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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning and ending

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: UNITED WAY OF OLMSTED COUNTY, INC.

Doing Business As:

Number and street (or P.O. box if mail is not delivered to street address): 903 WEST CENTER STREET — Room/suite: 100

City or town, state or country, and ZIP + 4: ROCHESTER, MN 55902

D Employer identification number: 41-0695594

E Telephone number: (507)287-2000

G Gross receipts $: 4,052,567.

F Name and address of principal officer: KAREN ERLENBUSCH
SAME AS C ABOVE

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.UWOLMSTED.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1925 M State of legal domicile: MN

Part I Summary

1	Briefly describe the organization's mission or most significant activities: UNITING PEOPLE AND RESOURCES TO IMPROVE LIVES IN OUR COMMUNITY.		
2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets		
3	Number of voting members of the governing body (Part VI, line 1a)	3	24
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	24
5	Total number of employees (Part V, line 2a)	5	16
6	Total number of volunteers (estimate if necessary)	6	840
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	3,958,168.	3,760,010.
9	Program service revenue (Part VIII, line 2g)	122,288.	
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	54,865.	44,953.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-37,533.	51,045.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,097,788.	3,856,008.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,883,653.	2,234,228.
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	824,639.	797,971.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 360,419.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	627,955.	588,681.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	4,336,247.	3,620,880.
19	Revenue less expenses Subtract line 18 from line 12	-238,459.	235,128.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	5,851,982.	6,109,644.
21	Total liabilities (Part X, line 26)	1,998,728.	1,735,722.
22	Net assets or fund balances Subtract line 21 from line 20	3,853,254.	4,373,922.

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Part II Signature Block

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

Sign Here

▶ X Marilyn Hansmann — Signature of officer — Date: 5/14/2010

▶ MARILYN HANSMANN, BOARD CHAIR
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Mark Ry — CPA — Date 5/13/10 — Check if self-employed ▶ ☐ — Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ SMITH, SCHAFER AND ASSOC., LTD.
220 SOUTH BROADWAY, SUITE 102
ROCHESTER, MN 55904

EIN ▶

Phone no. ▶ (507)288-3277

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

UNITING PEOPLE AND RESOURCES TO IMPROVE LIVES IN OUR COMMUNITY. THE UNITED WAY OF OLMSTED COUNTY IS AN AGENT OF COMMUNITY CHANGE THAT INSPIRES HOPE, CREATES OPPORTUNITY, AND CHAMPIONS PEOPLE IN NEED.

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 exempt purpose achievements for each of the organization's three largest program services 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.

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code) (Expenses $ 1,636,862. including grants of $ 1,636,862.) (Revenue $)

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

COMMUNITY PARTNER AWARDS: ADVANCING THE COMMON GOOD 2015, A SIX-YEAR, NEARLY $20 MILLION INVESTMENT PREPARING CHILDREN TO SUCCEED IN SCHOOL AND YOUTH TO SUCCEED IN THE COMMUNITY, MOVING FAMILIES TOWARD FINANCIAL STABILITY, IMPROVING PEOPLE'S HEALTH, AND MEETING BASIC NEEDS OF FOOD, SHELTER, SAFETY, AND INCLUSIVITY.

SEE SCHEDULE I FOR COMPLETE LISTING OF AWARDS, AND SCHEDULE O FOR PROGRAM GOALS AND ACCOMPLISHMENTS.

4b (Code) (Expenses $ 910,189. including grants of $ 140,827.) (Revenue $)

COMMUNITY IMPACT LEADERSHIP AND INITIATIVES: LEADERSHIP ENTAILS PLANNING AND INVESTING RESOURCES EFFECTIVELY TO ADDRESS CRITICAL COMMUNITY NEEDS. INITIATIVES ARE INTERNALLY MANAGED PROGRAMS DESIGNED TO ADVANCE THE COMMON GOOD.

COMMUNITY IMPACT LEADERSHIP: THESE STAFF SUPPORTED ACTIVITIES ARE REQUIRED TO FACILITATE AND SUPPORT THE WORK OF UNITED WAY VOLUNTEERS, AND INCLUDES NEEDS ASSESSMENTS, STRATEGIC PLANNING, OUTCOME MEASUREMENT, PROGRAM REVIEW, RESULT TRACKING, AND OTHER GOVERNANCE AND DECISION-MAKING ACTIVITIES. (CONTINUED ON SCHEDULE O)

4c (Code) (Expenses $ 456,539. including grants of $ 456,539.) (Revenue $ 64,269.)

DONOR DESIGNATIONS: AS A SERVICE TO OUR DONORS, AND COMPANIES THAT RUN CAMPAIGNS, UNITED WAY OF OLMSTED COUNTY WILL PROCESS CONTRIBUTIONS DESIGNATED BY THE DONOR TO A SPECIFIC AGENCY. UNITED WAY OF OLMSTED COUNTY WILL FORWARD YOUR CONTRIBUTION TO THE CHOSEN ORGANIZATION. HOWEVER, UNLIKE GIFTS MADE TO UNITED WAY'S LIVE UNITED FUND OR TARGETED TO ONE OF OUR FOCUS AREAS, UNITED WAY CANNOT GUARANTEE HOW THESE FUNDS WILL BE USED OR PROVIDE OVERSIGHT TO REPORT MEASURABLE RESULTS. UNITED WAY VALIDATES EACH AGENCY'S PUBLIC CHARITY STATUS, ALONG WITH PATRIOT ACT COMPLIANCE.

4d Other program services (Describe in Schedule O)

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

4e Total program service expenses ▶ $ 3,003,590.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	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*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		X
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		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*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		X
11	Is the organization's answer to any of the following questions "Yes"? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*			
	• 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*			
	• 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.*			
	• 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.*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*			
	• 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? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* (Yes: , No: X)	12A		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		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, Part II*	15		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, Part III*	16		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*	17		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*	18	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*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	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? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	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? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns. Enter -0- if not applicable	1a	10		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	16		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	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		5a		X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5c		
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		6a		X
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		6b		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?				
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		X
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		X
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		X
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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*

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	24		
b	Enter the number of voting members that are independent	1b	24		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		X
6	Does the organization have members or stockholders?		6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	X	
b	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		9	X	

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted 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?	16b		

Section C. Disclosure

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

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

[X] Own website [ ] Another's website [X] Upon request

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.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

KAREN ERLENBUSCH - (507)287-2000
903 WEST CENTER STREET, SUITE 100, ROCHESTER, MN 55902

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

- 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 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 the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
MARY JENSEN PAST BOARD CHAIR	2.00	X						0.	0.	0.
MIKE WILLARD DIRECTOR	2.00	X						0.	0.	0.
DALE WALSTON TREASURER	2.00	X						0.	0.	0.
TONI ADAFIN DIRECTOR	2.00	X						0.	0.	0.
RANDY CHAPMAN DIRECTOR	2.00	X						0.	0.	0.
ROMAIN DALLEMAND DIRECTOR	2.00	X						0.	0.	0.
AUDREY BETCHER DIRECTOR	2.00	X						0.	0.	0.
MARY CALLIER DIRECTOR	4.00	X						0.	0.	0.
DON DECRAMER DIRECTOR	1.00	X						0.	0.	0.
NICKIE FROILAND DIRECTOR	2.00	X						0.	0.	0.
BRUCE GUDLIN DIRECTOR	2.00	X						0.	0.	0.
MARILYN HANSMANN BOARD CHAIR	3.00	X						0.	0.	0.
STEVEN HILL DIRECTOR	1.00	X						0.	0.	0.
BETTY HUTCHINS DIRECTOR	2.00	X						0.	0.	0.
MARK JASMIN DIRECTOR	1.00	X						0.	0.	0.
D C MANGUM, JR DIRECTOR	2.00	X						0.	0.	0.
GAIL NELSON ASSISTANT TREASURER	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
PETER NYCKLEMOE DIRECTOR	2.00	X						0.	0.	0.
STEPHEN ROSE DIRECTOR	2.00	X						0.	0.	0.
JIM RUSTAD DIRECTOR	3.00	X						0.	0.	0.
WENDY SHANNON VICE CHAIR	2.00	X						0.	0.	0.
DAVE STENHAUG DIRECTOR	1.00	X						0.	0.	0.
JON ECKHOFF DIRECTOR	4.00	X						0.	0.	0.
CAROLYN PETERSEN DIRECTOR	2.00	X						0.	0.	0.
KAREN ERLENBUSCH PRESIDENT	37.50			X				80,020.	0.	20,954.
DALE O'GROSKE CFO	37.50			X				52,824.	0.	21,525.
1b Total ▶								132,844.	0.	42,479.

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

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization NONE

(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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	154,394.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,605,616.				
	g Noncash contributions included in lines 1a-1f $ 108,372.						
	h Total. Add lines 1a-1f			3760010.			
Program Service Revenue		Business Code					
	2a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			44,953.			44,953.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6a Gross Rents	161619.					
	b Less rental expenses	174843.					
	c Rental income or (loss)	-13224.					
	d Net rental income or (loss)			-13,224.			-13,224.
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory						
	b Less cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including $ 154,394. of contributions reported on line 1c) See Part IV, line 18	a	21,716.				
	b Less direct expenses	b	21,716.				
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities See Part IV, line 19	a					
	b Less direct expenses	b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	a					
	b Less cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
	Miscellaneous Revenue		Business Code				
	11a COST RECOVERY FEES		561000	64,269.	64,269.		
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			64,269.			
	12 Total revenue See instructions.			3856008.	64,269.	0.	31,729.

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) but are not required to complete columns (B), (C), and (D).

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 U.S. See Part IV, line 21	2,234,228.	2,234,228.		
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	199,858.	95,932.	73,947.	29,979.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	429,881.	229,271.	54,977.	145,633.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	34,155.	22,072.	2,325.	9,758.
9 Other employee benefits	79,903.	27,434.	24,819.	27,650.
10 Payroll taxes	54,174.	28,243.	10,628.	15,303.
11 Fees for services (non-employees)				
a Management				
b Legal	464.		464.	
c Accounting	33,765.		33,765.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	19,176.	17,000.	2,176.	
12 Advertising and promotion	86,818.	49,827.		36,991.
13 Office expenses	29,152.	3,808.	3,325.	22,019.
14 Information technology	11,220.	6,500.	1,884.	2,836.
15 Royalties				
16 Occupancy	48,388.	28,417.	8,515.	11,456.
17 Travel	7,415.	3,336.	1,407.	2,672.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	20,179.	2,473.	1,236.	16,470.
20 Interest				
21 Payments to affiliates	42,820.	18,820.	12,000.	12,000.
22 Depreciation, depletion, and amortization	34,172.	20,490.	5,631.	8,051.
23 Insurance	3,413.		3,413.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a EARLY EDUCATION BOOKS	152,401.	152,401.		
b SUPPLIES	52,005.	39,847.	5,296.	6,862.
c REPAIRS	20,430.	11,316.	2,959.	6,155.
d PROF. DEVELOPMENT	17,213.	5,145.	7,499.	4,569.
e PROF. ORGANIZATIONS	9,195.	6,575.	605.	2,015.
f All other expenses	455.	455.		
25 **Total functional expenses.** Add lines 1 through 24f	3,620,880.	3,003,590.	256,871.	360,419.
26 **Joint costs** Check here ▶ [X] if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		300.	1	300.
	2	Savings and temporary cash investments		1,247,978.	2	607,446.
	3	Pledges and grants receivable, net		2,995,545.	3	2,925,095.
	4	Accounts receivable, net		1,783.	4	7,858.
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		27,732.	9	28,041.
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,873,771.			
	b	Less accumulated depreciation	10b 958,241.	980,015.	10c	915,530.
	11	Investments - publicly traded securities		284,198.	11	658,216.
	12	Investments - other securities. See Part IV, line 11		289,587.	12	967,158.
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		24,844.	15	0.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		5,851,982.	16	6,109,644.
Liabilities	17	Accounts payable and accrued expenses		27,326.	17	22,056.
	18	Grants payable			18	
	19	Deferred revenue			19	12,117.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		324,909.	23	303,476.
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		1,646,493.	25	1,398,073.
	26	**Total liabilities.** Add lines 17 through 25		1,998,728.	26	1,735,722.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		966,874.	27	1,524,153.
	28	Temporarily restricted net assets		2,886,380.	28	2,849,769.
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		3,853,254.	33	4,373,922.
	34	Total liabilities and net assets/fund balances		5,851,982.	34	6,109,644.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

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

2009

Open to Public Inspection

Name of the organization	Employer identification number
UNITED WAY OF OLMSTED COUNTY, INC.	41-0695594

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 to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

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

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

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

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

		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?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(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 col. (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col. (i) of your support? Yes	(v) No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	(vi) No	(vii) Amount of support
Total									

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

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 ")	3,061,408.	4,083,872.	4,993,995.	3,982,448.	3,781,726.	19,903,449.
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	3,061,408.	4,083,872.	4,993,995.	3,982,448.	3,781,726.	19,903,449.
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)						1,476,450.
6 **Public support.** Subtract line 5 from line 4						18,426,999.

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	3,061,408.	4,083,872.	4,993,995.	3,982,448.	3,781,726.	19,903,449.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	185,082.	199,829.	223,461.	212,489.	206,572.	1,027,433.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support.** Add lines 7 through 10						20,930,882.
12 Gross receipts from related activities, etc (see instructions)					12	410,636.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	88.04 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	85.41 %

16a **33 1/3% support test - 2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test - 2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 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 ▶ ☐

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 ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part 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** ▶ ☐

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 **33 1/3% support tests - 2009.** 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 - 2008.** 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 ▶ ☐

Schedule D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: UNITED WAY OF OLMSTED COUNTY, INC.

Employer identification number: 41-0695594

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 pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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

		Held at the End of the Tax Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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 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 XIV

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 organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

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

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

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

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

b If "Yes," explain the arrangement in Part XIV

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

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance					
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 year end balance held as

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ _____ %
c Term endowment ▶ _____ %

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		77,525.		77,525.
b Buildings		1,589,326.	846,182.	743,144.
c Leasehold improvements				
d Equipment		206,920.	112,059.	94,861.
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				915,530.

Part VII Investments - Other Securities. See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
FIXED INCOME FUNDS	967,158.	END-OF-YEAR MARKET VALUE
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	967,158.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

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

1 (a) Description of liability	(b) Amount
Federal income taxes	
COMMUNITY PROGRAM DISTRIBUTIONS PAYABLE	823,431.
DONOR DESIGNATIONS PAYABLE	574,642.
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	1,398,073.

2. FIN 48 Footnote In Part XIV, 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

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	3,856,008.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,620,880.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	235,128.
4	Net unrealized gains (losses) on investments	4	285,540.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	285,540.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	520,668.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	3,710,598.
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	3,873.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	307,256.		
e	Add lines 2a through 2d			2e	311,129.
3	Subtract line 2e from line 1			3	3,399,469.
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 XIV)	4b	456,539.		
c	Add lines 4a and 4b			4c	456,539.
5	Total revenue Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	3,856,008.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	3,189,930.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	3,873.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	21,716.		
e	Add lines 2a through 2d			2e	25,589.
3	Subtract line 2e from line 1			3	3,164,341.
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 XIV)	4b	456,539.		
c	Add lines 4a and 4b			4c	456,539.
5	Total expenses Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	3,620,880.

Part XIV 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, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT EXPENSES RELATED TO SPECIAL EVENTS - $21,716

UNREALIZED GAIN ON INVESTMENTS - $285,540

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED PLEDGES - $456,539

Part XIV Supplemental Information *(continued)*

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT EXPENSES RELATED TO SPECIAL EVENTS - $21,716

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED PLEDGES - $456,539

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization

UNITED WAY OF OLMSTED COUNTY, INC.

Employer identification number

41-0695594

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

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

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

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

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

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

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000

Revenue		(a) Event #1 VARIOUS (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col (c))
	1 Gross receipts	176,110.			176,110.
	2 Less: Charitable contributions	154,394.			154,394.
	3 Gross income (line 1 minus line 2)	21,716.			21,716.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	21,716.			21,716.
	10 Direct expense summary Add lines 4 through 9 in column (d)			▶	(21,716.)
	11 Net income summary Combine line 3, column (d), and line 10			▶	0.

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

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d)			▶	( )
	8 Net gaming income summary Combine line 1, column (d), and line 7			▶	

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities:			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," explain			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

			Yes	No
13 Indicate the percentage of gaming activity operated in				
a The organization's facility	13a	%		
b An outside facility	13b	%		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records				
Name ▶				
Address ▶				
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a			
b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____				
c If "Yes," enter name and address of the third party				
Name ▶				
Address ▶				
16 Gaming manager information				
Name ▶				
Gaming manager compensation ▶ $ _____				
Description of services provided ▶				
☐ Director/officer ☐ Employee ☐ Independent contractor				
17 Mandatory distributions				
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a			
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $				

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

UNITED WAY OF OLMSTED COUNTY, INC.

Employer identification number

41-0695594

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? [X] Yes [ ] No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000 Check this box if no one recipient received more than $5,000 Use Part IV and Schedule I-1 (Form 990) 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
BOYS AND GIRLS CLUB OF ROCHESTER 1026 EAST CENTER STREET ROCHESTER, MN 55904	41-1945875	501(C)(3)	104,000.	0.			PROGRAM OPERATING COST - EDUCATION
ABILITY BUILDING CENTER PO BOX 6938 ROCHESTER, MN 55903	41-0829178	501(C)(3)	122,250.	0.			PROGRAM OPERATING COST - COMMUNITY BASICS
CATHOLIC CHARITIES PO BOX 379 WINONA, MN 55987	41-0721636	501(C)(3)	22,500.	0.			PROGRAM OPERATING COST - FINANCIAL STABILITY
CHANNEL ONE INC 131 35TH ST SE ROCHESTER, MN 55904	41-1379713	501(C)(3)	109,000.	0.			PROGRAM OPERATING COST - COMMUNITY BASICS
CHILD CARE RESOURCE AND REFERRAL 126 WOODLAKE DR SE ROCHESTER, MN 55904	41-0987753	501(C)(3)	220,507.	0.			PROGRAM OPERATING COST - COMMUNITY BASICS AND EDUCATION
CIVIC LEAGUE DAY NURSERY 427 6TH AVE SW ROCHESTER, MN 55902	41-0721719	501(C)(3)	118,765.	0.			PROGRAM OPERATING COST - EDUCATION

2 Enter total number of section 501(c)(3) and government organizations ▶ 37.

3 Enter total number of other organizations ▶ 1.

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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

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

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

SCHEDULE I, PART I, LINE 2: GRANT AWARDS AND ALLOCATIONS - WE MONITOR NONPROFIT STATUS, COMPLIANCE WITH THE PATRIOT ACT AND GOING CONCERN OF EACH ORGANIZATION RECEIVING AWARDS. EVERY SIX MONTHS UNITED WAY VOLUNTEERS AND STAFF MONITOR THE ACTUAL RESULTS OF ALL FUNDED PROGRAMS AGAINST THE EXPECTED RESULTS ARTICULATED IN THE PROGRAM FUNDING APPLICATION. VOLUNTEERS ASSESS ANY MAJOR VARIANCES (+/- 15%) FROM THE PROPOSED PROGRAM BUDGET. ADDITIONALLY VOLUNTEERS LEARN OF PROGRAM SUCCESSES, ACHIEVEMENTS, AND CHALLENGES DURING EACH SIX-MONTH REPORTING PERIOD.

(CONTINUED ON PAGE 2)

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization
UNITED WAY OF OLMSTED COUNTY, INC.

Employer identification number
41-0695594

Part I 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
DIVERSITY COUNCIL 1130 1/2 7TH ST NW, STE 204 ROCHESTER, MN 55901	41-1709139	501(C)(3)	14,400.	0.			PROGRAM OPERATING COST - EDUCATION
FAMILY SERVICE ROCHESTER, INC 1110 6TH ST NW ROCHESTER, MN 55901	41-0883453	501(C)(3)	278,252.	0.			PROGRAM OPERATING COST - COMMUNITY BASICS, HEALTH AND FINANCIAL STABILITY
FRIENDS OF QUARRY HILL 701 SILVER CREEK RD NE ROCHESTER, MN 55906	36-3416399	501(C)(3)	31,607.	0.			PROGRAM OPERATING COST - EDUCATION
GIRL SCOUTS COUNCIL OF RIVER TRAILS - PO BOX 9338 - ROCHESTER, MN 55903	41-0693910	501(C)(3)	65,200.	0.			PROGRAM OPERATING COST - EDUCATION
GOOD NEWS CHILDREN'S CENTER 2645 N BROADWAY ROCHESTER, MN 55906	41-2001068	501(C)(3)	20,255.	0.			PROGRAM OPERATING COST - EDUCATION
INTERCULTURAL MUTUAL ASSISTANCE ASSOCIATION - 300 11TH AVE NW, STE 110 - ROCHESTER, MN 55901	41-1497753	501(C)(3)	100,000.	0.			PROGRAM OPERATING COST - HEALTH AND FINANCIAL STABILITY
INTERFAITH HOSPITALITY NETWORK 811 7TH ST NW ROCHESTER, MN 55901	41-1953191	501(C)(3)	26,000.	0.			PROGRAM OPERATING COST - FINANCIAL STABILITY
LEGAL ASSISTANCE OF OLMSTED COUNTY 1812 2ND ST SW ROCHESTER, MN 55902	41-0992471	501(C)(3)	31,000.	0.			PROGRAM OPERATING COST - COMMUNITY BASICS

SCHEDULE I-1
(Form 990)
Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047
2009
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Name of the organization
UNITED WAY OF OLMSTED COUNTY, INC.

Employer identification number
41-0695594

Part I **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
NAMI OLMSTED COUNTY 903 WEST CENTER ST ROCHESTER, MN 55902	36-3504277	501(C)(3)	37,612.	0.			PROGRAM OPERATING COST - HEALTH
POSSABILITIES 1808 3RD AVE SE ROCHESTER, MN 55904	41-0853397	501(C)(3)	41,250.	0.			PROGRAM OPERATING COST - COMMUNITY BASICS
READING CENTER/DYSLEXIA INSTITUTE OF AMERICA - 847 5TH ST NW - ROCHESTER, MN 55901	41-1633734	501(C)(3)	11,000.	0.			PROGRAM OPERATING COST - EDUCATION
RADAR, INC 539 N BROADWAY, APT 117 ROCHESTER, MN 55906	41-1517079	501(C)(3)	20,000.	0.			PROGRAM OPERATING COST - FINANCIAL STABILITY
ROCHESTER FAMILY Y 709 FIRST AVE SW ROCHESTER, MN 55902	41-0807581	501(C)(3)	94,941.	0.			PROGRAM OPERATING COST - FINANCIAL STABILITY AND EDUCATION
SALVATION ARMY PO BOX 575 ROCHESTER, MN 55903	41-0698597	501(C)(4)	132,000.	0.			PROGRAM OPERATING COST - COMMUNITY BASICS, HEALTH AND FINANCIAL STABILITY
SENIOR CITIZENS SERVICES, INC 121 N BROADWAY ROCHESTER, MN 55906	41-0848660	501(C)(3)	57,000.	0.			PROGRAM OPERATING COST - FINANCIAL STABILITY
TRI-VALLEY OPPORTUNITY COUNCIL, INC - 2830 18TH AVE NW - ROCHESTER, MN 55901	41-0088088	501(C)(3)	24,563.	0.			PROGRAM OPERATING COST - EDUCATION

SCHEDULE I-1 (Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
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OMB No 1545-0047
2009
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Name of the organization
UNITED WAY OF OLMSTED COUNTY, INC.

Employer identification number
41-0695594

Part I 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
ZUMBRO VALLEY MENTAL HEALTH 343 WOODLAKE DR SE ROCHESTER, MN 55904	41-6052022	501(C)(3)	83,000.	0.			PROGRAM OPERATING COST - HEALTH
SEMCAC PO BOX 549 RUSHFORD, MN 55971	41-0907135	501(C)(3)	7,500.	0.			PROGRAM OPERATING COST - COMMUNITY BASICS
RADAR - RUSHFORD AREA PO BOX 399 RUSHFORD, MN 55971	36-3454285	501(C)(3)	26,573.	0.			PROGRAM OPERATING COST - LONG-TERM FLOOD RECOVERY
ABILITY BUILDING CENTER PO BOX 6938 ROCHESTER, MN 55903	41-0829178	501(C)(3)	5,877.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
AMERICAN CANCER SOCIETY 2900 43RD ST NW, STE 350 ROCHESTER, MN 55901	41-0724036	501(C)(3)	8,124.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
AMERICAN RED CROSS 310 14TH ST SE ROCHESTER, MN 55904-7400	41-0693841	501(C)(3)	16,839.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
ARROWHEAD UNITED WAY PO BOX 796 SAN BERNADINO, CA 92402-0796	95-1934586	501(C)(3)	8,878.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
BOY SCOUTS OF AMERICA GAMEHAVEN COUNCIL - 1124 11 1/2 ST SE - ROCHESTER, MN 55904	41-3698309	501(C)(3)	15,314.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

SCHEDULE I-1 (Form 990)
Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization
UNITED WAY OF OLMSTED COUNTY, INC.

Employer identification number
41-0695594

Part I 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
BOYS AND GIRLS CLUB OF ROCHESTER 1026 CENTER ST E ROCHESTER, MN 55904	41-1945875	501(C)(3)	5,694.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CATHOLIC CHARITIES PO BOX 379 WINONA, MN 55987-0379	41-0721636	501(C)(3)	17,057.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CHANNEL ONE INC 131 35TH ST SE ROCHESTER, MN 55904	41-1379713	501(C)(3)	14,000.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
ROCHESTER AREA FAMILY Y 709 1ST AVE SW ROCHESTER, MN 55902	41-0807581	501(C)(3)	5,406.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
THE SALVATION ARMY PO BOX 575 ROCHESTER, MN 55903-0575	41-0698597	501(C)(4)	11,485.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY GOODHUE WABASHA & PIERCE COUNTY - PO BOX 319 - RED WING, MN 55066-0319	41-0643633	501(C)(3)	16,402.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY METROPOLITAN DALLAS 1800 N LAMAR DALLAS, TX 75202	75-6005352	501(C)(3)	5,504.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF DODGE COUNTY PO BOX 718 DODGE CENTER, MN 55927	41-1657224	501(C)(3)	80,735.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT

SCHEDULE I-1 (Form 990)
Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization
UNITED WAY OF OLMSTED COUNTY, INC.

Employer identification number
41-0695594

Part I **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
UNITED WAY OF GREATER WINONA 902 E 2ND ST SE, STE 330 WINONA, MN 55987	41-0706134	501(C)(3)	10,887.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF MOWER COUNTY PO BOX 605 AUSTIN, MN 55912-0605	41-0831896	501(C)(3)	31,451.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF NORTH CENTRAL IOWA PO BOX 1465 MASON CITY, IA 50401	42-0680431	501(C)(3)	19,107.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF STELLE COUNTY INC PO BOX 32 OWATONNA, MN 55060	23-7366680	501(C)(3)	9,696.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
WOMENS SHELTER PO BOX 457 ROCHESTER, MN 55903-0457	41-1316614	501(C)(3)	8,968.	0.			DONOR DESIGNATED FOR GENERAL SUPPORT
CHILDREN'S DENTAL HEALTH 903 W CENTER ST, SUITE 206 ROCHESTER, MN 55902	20-3677586	501(C)(3)	14,796.	0.			PROGRAM OPERATING COST - HEALTH

Part IV | Supplemental Information

FACE-TO-FACE CONVERSATIONS ARE HELD TO FOSTER OPEN COMMUNICATION AND DIALOGUE TO STRENGTHEN THE NONPROFIT SECTOR'S ABILITY TO ADVANCE THE COMMON GOOD. PREDETERMINED OUTCOMES ARE DEVELOPED BY GROUPS OF VOLUNTEERS, SUPERVISED BY THE VISION COUNCIL, AND APPROVED BY THE BOARD OF DIRECTORS.

DONOR DESIGNATED GRANTS - WE MONITOR NONPROFIT STATUS AND COMPLIANCE WITH THE PATRIOT ACT OF EACH ORGANIZATION RECEIVING DONOR DESIGNATED FUNDS. WE DO NOT MONITOR THE AGENCIES USE OF THESE FUNDS.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: UNITED WAY OF OLMSTED COUNTY, INC.

Employer identification number: 41-0695594

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		10,270.	THRIFT VALUE
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (SCHOOL SUPPLI)	X	0	98,102.	MARKET VALUE
26	Other ▶ ( )				
27	Other ▶ ( )				
28	Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment — 29

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: UNITED WAY OF OLMSTED COUNTY, INC.

Employer identification number: 41-0695594

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

INTERNAL INITIATIVES ARE PROGRAMS AND PROJECTS MANAGED BY UNITED WAY OF OLMSTED COUNTY, WITH THE ASSISTANCE OF VOLUNTEERS AND PARTNERS. THESE INCLUDE THE FOLLOWING:

RUNNING START FOR SCHOOL: PROVIDES SCHOOL SUPPLIES TO STUDENTS IN OLMSTED COUNTY ELIGIBLE FOR FREE OR REDUCED LUNCH. IN 2009 UNITED WAY OF OLMSTED COUNTY DISTRIBUTED SCHOOL SUPPLIES TO 2,237 STUDENTS IN 910 FAMILIES, WHICH IS 95% OF THE TOTAL 2,365 STUDENTS THAT WERE REGISTERED FOR THIS PROGRAM.

2-1-1: A THREE DIGIT TELEPHONE NUMBER THAT CONNECTS YOU TO 24-HOUR COMMUNITY INFORMATION AND REFERRAL SERVICES. USING A STATEWIDE DATABASE OF OVER 40,000 COMMUNITY RESOURCES, A TRAINED INFORMATION AND REFERRAL SPECIALIST LISTENS TO YOUR NEEDS AND HELPS YOU FIND THE APPROPRIATE HUMAN AND COMMUNITY SERVICES. IN 2009, 3,263 CALLS WERE ANSWERED WITH 4,855 REFERRALS WERE MADE.

VOLUNTEER CENTER AND VIRE: PROVIDES EASY ACCESS TO A WIDE RANGE OF VOLUNTEER OPPORTUNITIES AT NONPROFIT AGENCIES AND LOCAL GOVERNMENT AND EDUCATIONAL AGENCIES SERVING SOUTHEASTERN MINNESOTA. WE LINK PEOPLE WHO WANT TO HELP WITH PLACES OR ISSUES WHERE THEIR TIME, TALENT, AND INTERESTS CAN BE UTILIZED. THE VOLUNTEER CENTER WAS PRACTICALLY FUNDED BY A FEDERAL GRANT FROM THE HANDS ON NETWORK. THE PURPOSE OF THE GRANT IS TO RECRUIT VOLUNTEERS TO COACH AND MENTOR STUDENTS, TO HELP SENIORS

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: UNITED WAY OF OLMSTED COUNTY, INC.

Employer identification number: 41-0695594

LIVE AT HOME, AND TO RESPOND WHEN DISASTER STRIKES. IN 2009, 82 AGENCIES RECEIVED 1,979 REFERRAKS FIR 941 VOLUNTEERS.

REFURBISHED COMPUTER PROGRAM: PROVIDES LOW-COST COMPUTER SYSTEMS TO ELIGIBLE ORGANIZATIONS AND INDIVIDUALS.

DISCHARGE PLANNER: MAYO CLINIC, OLMSTED MEDICAL CENTER, AND UNITED WAY OF OLMSTED COUNTY ARE PLEASED TO ANNOUNCE A PARTNERSHIP THAT HAS RESULTED IN THE DEVELOPMENT OF A NEW ON-LINE DATABASE CALLED THE DISCHARGE PLANNING INITIATIVE (DPI). IN REAL TIME, THIS TOOL ASSISTS ACUTE AND POST-ACUTE CARE FACILITIES BY EXPEDITING COMMUNICATIONS AND PATIENT PLACEMENT. IN 2009, 82 FACILITIES AND 2 HOSPITALS ARE MEMBERS.

IMAGINATION LIBRARY: COMMITTED TO SUPPORTING LEARNING AND DEVELOPMENT AND A SENSE OF BELONGING FOR CHILDREN AND YOUTH SO THAT THEY BECOME RESPONSIBLE AND CONTRIBUTING ADULTS. WE WANT TO ENSURE CHILDREN HAVE POSITIVE DEVELOPMENTAL OPPORTUNITIES SO THAT THEY CAN START SCHOOL READY TO SUCCEED. WE WANT TO GROW SUCCESS IN LEARNING AND IN LIFE. AT THE END OF 2009, 5,944 CHILDREN WERE ENROLLED IN THIS PROGRAM.

WINTER OUTERWEAR: PROVIDES WINTER OUTERWEAR ITEMS TO OLMSTED COUNTY INDIVIDUALS AND FAMILIES WHO HAVE NO OTHER MEANS TO GET WINTER OUTERWEAR ITEMS. THE NUMBER OF ITEMS DISTRIBUTED WILL BE BASED ON THE NUMBER OF ITEMS COLLECTED THROUGH OUR COMMUNITY PARTNERSHIP. IN 2009 2,354 INDIVIDUALS RECEIVED COATS DURING THIS DISTRIBUTION.

SCHEDULE O
(Form 990)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization: UNITED WAY OF OLMSTED COUNTY, INC.

Employer identification number: 41-0695594

FINANCIAL STABILITY: THE FINANCIAL STABILITY PARTNERSHIP HAS JOINED WITH THE LONG-STANDING FREE TAX PREPARATION SERVICES PROVIDED BY AARP TAX-AIDE PROGRAM, THE SALVATION ARMY, AND THE SENIOR CENTER, AS WELL AS THE INTERNAL REVENUE SERVICE AND THE MINNESOTA DEPARTMENT OF REVENUE, TO PROMOTE FREE TAX PREPARATION IN OLMSTED COUNTY. SOME OF THE FUNDING FOR THIS PROGRAM IS FROM A WAL-MART GRANT. THERE ARE THREE AARP TAX-AIDE SITES IN OLMSTED COUNTY THAT PROVIDE FREE TAX PREPARATION. THE TAX PREPARATION PARTNERSHIP PROMOTES THE EARNED INCOME TAX CREDIT, AND ALSO ALLOWS INDIVIDUALS AND FAMILIES TO FILE TAX RETURNS, SAVING TAX PREPARER FEES, E-FILE FEES, AND DOES NOT PROMOTE EXPENSIVE REFUND LOANS. THERE ARE ELIGIBILITY LEVELS FOR INDIVIDUALS TO PARTICIPATE IN THIS PROGRAM. IN 2009 2,268 TAX RETURNS WERE FILED THROUGH THE FREE TAX PREPARATION SITES. 855 OF THE 2,268 TAX RETURNS QUALIFIED FOR THE EARNED INCOME TAX CREDIT (EITC). 363 OF THE 855 EITC RETURNS HAD CHILDREN IN THE HOUSEHOLD. $1,188,321 WAS RETURNED BACK TO HARD WORKING FAMILIES THROUGH THE EARNED INCOME TAX CREDIT.

COMMUNITY INFORMATION SHARING SYSTEM: THE USE OF CISS ALLOWS FOR REDUCED INTAKE TIME FOR AGENCIES AND PARTICIPANTS, REDUCED INFORMATION TECHNOLOGY EXPENSES, INCREASED TIME FOR DIRECT DELIVERY OF SERVICES, HIGHER QUALITY REFERRALS, AND ACHIEVING GREATER COMMUNITY IMPACT THROUGH INFORMATION SHARING. AT THE END OF 2009, 3 NONPROFIT ORGANIZATIONS WERE USING THIS SYSTEM, AND A FAITH COMMUNITY ALLIANCE.

GANG INITIATIVE: PROVIDES FOR COMMUNITY GROUPS, LEADERS AND THOSE INTERESTED IN ADDRESSING YOUTH AND ADULT GANG ISSUES TO CONVENE IN THE

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: UNITED WAY OF OLMSTED COUNTY, INC.

Employer identification number: 41-0695594

ROCHESTER AREA. ASSISTS IN DEVELOPING A COMMUNITY PLAN OF ACTION, AND CALLS FOR WRITING GRANTS AIMED AT FUNDING THE COMMUNITY PLAN TO ADDRESS GANG ISSUES.

LONG-TERM FLOOD RECOVERY: ON AUGUST 18, 2007, 17 INCHES OF RAIN FELL ON SOUTHEASTERN MINNESOTA, AFFECTING SIX COUNTIES. UNITED WAY SE MN FLOOD RECOVERY FUND WAS ESTABLISHED TO SUPPORT PROGRAMS ASSISTING FLOOD VICTIMS WITH LONG-TERM NEEDS NOT COVERED BY GOVERNMENT OR OTHER TRADITIONAL RELIEF SOURCES.

FORM 990, PART VI, SECTION B, LINE 11: THE IRS FORM 990 IS PREPARED BY A THIRD PARTY TAX PREPARER, REVIEWED BY SENIOR MANAGEMENT, APPROVED, AND SENT TO THE FINANCE COMMITTEE. THE FINANCE COMMITTEE REVIEWS IT DURING THEIR MEETING; THEY APPROVE IT AND SEND IT TO THE BOARD OF DIRECTORS. THE BOARD OF DIRECTORS REVIEWS AND APPROVES THE IRS FORM 990 FOR FILING TO THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C: THIS CONFLICT OF INTEREST POLICY IS DESIGNED TO HELP DIRECTORS, OFFICERS AND EMPLOYEES OF THE UNITED WAY OF OLMSTED COUNTY IDENTIFY SITUATIONS THAT PRESENT POTENTIAL CONFLICTS OF INTEREST AND TO PROVIDE UNITED WAY OF OLMSTED COUNTY WITH A PROCEDURE WHICH, IF OBSERVED, WILL ALLOW A TRANSACTION TO BE TREATED AS VALID AND BINDING EVEN THOUGH A DIRECTOR, OFFICER OR EMPLOYEE HAS OR MAY HAVE A CONFLICT OF INTEREST WITH RESPECT TO THE TRANSACTION. THE POLICY IS INTENDED TO COMPLY WITH THE PROCEDURE PRESCRIBED IN MINNESOTA STATUTES, SECTION 317A.255, GOVERNING CONFLICTS OF INTEREST FOR DIRECTORS OF

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: UNITED WAY OF OLMSTED COUNTY, INC.

Employer identification number: 41-0695594

NONPROFIT CORPORATIONS. IN THE EVENT THERE IS AN INCONSISTENCY BETWEEN THE REQUIREMENTS AND PROCEDURES PRESCRIBED HEREIN AND THOSE IN SECTION 317A.255, THE STATUTE SHALL CONTROL. ALL CAPITALIZED TERMS ARE DEFINED IN PART 2 OF THIS POLICY.

1.CONFLICT OF INTEREST DEFINED. FOR PURPOSES OF THIS POLICY, THE FOLLOWING CIRCUMSTANCES SHALL BE DEEMED TO CREATE CONFLICTS OF INTEREST:

A. OUTSIDE INTERESTS.

I. A CONTRACT OR TRANSACTION BETWEEN UNITED WAY OF OLMSTED COUNTY AND A RESPONSIBLE PERSON OR FAMILY MEMBER.

II. A CONTRACT OR TRANSACTION BETWEEN UNITED WAY OF OLMSTED COUNTY AND AN ENTITY IN WHICH A RESPONSIBLE PERSON OR FAMILY MEMBER HAS A MATERIAL FINANCIAL INTEREST OR OF WHICH SUCH PERSON IS A DIRECTOR, OFFICER, AGENT, PARTNER, ASSOCIATE, TRUSTEE, PERSONAL REPRESENTATIVE, RECEIVER, GUARDIAN, CUSTODIAN, CONSERVATOR OR OTHER LEGAL REPRESENTATIVE.

B. OUTSIDE ACTIVITIES.

I. A RESPONSIBLE PERSON COMPETING WITH UNITED WAY OF OLMSTED COUNTY IN THE RENDERING OF SERVICES OR IN ANY OTHER CONTRACT OR TRANSACTION WITH A THIRD PARTY.

II. RESPONSIBLE PERSON'S HAVING A MATERIAL FINANCIAL INTEREST IN; OR SERVING AS A DIRECTOR, OFFICER, EMPLOYEE, AGENT, PARTNER, ASSOCIATE, TRUSTEE, PERSONAL REPRESENTATIVE, RECEIVER, GUARDIAN, CUSTODIAN, CONSERVATOR OR OTHER LEGAL REPRESENTATIVE OF, OR CONSULTANT TO; AN ENTITY OR INDIVIDUAL THAT COMPETES WITH UNITED WAY OF OLMSTED COUNTY IN THE PROVISION OF SERVICES OR IN ANY OTHER CONTRACT OR TRANSACTION WITH A THIRD PARTY.

C. GIFTS, GRATUITIES AND ENTERTAINMENT. A RESPONSIBLE PERSON ACCEPTING GIFTS, ENTERTAINMENT OR OTHER FAVORS FROM ANY INDIVIDUAL OR ENTITY THAT:

I. DOES OR IS SEEKING TO DO BUSINESS WITH, OR IS A COMPETITOR OF UNITED WAY OF OLMSTED COUNTY; OR

II. HAS RECEIVED, IS RECEIVING OR IS SEEKING TO RECEIVE A LOAN OR GRANT, OR TO SECURE OTHER FINANCIAL COMMITMENTS FROM UNITED WAY OF OLMSTED COUNTY;

III. IS A CHARITABLE ORGANIZATION OPERATING IN MINNESOTA;

IV. UNDER CIRCUMSTANCES WHERE IT MIGHT BE INFERRED THAT SUCH ACTION WAS INTENDED TO INFLUENCE OR POSSIBLY WOULD INFLUENCE THE RESPONSIBLE PERSON IN THE PERFORMANCE OF HIS OR HER DUTIES. THIS DOES NOT PRECLUDE THE ACCEPTANCE OF ITEMS OF NOMINAL OR INSIGNIFICANT VALUE OR ENTERTAINMENT OF NOMINAL OR INSIGNIFICANT VALUE WHICH ARE NOT RELATED TO ANY PARTICULAR TRANSACTION OR ACTIVITY OF UNITED WAY OF OLMSTED COUNTY.

2. DEFINITIONS.

A. A "CONFLICT OF INTEREST" IS ANY CIRCUMSTANCE DESCRIBED IN PART 1 OF THIS POLICY.

B. A "RESPONSIBLE PERSON" IS ANY PERSON SERVING AS AN OFFICER, EMPLOYEE OR MEMBER OF THE BOARD OF DIRECTORS OF UNITED WAY OF OLMSTED COUNTY.

C. A "FAMILY MEMBER" IS A SPOUSE, DOMESTIC PARTNER, PARENT, CHILD OR SPOUSE OF A CHILD, BROTHER, SISTER, OR SPOUSE OF A BROTHER OR SISTER, OF A RESPONSIBLE PERSON.

D. A "MATERIAL FINANCIAL INTEREST" IN AN ENTITY IS A FINANCIAL INTEREST OF ANY KIND, WHICH, IN VIEW OF ALL THE CIRCUMSTANCES, IS SUBSTANTIAL ENOUGH THAT IT WOULD, OR REASONABLY COULD, AFFECT A RESPONSIBLE PERSON'S OR FAMILY

MEMBER'S JUDGMENT WITH RESPECT TO TRANSACTIONS TO WHICH THE ENTITY IS A PARTY. THIS INCLUDES ALL FORMS OF COMPENSATION.

E. A "CONTRACT OR TRANSACTION" IS ANY AGREEMENT OR RELATIONSHIP INVOLVING THE SALE OR PURCHASE OF GOODS, SERVICES, OR RIGHTS OF ANY KIND, THE PROVIDING OR RECEIPT OF A LOAN OR GRANT, THE ESTABLISHMENT OF ANY OTHER TYPE OF PECUNIARY RELATIONSHIP, OR REVIEW OF A CHARITABLE ORGANIZATION BY UNITED WAY OF OLMSTED COUNTY. THE MAKING OF A GIFT TO UNITED WAY OF OLMSTED COUNTY IS NOT A CONTRACT OR TRANSACTION.

3. PROCEDURES.

A. PRIOR TO BOARD OR COMMITTEE ACTION ON A CONTRACT OR TRANSACTION INVOLVING A CONFLICT OF INTEREST, A DIRECTOR OR COMMITTEE MEMBER HAVING A CONFLICT OF INTEREST AND WHO IS IN ATTENDANCE AT THE MEETING SHALL DISCLOSE ALL FACTS MATERIAL TO THE CONFLICT OF INTEREST. SUCH DISCLOSURE SHALL BE REFLECTED IN THE MINUTES OF THE MEETING.

B. A DIRECTOR OR COMMITTEE MEMBER WHO PLANS NOT TO ATTEND A MEETING AT WHICH HE OR SHE HAS REASON TO BELIEVE THAT THE BOARD OR COMMITTEE WILL ACT ON A MATTER IN WHICH THE PERSON HAS A CONFLICT OF INTEREST SHALL DISCLOSE TO THE CHAIR OF THE MEETING ALL FACTS MATERIAL TO THE CONFLICT OF INTEREST. THE CHAIR SHALL REPORT THE DISCLOSURE AT THE MEETING AND THE DISCLOSURE SHALL BE REFLECTED IN THE MINUTES OF THE MEETING.

C. A PERSON WHO HAS A CONFLICT OF INTEREST SHALL NOT PARTICIPATE IN OR BE PERMITTED TO HEAR THE BOARD'S OR COMMITTEE'S DISCUSSION OF THE MATTER EXCEPT TO DISCLOSE MATERIAL FACTS AND TO RESPOND TO QUESTIONS. SUCH PERSON

SHALL NOT ATTEMPT TO EXERT HIS OR HER PERSONAL INFLUENCE WITH RESPECT TO THE MATTER, EITHER AT OR OUTSIDE THE MEETING.

D. A PERSON WHO HAS A CONFLICT OF INTEREST WITH RESPECT TO A CONTRACT OR TRANSACTION THAT WILL BE VOTED ON AT A MEETING SHALL NOT BE COUNTED IN DETERMINING THE PRESENCE OF A QUORUM FOR PURPOSES OF THE VOTE. THE PERSON HAVING A CONFLICT OF INTEREST MAY NOT VOTE ON THE CONTRACT OR TRANSACTION AND SHALL NOT BE PRESENT IN THE MEETING ROOM WHEN THE VOTE IS TAKEN, UNLESS THE VOTE IS BY SECRET BALLOT. SUCH PERSON'S INELIGIBILITY TO VOTE SHALL BE REFLECTED IN THE MINUTES OF THE MEETING. FOR PURPOSES OF THIS PARAGRAPH, A MEMBER OF THE BOARD OF DIRECTORS OF UNITED WAY OF OLMSTED COUNTY HAS A CONFLICT OF INTEREST WHEN HE OR SHE STANDS FOR ELECTION AS AN OFFICER OR FOR RE-ELECTION AS A MEMBER OF THE BOARD OF DIRECTORS.

E. RESPONSIBLE PERSONS WHO ARE NOT MEMBERS OF THE BOARD OF DIRECTORS OF UNITED WAY OF OLMSTED COUNTY, OR WHO HAVE A CONFLICT OF INTEREST WITH RESPECT TO A CONTRACT OR TRANSACTION THAT IS NOT THE SUBJECT OF BOARD OR COMMITTEE ACTION, SHALL DISCLOSE TO THE CHAIR OR THE CHAIR'S DESIGNEE ANY CONFLICT OF INTEREST THAT SUCH RESPONSIBLE PERSON HAS WITH RESPECT TO A CONTRACT OR TRANSACTION. SUCH DISCLOSURE SHALL BE MADE AS SOON AS THE CONFLICT OF INTEREST IS KNOWN TO THE RESPONSIBLE PERSON. THE RESPONSIBLE PERSON SHALL REFRAIN FROM ANY ACTION THAT MAY AFFECT UNITED WAY OF OLMSTED COUNTY'S PARTICIPATION IN SUCH CONTRACT OR TRANSACTION. IN THE EVENT IT IS NOT ENTIRELY CLEAR THAT A CONFLICT OF INTEREST EXISTS, THE INDIVIDUAL WITH THE POTENTIAL CONFLICT SHALL DISCLOSE THE CIRCUMSTANCES TO THE CHAIR OR THE CHAIR'S DESIGNEE, WHO SHALL DETERMINE WHETHER THERE EXISTS A CONFLICT OF

INTEREST THAT IS SUBJECT TO THIS POLICY.

4. CONFIDENTIALITY. EACH RESPONSIBLE PERSON SHALL EXERCISE CARE NOT TO DISCLOSE CONFIDENTIAL INFORMATION ACQUIRED IN CONNECTION WITH SUCH STATUS OR INFORMATION THE DISCLOSURE OF WHICH MIGHT BE ADVERSE TO THE INTERESTS OF UNITED WAY OF OLMSTED COUNTY. FURTHERMORE, A RESPONSIBLE PERSON SHALL NOT DISCLOSE OR USE INFORMATION RELATING TO THE BUSINESS OF UNITED WAY OF OLMSTED COUNTY FOR THE PERSONAL PROFIT OR ADVANTAGE OF THE RESPONSIBLE PERSON OR A FAMILY MEMBER.

5. REVIEW OF POLICY.

A. EACH NEW RESPONSIBLE PERSON SHALL BE REQUIRED TO REVIEW A COPY OF THIS POLICY AND TO ACKNOWLEDGE IN WRITING THAT HE OR SHE HAS DONE SO.

B. EACH RESPONSIBLE PERSON SHALL ANNUALLY COMPLETE A DISCLOSURE FORM IDENTIFYING ANY RELATIONSHIPS, POSITIONS OR CIRCUMSTANCES IN WHICH THE RESPONSIBLE PERSON IS INVOLVED THAT HE OR SHE BELIEVES COULD CONTRIBUTE TO A CONFLICT OF INTEREST ARISING. SUCH RELATIONSHIPS, POSITIONS OR CIRCUMSTANCES MIGHT INCLUDE SERVICE AS A DIRECTOR OF OR CONSULTANT TO A NONPROFIT ORGANIZATION, OR OWNERSHIP OF A BUSINESS THAT MIGHT PROVIDE GOODS OR SERVICES TO UNITED WAY OF OLMSTED COUNTY. ANY SUCH INFORMATION REGARDING BUSINESS INTERESTS OF A RESPONSIBLE PERSON OR A FAMILY MEMBER SHALL BE TREATED AS CONFIDENTIAL AND SHALL GENERALLY BE MADE AVAILABLE ONLY TO THE CHAIR, THE EXECUTIVE DIRECTOR, AND ANY COMMITTEE APPOINTED TO ADDRESS CONFLICTS OF INTEREST, EXCEPT TO THE EXTENT ADDITIONAL DISCLOSURE IS NECESSARY IN CONNECTION WITH THE IMPLEMENTATION OF THIS THIS POLICY.

C. THIS POLICY SHALL BE REVIEWED ANNUALLY BY EACH MEMBER OF THE BOARD OF

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: UNITED WAY OF OLMSTED COUNTY, INC.

Employer identification number: 41-0695594

DIRECTORS. ANY CHANGES TO THE POLICY SHALL BE COMMUNICATED IMMEDIATELY TO ALL RESPONSIBLE PERSONS.

FORM 990, PART VI, SECTION B, LINE 15: THE COMPENSATION FOR THE PRESIDENT IS REVIEW ANNUALLY BY THE GOVERNANCE COMMITTEE. THE GOVERNANCE COMMITTEE REVIEWS CURRENT SALARY AND BENEFITS, CONSIDERS EFFECTIVENESS AND RESULTS OF THE INDIVIDUAL, USES COMPARABILITY DATA FROM UNITED WAY OF AMERICA HUMAN CAPITAL SURVEY, DELIBERATES, DISCUSSES, AND PRESENTS A RECOMMENDATION TO THE BOARD OF DIRECTORS FOR APPROVAL. THE BOARD OF DIRECTORS DELIBERATES AND DISCUSSES THE RECOMMENDATION, AND EITHER APPROVES, CHANGES, OR REJECTS THE RECOMMENDATION. KEY EMPLOYEES' COMPENSATION IS REVIEWED ANNUALLY BY THE PRESIDENT OF THE ORGANIZATION. THE PRESIDENT REVIEWS CURRENT SALARY AND BENEFITS, CONSIDERS EFFECTIVENESS AND RESULTS OF THE INDIVIDUALS, USES COMPARABILITY DATA FROM UNITED WAY OF AMERICA HUMAN CAPITAL SURVEY, AND IS RESPONSIBLE FOR DETERMINING THE COMPENSATION WITHIN ALLOWED LIMITS SET BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 19: THE AUDIT OF THE PAST YEAR FINANCIAL STATEMENTS AND IRS FORM 990 ARE AVAILABLE ON OUR WEBSITE AT WWW.UWOLMSTED.ORG. OUR GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY CAN BE OBTAINED UPON REQUEST BY CALLING US AT 507-287-2000.

PART XI, LINE 2C

CHOICE OF INDEPENDENT AUDITOR AND OVERSIGHT OF THE AUDIT

THE AUDIT COMMITTEE, ORGANIZED WITH BOARD OF DIRECTOR MEMBERS IN COMPLIANCE WITH SECTION 301 AND 407 OF SARBANES-OXLEY, MEETS WITH THE

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: UNITED WAY OF OLMSTED COUNTY, INC.

Employer identification number: 41-0695594

AUDITOR BEFORE THE AUDIT TO SIGN AN ENGAGEMENT LETTER, AND DISCUSS ANY WORK TO BE DONE BY THE AUDITORS. THE AUDIT COMMITTEE MEMBERS ARE AVAILABLE TO THE AUDITORS DURING THE AUDIT TO DISCUSS ANY SIGNIFICANT FINDINGS. THE AUDIT COMMITTEE MEETS WITH THE AUDITORS TO REVIEW THE MANAGEMENT LETTER, AND A DRAFT COPY OF THE AUDIT REPORT IN COMPLIANCE WITH SECTION 204 OF SARBANES-OXLEY. THE AUDIT COMMITTEE MAY REQUEST FORMAT CHANGES TO THE AUDIT, AND APPROVES THE AUDIT REPORT TO BE FORWARDED TO THE BOARD OF DIRECTORS. THE BOARD OF DIRECTORS APPROVES THE AUDIT REPORT FOR PUBLIC INSPECTION. SELECTION OF AN INDEPENDENT ACCOUNTANT IS PERFORMED BY THE AUDIT COMMITTEE EVERY THREE YEARS. A REQUEST FOR PROPOSAL IS ISSUED BY THE AUDIT COMMITTEE, EVERY THREE YEARS FOR AUDIT SERVICES. PROPOSALS ARE REVIEWED AND SCORED BY THE AUDIT COMMITTEE, AND AN AUDIT FIRM IS CHOSEN FOR RECOMMENDATION TO THE BOARD OF DIRECTORS. THE BOARD OF DIRECTORS APPROVES THE SELECTION OF THE AUDIT FIRM. IN THE CASE THAT THE SAME AUDIT FIRM IS SELECTED, THE LEAD AUDIT PARTNER OR COORDINATING PARTNER MUST ROTATE OFF THE AUDIT EVERY FIVE YEARS.

THE PROCESS OF CHOOSING AN INDEPENDENT AUDITOR AND OVERSEEING THE AUDIT HAS NOT CHANGED FROM PRIOR-YEARS.

HEADING, ITEM L: YEAR OF FORMATION

ON OCTOBER 29, 1925, A JOINT MEETING OF THE KIWANIS AND ROTARY CLUBS ALONG WITH THE "BUSINESS MEN OF ROCHESTER" WAS HELD IN THE ARTHUR HOTEL. ACCORDING TO THE MINUTES, THE MEETING WAS CALLED "FOR THE

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: UNITED WAY OF OLMSTED COUNTY, INC.

Employer identification number: 41-0695594

PURPOSE OF CRYSTALLIZING SENTIMENT IN FAVOR OF A COMMUNITY CHEST FOR ROCHESTER AND TO FORM [THE] ORGANIZATION."

IN THE ANNUAL REPORT OF JANUARY 29, 1963 ROBERT C. ROESLER OBSERVED THAT WHILE THE PAST YEAR HAD BEEN THE 38TH YEAR OF OPERATION FOR THE COMMUNITY CHEST, IT WAS "ALSO THE FIRST OF AN ANTICIPATED SERIES OF SUCCESSFUL YEARS FOR THE UNITED FUND OF GREATER ROCHESTER."

IN 1972, THE UNITED FUND OF GREATER ROCHESTER BECAME THE UNITED WAY OF OLMSTED COUNTY. THIS CHANGE NOT ONLY BROUGHT A "NEW LOOK TO OUR ORGANIZATION," WROTE CLIFFORD M. JOHNSON IN THE ANNUAL REPORT OF 1972, "BUT ALSO INVOLVED AN EXPANSION OF SERVICES TO MORE PEOPLE." THE YEAR SAW 1,400 NEW FIRST-TIME DONORS AND "GROWING PARTNERSHIPS WITH PUBLIC SERVICE AGENCIES AND GOVERNMENTAL UNITS."

PART IX, LINE 21

PAYMENTS TO AFFILIATES

MEMBERSHIP IN UNITED WAY OF AMERICA CONSTITUTES AN AFFILIATE RELATIONSHIP UNDER THE IRS DEFINITION OF FEDERATED FUNDRAISING AGENCIES AND AS SUCH, DUES PAID TO UNITED WAY OF AMERICA BY UNITED WAY OF OLMSTED COUNTY ARE REPORTED ON LINE 21 OF PART IX OF FORM 990. THE PAYMENT REPORTED HERE IS A QUOTA SUPPORT PAYMENT TO UNITED WAY OF AMERICA FOR WHICH UNITED WAY OF OLMSTED COUNTY RECEIVES:

- THE RIGHT TO USE THE NATIONAL BRAND IN CHARITABLE ENDEAVORS
- NATIONAL ADVOCACY OF ISSUES

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: UNITED WAY OF OLMSTED COUNTY, INC.

Employer identification number: 41-0695594

- MEMBER EDUCATION AND TRAINING

- CENTRALIZED CREATION AND SUPPORT FOR MARKETING OF FUNDRAISING CAMPAIGNS

- FOSTERING OF RELATIONSIPS WITH NATIONAL ORGANIZATIONS THAT SUPPORT MULTIPLE MEMBERS

- ESTABLISHMENT AND MONITORING OF COMPLIANCE WITH STANDARDS OF ACCOUNTABILITY BY MEMBERS

- ESTABLISHMENT OF POLICIES AND PROCESSES THAT IMPROVE OPERATIONAL EFFICIENCIES AMONG MEMBERS

- PROMOTION OF THE CONCEPT OF LOCAL COMMUNITY IMPACT ON A NATIONAL SCALE

FORM 990, PART VI, SECTION A, LINE 11

ADDRESSES OF BOARD MEMBERS

TONI ADAFIN:	1090 CHIPPEWA DR NW ROCHESTER, MN 55901
RANDY CHAPMAN:	3728 122ND AVE SE EYOTA, MN 55934
ROMAIN DALLEMAND:	1100 20TH ST NW, APT 1 ROCHESTER, MN 55901
AUDREY BETCHER:	817 JOHNS LN SE STEWARTVILLE, MN 55976
MARY CALLIER:	2242 LENWOOD CT SW ROCHESTER, MN 55902
DON DECRAMER:	2720 RIDGEWOOD CT SE ROCHESTER, MN 55904
JON ECKHOFF:	3715 ARBOR DR NW ROCHESTER, MN 55901
NICKIE FROILAND:	985 CEDAR POINT LN SE ORONOCO, MN 55960
BRUCE GUDLIN:	5107 SHANNON VALLEY LN SE ROCHESTER, MN 55904
MARILYN HANSMANN:	4508 MEADOW LAKES DR NW ROCHESTER, MN 55901
STEVEN HILL:	1210 21ST ST NE ROCHESTER, MN 55906
BETTY HUTCHINS:	3430 LIMERICK LN NE ROCHESTER, MN 55906

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: UNITED WAY OF OLMSTED COUNTY, INC.

Employer identification number: 41-0695594

MARK JASMIN: 2812 OSJOR CT NE ROCHESTER, MN 55906

MARY JENSEN: 5122 PALMER PLACE NW ROCHESTER, MN 55901

D.C. MANGUM, JR: P.O. BOX 1286 ROCHESTER, MN 55903

GAIL NELSON: 704 3RD AVE NW BYRON, MN 55920

PETER NYCKLEMOE: 1418 CITY VIEW CT NE ROCHESTER, MN 55906

CAROLYN PETERSEN: 1130 7TH AVE SW ROCHESTER, MN 55902

STEPHEN ROSE: 703 MEADOW RUN DR SW ROCHESTER, MN 55902

JIM RUSTAD: 2001 FOLWELL DR SW ROCHESTER, MN 55902

WENDY SHANNON: 5236 ROSELEE CIRCLE NW BYRON, MN 55920

DAVE STENHAUG: 7005 HALIFAX LN NW ROCHESTER, MN 55901

DALE WALSTON: 711 18 1/2 ST SE ROCHESTER, MN 55904

MIKE WILLARD: 2123 BAIHLY HILLS DR SW ROCHESTER, MN 55902

FORM 990, PART IX, LINE 25

OVERHEAD RATIO

THE STANDARD FORMULA FOR CALCULATING THE OVERHEAD RATIO AMONG UNITED WAYS IS AS FOLLOWS:

990 FORM, PART IX, LINE 25, COLUMN C (M&G EXP.) + COLUMN D (FUNDRAISING EXP.) DIVIDED BY

990 FORM, PART VIII, LINE 12, COLUMN A (TOTAL REVENUE)

THE UNITED WAY OF OLMSTED COUNTY, INC. OVERHEAD RATIO IS: 16.0%

FORM 990, PART V, LINE 7G

FORM 8899

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: UNITED WAY OF OLMSTED COUNTY, INC.

Employer identification number: 41-0695594

THE UNITED WAY OF OLMSTED COUNTY DID NOT RECEIVE ANY CONTRIBUTIONS OF INTELLECTUAL PROPERTY, SO IT WAS NOT REQUIRED TO FILE FORM 8899.

FORM 990, PART V, LINE 7H

1098-C

THE UNITED WAY OF OLMSTED COUNTY DID NOT RECEIVE CONTRIBUTIONS OF CARS, BOATS, AIRPLANES, OR OTHER VEHICLES, SO IT DID NOT FILE A FORM 1098-C.

FORM 990, PART VII, COLUMN (F)

OTHER COMPENSATION

OTHER COMPENSATION: INCLUDES BENEFITS ONLY FROM EMPLOYER CONTRIBUTIONS TO RETIREMENT PLAN, GROUP LIFE INSURANCE, LONG-TERM DISABILITY, HEALTH INSURANCE, AND CELL PHONE.

FORM 990, SCHEDULE I, PART 1

INFORMATION ABOUT GRANTS

PROGRAM OPERATING COST: A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC PROGRAM OR INITIATIVE THAT IT OPERATES. THROUGH THESE SPECIFIC GOALS, WE ARE HELPING PEOPLE IN A NEW WAY. WE ARE BREAKING NEGATIVE CYCLES AND TACKLING THE ROOT CAUSES OF PROBLEMS TO CREATE LASTING CHANGE. THIS SHARED VISION IS MOBILIZING THE COMMUNITY AND CREATING COLLABORATIONS THAT PRODUCE RESULTS. TOGETHER, WE ARE CHANGING OLMSTED COUNTY FOR THE BETTER FOR ALL OF US. RESULTS FOR EACH OF THESE PROGRAMS CAN BE OBTAINED AT WWW.UWOLMSTED.ORG. THESE GRANTS WERE GIVEN IN THE FOLLOWING CATEGORIES:

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: UNITED WAY OF OLMSTED COUNTY, INC.

Employer identification number: 41-0695594

EDUCATION: CHILDREN ARE PREPARED TO SUCCED IN SCHOOL. THE GOAL OF THIS INITIATIVE IS THAT BY 2015, 7,500 (75%) OF CHILDREN IN OLMSTED COUNTY PASS THE KINDERGARTEN ASSESSMENT. PARTICIPATING AGENCIES INCLUDE: CHILD CARE RESOURCE AND REFERRAL; CIVIC LEAGUE DAY NURSERY; GOOD NEWS CHILDREN'S CENTER; BYRON SCHOOLS; TRI-VALLEY COUNCIL.

EDUCATION: YOUTH ARE PREPARED TO SUCCEED IN OUR CUMMUNITY. THE GOAL OF THIS INITIATIVE IS THAT BY 2015, 3,300 LOW-INCOME YOUTH PARTICIPATING IN COMMUNITY-BASED PROGRAMS DEMONSTRATE CONNECTION TO A CARING ADULT AND COMMUNITY, AND LEADERSHIP IN THE COMMUNITY. PARTICIPATING AGENCIES INCLUDE: ROCHESTER FAMILY Y; BOYS & GIRLS CLUB; READING CENTER/DYSLEXIA INSTITUTE OF AMERICA; GIRL SCOUTS COUNCIL OF RIVER TRAILS; FRIENDS OF QUARRY HILL; FAMILY & CHILDREN'S CENTER.

INCOME, FAMILIES MOVE TOWARD FINANCIAL INDEPENDENCE: JOB SKILLS. THE GOAL OF THIS INITIATIVE IS THAT BY 2015, 400 PEOPLE AT OR BELOW 280% POVERTY COMPLETE JOB SKILL TRAINING AND GAIN EMPLOYMENT WORKING 30+ HRS/WEEK, 45 WEEKS ANNUALLY, WITH HEALTH BENEFITS, EARNING MORE THAN $10 PER HOUR. PARTICIPATING AGENCIES INCLUDE: INTERCULTURAL MUTUAL ASSISTANCE ASSOCIATION.

INCOME, FAMILIES MOVE TOWARD FINANCIAL INDEPENDENCE: STABLIZATION. THE GOAL OF THIS INITIATIVE IS THAT BY 2015, 65 FAMILIES ACHIEVE STABILIZATION WITH HOUSING, EMPLOYMENT OR EDUCATION AND BUILD ASSETS. PARTICIPATING AGENCIES INCLUDE: INTERFAITH HOSPITALITY NETWORK;

SCHEDULE O
(Form 990)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No 1545-0047
2009
Open to Public Inspection

Name of the organization
UNITED WAY OF OLMSTED COUNTY, INC.

Employer identification number
41-0695594

ROCHESTER FAMILY Y; CATHOLIC CHARITIES.

HEALTH, IMPROVING PEOPLES' HEALTH: DENTAL. THE GOAL OF THIS INITIATIVE IS THAT BY 2015, 3,520 UNDER AND UNINSURED 3 TO 14 YEAR-OLDS RECEIVE PREVENTIVE DENTAL CARE AND EDUCATION. PARTICIPATING AGENCIES INCLUDE: CHILDRENS DENTAL HEALTH.

HEALTH, IMPROVING PEOPLES' HEALTH: BASIC HEALTH CARE. THE GOAL OF THIS INITIATIVE IS THAT BY 2015, 3,700 UNINSURED OLMSTED COUNTY RESIDENTS RECEIVE BASIC HEALTH CARE TO STABILIZE AND IMPROVE THEIR HEALTH. PARTICIPATING AGENCIES INCLUDE: SALVATION ARMY; INTERCULTURAL MUTUAL ASSISTANCE ASSOCIATION.

HEALTH, IMPROVING PEOPLES' HEALTH: MENTAL ILLNESS. THE GOAL OF THIS INITIATIVE IS THAT BY 2015, THE UNINSURED AND LOW-INCOME PEOPLE RECEIVE EARLY INTERVENTIONS FOR MENTAL ILLNESS IN COMMUNITY SETTINGS. PARTICIPATING AGENCIES INCLUDE: FAMILY SERVICE ROCHESTER; ZUMBRO VALLEY MENTAL HEALTH CENTER.

COMMUNITY BASICS, MEETING BASIC NEEDS OF FOOD, SHELTER, SAFETY, & INCLUSIVITY: FOOD. THE GOAL OF THIS INITIATIVE IS THAT BY 2015, 172,500 NUTRITIOUS MEALS ARE TO BE PROVIDED TO OUR MOST VULNERABLE POPULATIONS. PARTICIPATING AGENCIES INCLUDE: CHANNEL ONE; SALVATION ARMY; FAMILY SERVICE ROCHESTER.

COMMUNITY BASICS, MEETING BASIC NEEDS OF FOOD, SHELTER, SAFETY, &

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: UNITED WAY OF OLMSTED COUNTY, INC.

Employer identification number: 41-0695594

INCLUSIVITY: SAFETY. THE GOAL OF THIS INITIATIVE IS THAT BY 2015, 16,260 CHILDREN AND YOUTH EXPERIENCE SAFE INTERACTIONS WITH CAREGIVERS AND PEERS THROUGH CRISIS CARE AND POSITIVE PARENT-CHILD AND YOUTH-YOUTH RELATIONSHIP BUILDING. PARTICIPATING AGENCIES INCLUDE: CHILD CARE RESOURCES AND REFERRAL; FAMILY SERVICE ROCHESTER.

COMMUNITY BASICS, MEETING BASIC NEEDS OF FOOD, SHELTER, SAFETY, & INCLUSIVITY: LEGAL. THE GOAL OF THIS INITIATIVE IS THAT BY 2015, 890 LOW-INCOME RESIDENTS HAVE ACCESS TO BASIC LEGAL REPRESENTATION AND EDUCATION. PARTICIPATING AGENCIES INCLUDE: LEGAL ASSISTANCE OF OLMSTED COUNTY.

COMMUNITY BASICS, MEETING BASIC NEEDS OF FOOD, SHELTER, SAFETY, & INCLUSIVITY: VULNERABLE SENIORS. THE GOAL OF THIS INITIATIVE IS THAT BY 2015, 1,715 VULNERABLE SENIORS AND THOSE WITH LIMITED RESOURCES REMAIN IN THEIR HOMES LONGER THROUGH CASE MANAGEMENT AND SERVICES PROVIDED BY VOLUNTEER NETWORKS. PARTICIPATING AGENCIES INCLUDE: ELDER NETWORK; FAMILY SERVICE ROCHESTER; SALVATION ARMY; SEMCAC.

COMMUNITY BASICS, MEETING BASIC NEEDS OF FOOD, SHELTER, SAFETY, & INCLUSIVITY: INDEPENDENCE. THE GOAL OF THIS INITIATIVE IS THAT BY 2015, 1,068 OLMSTED COUNTY RESIDENTS WITH DISABILITIES EXPERIENCE INCREASED INDEPENDENCE AND INTEGRATION THROUGH EMPLOYEMENT AND LIFE-SKILLS BUILDING. PARTICIPATING AGENCIES INCLUDE: ABILITY BUILDING CENTER; POSSABILITIES.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

UNITED WAY OF OLMSTED COUNTY, INC.

Employer identification number

41-0695594

COMMUNITY BASICS, MEETING BASIC NEEDS OF FOOD, SHELTER, SAFETY, & INCLUSIVITY: SHELTER. THE GOAL OF THIS INITIATIVE IS THAT BY 2015, 315 HOMELESS OR NEAR HOMELESS PEOPLE HAVE ACCESS TO IMMEDIATE, SHORT-TERM SHELTER. PARTICIPATING AGENCIES INCLUDE: SALVATION ARMY.

LONG-TERM FLOOD RECOVERY: LOCAL LONG-TERM RECOVERY ORGANIZATION FOR THE AUGUST 2007 SE MINNESOTA FLOOD SURVIVORS IN THEIR COMMUNITY.

DONOR DESIGNATED FOR GENERAL SUPPORT: AN UNRESTRICTED GRANT MADE TO AN AGENCY AT THE DIRECTION OF THE DONOR(S) IN SUPPORT OF ITS GENERAL OPERATING COSTS AND PROGRAMS. GRANTS ARE LISTED NET OF A 12.5% FUNDRAISING AND ADMINISTRATIVE FEE COLLECTED, AND ARE PAID OUT AFTER RECEIPT, ACCORDING TO THE DESIGNATION PAYOUT SCHEDULE.

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization 990
(Including Information on Listed Property)

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

OMB No 1545-0172

2009

Attachment Sequence No **67**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
UNITED WAY OF OLMSTED COUNTY, INC.	FORM 990 PAGE 10	41-0695594

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

1	Maximum amount See the instructions for a higher limit for certain businesses	1	250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	800,000.
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 ▶	13	

Note: *Do not use Part II or Part III below for listed property. Instead, use Part V*

Part II **Special Depreciation Allowance and Other Depreciation (Do not include listed property)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	33,824.

Part III **MACRS Depreciation (Do not include listed property) (See instructions)**

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs		S/L	
h	Residential rental property	/		27.5 yrs.	MM	S/L	
		/		27 5 yrs	MM	S/L	
i	Nonresidential real property	/		39 yrs	MM	S/L	
		/			MM	S/L	

Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

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

Part IV **Summary** (See instructions)

21	Listed property Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr	22	33,824.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V **Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* **only** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

Section A - Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles*)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No 24b If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use						25		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29	

Section B - Information on Use of Vehicles

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

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

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

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

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

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

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2009 tax year					
43 Amortization of costs that began before your 2009 tax year				43	
44 **Total.** Add amounts in column (f) See the instructions for where to report				44	

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization RENT 1
(Including Information on Listed Property)

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

OMB No 1545-0172

2009

Attachment Sequence No **67**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
UNITED WAY OF OLMSTED COUNTY, INC.	UNITED WAY BUILDING	41-0695594

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

1	Maximum amount See the instructions for a higher limit for certain businesses	1	250,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	800,000.
4	Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5	Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property Enter the amount from line 29	7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562	10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2010. Add lines 9 and 10, less line 12 ▶	13	

Note: *Do not use Part II or Part III below for listed property Instead, use Part V*

Part II **Special Depreciation Allowance and Other Depreciation (Do not include listed property)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	54,772.

Part III **MACRS Depreciation (Do not include listed property) (See instructions)**

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	214.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B - Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs		S/L	
h	Residential rental property	/		27 5 yrs	MM	S/L	
		/		27.5 yrs	MM	S/L	
i	Nonresidential real property	/		39 yrs	MM	S/L	
		/			MM	S/L	

Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

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

Part IV **Summary** (See instructions)

21	Listed property Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr.	22	54,986.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V **Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* **only** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable*

Section A - Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles*)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No 24b If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use						25		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29	

Section B - Information on Use of Vehicles

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

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

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

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

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

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

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2009 tax year					
43 Amortization of costs that began before your 2009 tax year				43	
44 **Total.** Add amounts in column (f). See the instructions for where to report				44	