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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

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

OMB No 1545-1150

2009**Open to Public Inspection****A** For the 2009 calendar year, or tax year beginning , 2009, and ending , 20

- B**
- Check if applicable:
-
- ☐
- Address change
-
- ☐
- Name change
-
- ☒
- Initial return
-
- ☐
- Terminated
-
- ☐
- Amended return
-
- ☐
- Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

The Arc of Minnesota Southwest Inc

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

709 S Front Street

Room/suite

3

City or town, state or country, and ZIP + 4

Mankato, MN 56001-3887

D Employer identification number

26-3919463

E Telephone number

507 235-8580

F Group Exemption Number ►

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting Method: ☒ Cash ☐ Accrual
Other (specify) ►**I** Website: ►**J** Tax-exempt status (check only one) — ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**H** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 233,518**Part I** Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

1	Contributions, gifts, grants, and similar amounts received	1	95,867
2	Program service revenue including government fees and contracts	2	65,412
3	Membership dues and assessments	3	9,485
4	Investment income	4	377
5a	Gross amount from sale of assets other than inventory	5a	
b	Less: cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
a	Gross revenue (not including \$ of contributions reported on line 1)	6a	38,399
b	Less: direct expenses other than fundraising expenses	6b	20,238
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	18,161
7a	Gross sales of inventory, less returns and allowances	7a	23,808
b	Less: cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	23,808
8	Other revenue (describe ► See Attached)	8	170
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	213,280
10	Grants and similar amounts paid (attach schedule)	10	
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	117,167
13	Professional fees and other payments to independent contractors	13	1,592
14	Occupancy, rent, utilities, and maintenance	14	21,210
15	Printing, publications, postage, and shipping	15	2,559
16	Other expenses (describe ► See Attached)	16	72,841
17	Total expenses. Add lines 10 through 16	17	215,369
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(2,089)
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	9,132
20	Other changes in net assets or fund balances (attach explanation)	20	
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	7,043

Part II Balance Sheets. If total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	38,912	28,992
23 Land and buildings		
24 Other assets (describe ► See Attached)	3,633	5,216
25 Total assets	42,545	34,208
26 Total liabilities (describe ► See Attached)	33,413	27,165
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	9,132	7,043

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? **Aid individuals with developmental disabilities**
 Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

28	The People First Program gives 9,535 individuals with disabilities the opportunity to lead more independent lives in their local community. People First groups are available to encourage speaking out for yourself, learning leadership skills, and networking. Arc advocates assist these individuals. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	37,675
29	Family Support: Approximately 32,000 family members have access to community services for their child with a disability. Newsletters, workshops, toll free phone numbers, and a website are available for information. Arc advocates will assist any family with personal follow-up. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	19,963
30	Chapter Support: 317,775 people benefit from Arc progress. In our rural areas, employment in the disability field is stable. Businesses profit by the income generated. Arc provides support with civic engagement, grassroots systems changes, and local monitoring efforts. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	17,876
31	Other program services (attach schedule). (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	81,706
32	Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32	157,220

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Kim Maag 601 Pleasant Street, Marshall, MN 56258	President, 5	0	0	0
Carol Reedstrom 19396 552nd Ave, Mankato, MN 56001	Vice President, 2	0	0	0
Colleen Campbell 555 N Cordova Ave, LeCenter, MN 56057	Secretary, 2	0	0	0
Linda Wilson 225 Connie Lane, Eagle Lake, MN 56035	Treasurer, 2	0	0	0
Bill Barke 1998 160th St, Fairmont, MN 56031	Board, 1	0	0	0
Stephanie Busjahn 408 9th Ave N, Brandon, SD 57005	Board, 1	0	0	0
Kerstin Cooley 282 17th St, Windom, MN 56101	Board, 1	0	0	0
Iris Davis RR1 Box 37, Lewisville, MN 56060	Board, 1	0	0	0
Karla Ebert 1430 N Park St, Fairmont, MN 56031	Board, 1	0	0	0
Anne Koop 923 North Franklin, New Ulm, MN 56073	Board, 1	0	0	0
Terry Morrison 710 9th Ave, Worthington, MN 56187	Board, 1	0	0	0
Cheryl Norquist 408 W 5th St, Canby, MN 56220	Board, 1	0	0	0
Joan Wede Box 94, Sherburn, MN 56171	Board, 1	0	0	0
Karen Omori 31 Circuit Drive, New Ulm, MN 56073	Board, 1	0	0	0
Julie Pederson PO Box 310, Lakefield, MN 56150	Board, 1	0	0	0
Mike Runholt 2597 190th Ave, Marshall, MN 56258	Board, 1	0	0	0
Tim Schroeder 1407 7th North Street, New Ulm, MN 56073	Board, 1	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	<input checked="" type="checkbox"/>	<input type="checkbox"/>
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	<input type="checkbox"/>	<input checked="" type="checkbox"/>
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b	If "Yes," has it filed a tax return on Form 990-T for this year?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	<input type="checkbox"/>	<input checked="" type="checkbox"/>
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b	Did the organization file Form 1120-POL for this year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 7,000		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ 0		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
41	List the states with which a copy of this return is filed. ▶ MN		
42a	The organization's books are in care of ▶ Ronald J Arens, CPA, PC Telephone no. ▶ 507 238-9028 Located at ▶ PO Box 190, Fairmont, MN ZIP + 4 ▶ 56031-0190		
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"/>	<input checked="" type="checkbox"/>
	If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	If "Yes," enter the name of the foreign country: ▶		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	<input type="checkbox"/>	<input checked="" type="checkbox"/>
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 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	46	<input checked="" type="checkbox"/>
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	<input checked="" type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	<input checked="" type="checkbox"/>
b If "Yes," was the related organization a section 527 organization?	49b	<input checked="" type="checkbox"/>

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
None				

f Total number of other employees paid over \$100,000 **None**

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		

d Total number of other independent contractors each receiving over \$100,000 **None**

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

Sign Here

Signature of officer: Carol J Reedstrom Date: 5-13-10

Type or print name and title: Carol J Reedstrom, Vice President

Paid Preparer's Use Only

Preparer's signature: Ronald J Arens Date: 5/12/10 Check if self-employed: ☐

Firm's name (or yours if self-employed), address, and ZIP + 4: Ronald J Arens, CPA, PC EIN: 41-1926649

PO Box 190, Fairmont, MN 56031 Phone no: 507 238-9028

Preparer's identifying number (See instructions): **P00785725**

May the IRS discuss this return with the preparer shown above? See instructions ☒ **Yes** ☐ **No**

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")					170,764	170,764
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3					170,764	170,764
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						89,878
6 Public support. Subtract line 5 from line 4						80,886

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4					170,764	170,764
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources					477	477
9 Net income from unrelated business activities, whether or not the business is regularly carried on					62,277	62,277
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support. Add lines 7 through 10						233,518
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input checked="" type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	%
16a 33⅓% support test—2009. If the organization did not check the box on line 13, and line 14 is 33⅓% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 33⅓% support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%

19a 33⅓ % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33⅓ %, and line 17 is not more than 33⅓ %, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

b 33⅓ % support tests—2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓ %, and line 18 is not more than 33⅓ %, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

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

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

[illegible]

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

**Open To Public
Inspection**

Name of the organization

The Arc of Minnesota Southwest Inc

Employer identification number

26 : 3919463

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$ _____

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Carol Flesner	✓		2,000	2,000		✓		✓		✓
Terry Flesner	✓		5,000	5,000		✓		✓		✓
Total				▶ \$						

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No

The Arc of Minnesota Southwest, Inc
EIN 26-3919463
2009 Form 990EZ

Part I, Line 8 - Other Revenue

Rent Income	100
Resource Material Sales	70
Total Other Revenue	170

Part I, Line 16 - Other Expenses

Advertising	748
Bank Service Charges	165
Board Expenses	3,598
Conferences, Conventions & Meetings	6,359
Contract Services	7,692
Depreciation Expense	841
Fair Share Fees	12,545
Interest Expense	96
Meals	561
Membership Dues	3,740
Non Employee Services	450
Office Supplies	6,269
Payroll Taxes	10,074
Permits, Fees & Licenses	182
Sales Tax	1,058
Scholarships	900
Supplies	3,013
Telephone	5,640
Training	95
Travel	8,815
	72,841

Part II, Line 24 - Other Assets

	Beginning of Year	End of Year
Arc MN Receivable	1,700	130
Prepaid Rent	636	522
Furniture & Equipment	2,050	4,549
Leasehold Improvements		1,609
Accum Depreciation	(753)	(1,594)
	3,633	5,216

Part II, Line 26 - Total Liabilities

	Beginning of Year	End of Year
Accounts Payable		7573
Accrued Misc	2,492	
Accrued Vacation	2,501	
Payroll Liabilities	3,670	3,569
Bremer Grant	24,750	
Sales Tax Payable		1,058
Carol Flesner Loan		2,000
CCSI Loan		2,757
Philip Hill Loan		351
Terry Flesner Loan		5,000
Tracy Economic Development Loan		4,857
	33,413	27,165

Part III, Line 31

Other Program Service Expenses include programs such as
 QA Advocacy, Education Training, Housing Services, Information
 and referral and Special Projects

81,706

Part IV - Key Employees

Name and Address	Title and average hours per week	Compensation	Contributions to Employee Benefit Plans & deferred comp	Expense Account & Other Allowances
Carol Flesner 17889 Bunker Ave, Walnut Grove, MN 56180	Executive Director 25	24,008	0	0

Part V, Line 33

Arc Minnesota Southwest opened two new Thrift Stores in 2009 One is located in Tracy, MN and
 the other in Worthington, MN Financial information concerning the Thrift stores is reported on
 Form 990T