strategies</b>		
<ul style="list-style-type: none"> <li>• Support high-quality day care, after-school programs, healthy habits &amp; mentoring.</li> <li>• Promote the development of children birth-to-five.</li> <li>• Support programs and efforts that keep youth in school.</li> </ul>	<ul style="list-style-type: none"> <li>• Increase the number of Earned Income Tax Credit filings.</li> <li>• Increase financial literacy.</li> <li>• Provide job-related supports needed by working families.</li> </ul>	<ul style="list-style-type: none"> <li>• Invest in programs to ensure everyone has the essentials.</li> <li>• Develop a planned response to help people recover from future disasters.</li> <li>• Support and enhance the 211 information/referral hotline.</li> </ul>

**In 2012, United Way invested \$1,221,750 in support of 24 certified member agencies, other exempt organizations, and United Way initiatives. Below are a few highlights of our efforts:**

**We Partner in Initiatives that Achieve Results**

**EDUCATION:**

- Monroe Smart Start Birth-to-Five Coalition continues to increase kindergarten readiness, support our youngest citizens, and empower parents and other caregivers. United Way partners with the Community Foundation of Bloomington and Monroe County to support and manage this coalition.
- Along with Monroe Smart Start, we hosted 11 Literacy Parties for 215 children and adults at local agencies in Monroe and Owen counties. The parties helped build early literacy skills by familiarizing parents with interactive child-led reading techniques.
- More than 200 copies of the 'B is for Bloomington' ABC book were distributed to families at the parties and additional outreach events.

- We partner with Southern Indiana Pediatrics for a wellness-check-based book distribution program. Each family receives a free age-appropriate book and a packet full of information on ways to promote early literacy and school readiness skills.
- Working with local early childhood education and health care providers, we bring United Way's Born Learning into childcare centers and pediatricians' offices. Born Learning encourages parents, grandparents, and caregivers to turn everyday tasks into learning experiences.
- With IU Health Bloomington, we brought Kindergarten Countdown camp to at-risk pre-school students, measurably increasing kids' readiness to start school.
- Together with the Chamber of Commerce, Prosecutor's Office, schools, and other community partners, the High School Plus coalition holds summits, publishes an e-newsletter, and maintains a service guide for at-risk youth. Because of United Way's sponsorship of Check & Connect®, a model proven to improve school outcomes and reduce dropouts, the local graduation rate continues to increase.
- We provide support for the Monroe County Youth Council, which rallies young people to create and administer youth-led projects and programs, discuss public policy issues affecting youth, and serve as an advisory board to local organizations. In 2012, youth members and sponsors including United Way organized Global Youth Service Day for 200 high school students to do community improvement projects.

#### **EARNINGS:**

- The Financial Stability Alliance (FSA) continues to bring financial resources and education to a four-county area. The monthly e-Newsletter highlights financial stability events, resources, news, funding, and training opportunities in Brown, Greene, Monroe, and Owen counties.
- FSA launched a website ([www.FinancialStabilityAlliance.org](http://www.FinancialStabilityAlliance.org)) in spring 2012 offering a community calendar of financial events, current financial stability news, and topical podcasts and materials. The FSA Resource Guide, published in Spring 2012, highlights local organizations that help people find employment, locate free tax preparation, open and maintain bank accounts, build financial education, and access services for persons with disabilities.
- United Way, the Monroe County Public Library, and our Financial Stability Alliance hosted a spring and fall Money Smart Week, a week-long series that included 8-10 events with 200-250 participants. New events included an online money management workshop, a credit counseling panel, a children's money story time, and a fraud prevention training. The fall week also included the third annual "Share and Connect to Increase Financial Stability in South Central Indiana", at which 40 providers shared information about their programs and services.
- Bank on Bloomington helps area residents open bank accounts, access financial education, and avoid payday loans and check-cashing fees. Six financial institutions currently participate in the program serving approximately 200 clients.
- Bank on Bloomington continues to offer the free, interactive "Get on the Path to Financial Success" workshop, which helps participants learn to manage a checking account, develop and maintain a budget, and identify and work towards financial goals. As of December 2012 the program certified over 30 people.
- The Free Community Tax Service program brought together nearly 200 volunteers to assist local residents file 2,680 federal returns at 7 VITA sites (up 62%) and sites managed by AARP. Clients report using those saved funds (including over \$500,000 in tax preparation fees and increased Earning Income Tax Credits) to pay for food, rent, and utility bills. In partnership with the IRS and others, the FCTS helped low-income people in Monroe and Owen counties.

#### **ESSENTIALS:**

- United Way plays a key role in the Community Organizations Active in Disaster for Monroe County, which helps our community be well prepared for any future natural disasters.
- We chair the Emergency Food and Shelter Board, a group of government, faith, and nonprofit leaders, to allocate federal funds that help low-income residents with food, rent, and utility costs.

- United Way provides funding and technical assistance for the Monroe and Owen County “211 Infolink” service. In 2012, 2-1-1 specialists responded to 5,131 inquiries and made 10,599 referrals to community resources. Most callers were seeking help with housing and utilities assistance, family support, income support, food, and health care.
- Monroe and Owen county households saved \$47,776 in prescription drug costs (an average of 35%) with over 2,700 claims through the FamilyWize discount prescription drug card distributed by United Way at agencies and pharmacies.
- Our staff provides technical assistance for Stamp Out Hunger, the nation's largest single food drive, which collected over 80,000 pounds in our area.
- We work with management, union, and state and local officials to assist workers who have become displaced from their jobs.
- United Way is collaborating with the YMCA of Monroe County, the City Parks and Recreation Department, the County Health Department, and others to promote ACHIEVE, a community-wide wellness initiative dedicated to making the healthy choice the easy choice.

**STRENGTHENING NON-PROFITS:**

- We have full accreditation from United Way Worldwide, meeting or exceeding all membership standards. In the past several years, we earned the Chamber workforce award, a statewide communications award, the Chamber family-friendly workplace award, and a Midwest staff excellence award.
- We bring critical funding into our community by providing important information to local, state and federal officials.
- United Way released the 2012 Service Community Assessment of Needs [SCAN], providing comprehensive information about the human service needs and capacity of Monroe County.
- United Way's Day of Action placed 103 volunteers at 17 projects taking place at 9 area agencies.
- With the City of Bloomington, Community Foundation, and SPEA, we sponsor the Nonprofit Alliance of Monroe County, which offers trainings, networking, and outreach opportunities to help strengthen the operations of all nonprofit organizations and prepare future professionals.
- Working with Indiana University and others, we support Serve IT, an IU initiative that assists local nonprofit organizations with a wide range of technological services.
- In collaboration with the Monroe County Public Library, we host and provide materials for the nonprofit resource center and co-sponsored free access to a national grant search service for local agencies. We also assisted in the Library's successful application to develop Nonprofit Central, which provides resources and referrals for nonprofit professionals and volunteers.

<b>We Invest in Member Agencies that Achieve Results</b>		
<b><i>Education</i></b>	<b><i>Earnings</i></b>	<b><i>Essentials</i></b>
<ul style="list-style-type: none"> <li>• Of the high school seniors enrolled in mentoring programs at United Way member agencies, 94% graduated.</li> <li>• Girls participating in Operation SMART at Girls Inc. improved their science knowledge by 38% and their math knowledge by 60%.</li> <li>• 361 school children received adequate clothing and shoes so they could fully participate in classes at MCCSC and RBB.</li> </ul>	<ul style="list-style-type: none"> <li>• 97% of clients involved with the Stone Belt and LifeDesigns supported employment programs gained new job skills.</li> <li>• All of the youth at Stepping Stones spend at least 3 hours per week learning new employment skills.</li> <li>• 30 community members with disabilities transitioned into fully independent employment because they no longer needed workforce support.</li> </ul>	<ul style="list-style-type: none"> <li>• About 116,103 bags of groceries and 1,206,549 meals were provided to community members at risk of hunger in Monroe, Owen, and Greene counties.</li> <li>• All of the 542 families given rent, mortgage, and utilities assistance through Salvation Army, Shalom Community Center, and Monroe County United Ministries were able to maintain stable housing.</li> </ul>

<ul style="list-style-type: none"> <li>• 100% of parents with a child participating in after-school care at Girls Inc. reported their child increased healthy habits and skills.</li> <li>• 62% of the children enrolled in preschool at Monroe County United Ministries [MCUM] had the basic math skills and 79% had the basic literacy skills to start kindergarten successfully.</li> <li>• Of parents with a child at MCUM, 91% reported becoming more aware of how they can support their child's development and education at home.</li> <li>• Seven high school students eligible to take Dual Credit Courses, but unable to pay the \$100 textbook fee, received scholarships through the MCCSC School Assistance Fund, enabling them to earn college credit and strengthen their potential for success in post-secondary education.</li> <li>• 88% of the teens in supportive living at Stepping Stones grew their life skills; 65% increased their financial management skills.</li> <li>• 100% of children taking part in programs at Middle Way House improved or maintained their grades and had reduced absence or lateness at school.</li> </ul>	<ul style="list-style-type: none"> <li>• 97% of parents with children enrolled at Monroe County United Ministries reported an improved family financial situation and 85% report improved employment opportunities because of MCUM's sliding-fee childcare.</li> <li>• 507 community members took part in 1,208 JobLinks employment counseling session at Shalom Community Center, Area 10 Agency on Aging, and Salvation Army.</li> <li>• 100% of Middle Way House clients who participated in financial planning and credit classes improved their credit score and opened a new bank account.</li> <li>• 89% of clients obtained or maintained employment while recovering from addictions at Amethyst House. 83% reported seeing an increase in income and 100% learned to develop budgeting skills.</li> </ul>	<ul style="list-style-type: none"> <li>• 426 families were able to stay in their homes because of help from Indiana Legal Services.</li> <li>• 2,847 uninsured, low-income adult clients received 8,836 primary and preventive care medical visits free of charge at Volunteers in Medicine. VIM provided 11,202 prescriptions to patients at no cost.</li> <li>• 95% of at-risk teens and women residing in transitional housing were able to successfully move into stable, affordable, permanent housing upon program completion.</li> <li>• 1,242 elderly neighbors were able to stay safely in their homes because affordable housing and home-based nutrition, visitation, and repair services were provided by Area 10 Agency on Aging.</li> <li>• 80% of Amethyst House clients improved their physical health and 84% improved their mental health and wellness while recovering from addictions.</li> <li>• 94% of teens at risk of homelessness reported an improvement in their mental and emotional health, and 100% used services to improve their physical health while at Stepping Stones.</li> </ul>
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