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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 **JUL 1, 2009** and ending **JUN 30, 2010**

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 CENTRAL MINNESOTA Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 3001 CLEARWATER RD 201 City or town, state or country, and ZIP + 4 ST. CLOUD, MN 56301 F Name and address of principal officer NOREEN J. DUNNELLS SAME AS C ABOVE	D Employer identification number 41-0915124 E Telephone number 320-252-0227 G Gross receipts \$ 3,952,379. 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) (03) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527		J Website: ▶ WWW.UNITEDWAYHELPS.ORG	
K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶		L Year of formation: 1967 M State of legal domicile: MN	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO IMPROVE PEOPLE'S LIVES BY MOBILIZING THE CARING POWER OF CENTRAL MINNESOTA. 2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) 3 4 Number of independent voting members of the governing body (Part VI, line 1b) 23 5 Total number of employees (Part V, line 2a) 31 6 Total number of volunteers (estimate if necessary) 5118 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 0. b Net unrelated business taxable income from Form 990-T, line 34 0.		
Revenue	8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	Prior Year 3,873,361. 10,172. 89,891. 48,357. 4,021,781. 2,995,297.	Current Year 3,808,852. 8,819. 80,470. 47,745. 3,945,886. 2,492,054.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 442,598. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12	845,168. 612,789. 4,453,254. <431,473.>	844,746. 591,963. 3,928,763. 17,123.
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20	Beginning of Current Year 4,097,071. 297,933. 3,799,138.	End of Year 4,217,343. 335,684. 3,881,659.

Part II Signature Block

Sign Here	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. Signature of officer NOREEN J. DUNNELLS, PRESIDENT & CEO Type or print name and title	Date	2/1/11
Paid Preparer's Use Only	Preparer's signature Firm's name (or yours if self-employed), address, and ZIP + 4 SCHLENNER WENNER & CO, CPA'S, PA P.O. BOX 1496 ST. CLOUD, MN 56302-1496	Date	Check if self-employed ☐ Preparer's identifying number (see instructions) P00066049 EIN ▶ 41-1656121 Phone no. ▶ 320-251-0286

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:

TO IMPROVE PEOPLE'S LIVES BY MOBILIZING THE CARING POWER OF CENTRAL MINNESOTA.

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.

4a (Code:) (Expenses \$ 3,201,653. including grants of \$ 2,492,054.) (Revenue \$)
SEE STATEMENT #1

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

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

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

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

4e Total program service expenses ► \$ 3,201,653.

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>		
• 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? <i>If "Yes," complete Schedule D, Part VII</i>		
• 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? <i>If "Yes," complete Schedule D, Part VIII</i>		
• 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? <i>If "Yes," complete Schedule D, Part IX</i>		
• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		
• 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? <i>If "Yes," complete Schedule D, Part X</i>		
12 Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	Yes	No
		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		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? <i>If "Yes," complete Schedule F, Part II</i>		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? <i>If "Yes," complete Schedule F, Part III</i>		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? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		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	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		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		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		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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		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		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		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		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	X	
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		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		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		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		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		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		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		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		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

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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.	3	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	31	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions).	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? <i>N/A</i>		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year. <i>N/A</i>		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<i>N/A</i>	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<i>N/A</i>	
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	<i>N/A</i>	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	<i>N/A</i>	
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?	<i>N/A</i>	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?	<i>N/A</i>	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	<i>N/A</i>	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12.	<i>N/A</i>	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	<i>N/A</i>	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders.	<i>N/A</i>	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	<i>N/A</i>	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	<i>N/A</i>	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<i>N/A</i>	

Form 990 (2009)

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	23	
1b Enter the number of voting members that are independent	23	
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?		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?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	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		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?		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?		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	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	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	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	X	
b Other officers or key employees of the organization	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?		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?		

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.

☒ Own website ☐ Another's website ☒ 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 **▶**

JOANN HENRY - 320-252-0227

3001 CLEARWATER RD, STE#201, ST CLOUD, MN 56301

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			
JASON BERNICK BOARD CHAIR	2.00			X				0.	0.	0.
GEORGE WILKES BOARD CHAIR-ELECT	2.00			X				0.	0.	0.
RENEE HENDRICKS BOARD SECRETARY	2.00			X				0.	0.	0.
SARA BACKES BOARD TREASURER	2.00			X				0.	0.	0.
NOREEN J. DUNNELLS PRESIDENT & CEO	45.00	X						98,052.	0.	1,000.
JOANN HENRY DIRECTOR OF FINANCE	49.00	X						53,525.	0.	4,555.
BETTY SCHNETTLER DIRECTOR OF PARTNERSHIPS	44.00	X						56,676.	0.	1,000.
KRISTIN HATTEN DIR. OF LEADERSHIP & PLA	43.00	X						54,113.	0.	1,000.
KATHLEEN ZENZEN VP OF OPERATIONS & RESOU	44.00	X						54,265.	0.	3,921.
PATT ADAIR BOARD MEMBER	1.00	X						0.	0.	0.
BILL ALBRECHT BOARD MEMBER	1.00	X						0.	0.	0.
KING BANAIAAN BOARD MEMBER	1.00	X						0.	0.	0.
LUANN CARPENTER BOARD MEMBER	1.00	X						0.	0.	0.
MARK COBORN BOARD MEMBER	1.00	X						0.	0.	0.
KRIS PETERSON BOARD MEMBER	1.00	X						0.	0.	0.
ED LAUBACH BOARD MEMBER	1.00	X						0.	0.	0.
KARL LESLIE BOARD MEMBER	1.00	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			
PASTOR JANINE OLSON BOARD MEMBER	1.00	X						0.	0.	0.
BERNIE PERRYMAN BOARD MEMBER	1.00	X						0.	0.	0.
DR. EARL H. POTTER BOARD MEMBER	1.00	X						0.	0.	0.
BONNIE RODNESS BOARD MEMBER	1.00	X						0.	0.	0.
TOM RICKERS BOARD MEMBER	1.00	X						0.	0.	0.
DAVE TREHEY BOARD MEMBER	1.00	X						0.	0.	0.
JUSTIN WAMPACH BOARD MEMBER	1.00	X						0.	0.	0.
BRUCE WATKINS BOARD MEMBER	1.00	X						0.	0.	0.
JULIE WHITNEY BOARD MEMBER	1.00	X						0.	0.	0.
GREG VANDAL BOARD MEMBER	1.00	X						0.	0.	0.
1b Total								316,631.	0.	11,476.

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

Section B. Independent Contractors

- 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization **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**

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Form 990 (2009)

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	1 a	Federated campaigns	1a	17,883.				
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	73,754.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,717,215.				
	g	Noncash contributions included in lines 1a-1f \$		5,000.				
	h	Total. Add lines 1a-1f		3,808,852.				
Program Service Revenue	2 a	MISCELLANEOUS FEES	Business Code 900099	8,819.	8,819.			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		8,819.				
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		86,963.			86,963.
4		Income from investment of tax-exempt bond proceeds						
5		Royalties						
6 a		Gross Rents	(i) Real	(ii) Personal				
		b	Less rental expenses					
		c	Rental income or (loss)					
		d	Net rental income or (loss)					
7 a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		b	Less cost or other basis and sales expenses		6,493.			
		c	Gain or (loss)		<6,493.>			
		d	Net gain or (loss)		<6,493.>			<6,493.>
8 a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
		b	Less direct expenses	b				
		c	Net income or (loss) from fundraising events					
9 a		Gross income from gaming activities See Part IV, line 19	a					
		b	Less direct expenses	b				
		c	Net income or (loss) from gaming activities					
10 a		Gross sales of inventory, less returns and allowances	a					
		b	Less cost of goods sold	b				
		c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue			Business Code					
11 a	DESIGNATION PROCESSING	900099	47,745.	47,745.				
	b							
	c							
	d	All other revenue						
	e	Total. Add lines 11a-11d		47,745.				
12	Total revenue. See instructions.		3,945,886.	56,564.	0.	80,470.		

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	2,492,054.	2,492,054.		
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	340,192.	120,539.	89,953.	129,700.
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	395,775.	170,357.	85,680.	139,738.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	19,547.	7,617.	4,709.	7,221.
9 Other employee benefits	31,284.	11,912.	8,316.	11,056.
10 Payroll taxes	57,948.	22,906.	13,832.	21,210.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	8,521.		8,521.	
g Other	56,780.	22,868.	9,371.	24,541.
12 Advertising and promotion	17,704.	9,403.	1,440.	6,861.
13 Office expenses	20,050.	4,706.	9,555.	5,789.
14 Information technology				
15 Royalties				
16 Occupancy	75,866.	31,075.	17,601.	27,190.
17 Travel	6,310.	1,978.	809.	3,523.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	16,236.	11,244.	846.	4,146.
20 Interest				
21 Payments to affiliates	37,160.	14,332.	9,835.	12,993.
22 Depreciation, depletion, and amortization	27,483.	11,027.	6,470.	9,986.
23 Insurance	5,486.	2,060.	1,347.	2,079.
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 BOOKS	231,546.	231,546.		
b EQUIPMENT REPAIRS & MAINTENANCE	37,240.	16,275.	7,422.	13,543.
c PRINTING	23,291.	9,624.	909.	12,758.
d MOVING	12,655.	4,755.	3,106.	4,794.
e TRAINING	10,938.	3,564.	3,547.	3,827.
f All other expenses	4,697.	1,811.	1,243.	1,643.
25 Total functional expenses Add lines 1 through 24f	3,928,763.	3,201,653.	284,512.	442,598.
26 Joint costs Check here ☐ 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		1	
	2 Savings and temporary cash investments	694,065.	2	615,654.
	3 Pledges and grants receivable, net	1,219,037.	3	1,265,672.
	4 Accounts receivable, net	2,020.	4	26,479.
	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	41,235.	9	50,138.
	10a Land, buildings, and equipment - cost or other basis. Complete Part VI of Schedule D	10a 219,520.		
	b Less accumulated depreciation	10b 164,792.	59,062.	10c 54,728.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	2,078,693.	12	2,204,672.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	2,959.	15	0.
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,097,071.	16	4,217,343.	
Liabilities	17 Accounts payable and accrued expenses	66,964.	17	80,635.
	18 Grants payable		18	
	19 Deferred revenue	54,274.	19	93,170.
	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		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	176,695.	25	161,879.
	26 Total liabilities. Add lines 17 through 25	297,933.	26	335,684.
	Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets		1,852,987.	27	1,819,800.
28 Temporarily restricted net assets		1,900,786.	28	2,015,394.
29 Permanently restricted net assets		45,365.	29	46,465.
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		3,799,138.	33	3,881,659.
34 Total liabilities and net assets/fund balances	4,097,071.	34	4,217,343.	

Form 990 (2009)

Part XI Financial Statements and Reporting

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?

b Were the organization's financial statements audited by an independent accountant? ..

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

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?

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

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2009)

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

UNITED WAY OF CENTRAL MINNESOTA

Employer identification number

41-0915124

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?
- (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?

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

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

Schedule A (Form 990 or 990-EZ) 2009

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.")	3870296.	4426385.	4092768.	3873361.	3808852.	20071662.
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	3870296.	4426385.	4092768.	3873361.	3808852.	20071662.
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)						68,008.
6 Public support. Subtract line 5 from line 4						20003654.

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	3870296.	4426385.	4092768.	3873361.	3808852.	20071662.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	74,948.	104,550.	76,012.	89,891.	86,963.	432,364.
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						20504026.
12 Gross receipts from related activities, etc. (see instructions)					12	311,372.
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	97.56 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	95.87 %
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 ☐		

Schedule A (Form 990 or 990-EZ) 2009

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 CENTRAL MINNESOTA

Employer identification number

41-0915124

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) | ☐ Preservation of an historically important land area |
| ☐ Protection of natural habitat | ☐ Preservation of a certified historic structure |
| ☐ Preservation of open space | |
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

- | | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 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

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

	Amount
1c	
1d	
1e	
1f	

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

b If "Yes," explain the arrangement in Part 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	49,142.	44,242.			
b Contributions	1,100.	6,135.			
c Net investment earnings, gains, and losses	888.	<1,175.>			
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses	56.	60.			
g End of year balance	51,074.	49,142.			

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ .00 %
 b Permanent endowment ▶ 100.00 %
 c Term endowment ▶ %

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

- (i) unrelated organizations
 (ii) related organizations

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

	Yes	No
3a(i)	X	
3a(ii)		X
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				
b Buildings				
c Leasehold improvements				
d Equipment		219,520.	164,792.	54,728.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶ 54,728.

Schedule D (Form 990) 2009

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		
VARIOUS SECURITIES	2,204,672.	END-OF-YEAR MARKET VALUE
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)	2,204,672.	

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	
DESIGNATIONS PAYABLE	161,879.
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	161,879.

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	3,945,886.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,928,763.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	17,123.
4	Net unrealized gains (losses) on investments	4	65,398.
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	65,398.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	82,521.

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	3,684,892.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
a	Net unrealized gains on investments	2a	65,398.
b	Donated services and use of facilities	2b	64,351.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	129,749.
3	Subtract line 2e from line 1	3	3,555,143.
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	390,743.
c	Add lines 4a and 4b	4c	390,743.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,945,886.

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

1	Total expenses and losses per audited financial statements	1	3,602,371.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	64,351.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	64,351.
3	Subtract line 2e from line 1	3	3,538,020.
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	390,743.
c	Add lines 4a and 4b	4c	390,743.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,928,763.

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 V, LINE 4: THE OPERATING ENDOWMENT FUND WAS ESTABLISHED TO

ACCUMULATE SUFFICIENT CAPITAL TO FUND OPERATING EXPENSES FROM THE ANNUAL EARNINGS.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DESIGNATIONS TO OTHER AGENCIES: 390743.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

Part XIV Supplemental Information (continued)

DESIGNATIONS TO OTHER AGENCIES: 390743.

PART XI, LINE 8 - UNREALIZED INVESTMENT GAINS.

SCH D, PART XII, LINE 4B & PART XIII, LINE 4B - DESIGNATION TO OTHER
AGENCIES ARE REPORTED NET ON THE FINANCIAL STATEMENTS AND GROSS ON THE
990.

**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 CENTRAL MINNESOTA

Part I General Information on Grants and Assistance

Employer identification number
41-0915124

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

☒ Yes ☐ No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. 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
CATHOLIC CHARITIES PO BOX 2390 ST CLOUD, MN 56302-2390	41-0737799	501(C)(3)	502,927.	0.			CHARITABLE PROGRAM GRANTS AND/OR DONOR DESIGNATIONS.
BOYS & GIRLS CLUB OF CENTRAL MN 345 30TH AVE N ST. CLOUD, MN 56303	41-1245177	501(C)(3)	272,134.	0.			CHARITABLE PROGRAM GRANTS AND/OR DONOR DESIGNATIONS.
BIG BROTHERS/BIG SISTERS 15 6TH AVE N ST. CLOUD, MN 56303	41-0972056	501(C)(3)	171,400.	0.			CHARITABLE PROGRAM GRANTS AND/OR DONOR DESIGNATIONS.
ST CLOUD AREA FAMILY YMCA 1530 NORTHWAY DR ST. CLOUD, MN 56303	41-0952420	501(C)(3)	133,768.	0.			CHARITABLE PROGRAM GRANTS AND/OR DONOR DESIGNATIONS.
SALVATION ARMY PO BOX 1034 ST. CLOUD, MN 56302	41-0698597	501(C)(3)	132,430.	0.			CHARITABLE PROGRAM GRANTS AND/OR DONOR DESIGNATIONS.
ANNA MARIE'S ALLIANCE PO BOX 367 ST. CLOUD, MN 56302-0367	41-1344743	501(C)(3)	93,505.	0.			CHARITABLE PROGRAM GRANTS AND/OR DONOR DESIGNATIONS.

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

39.

3 Enter total number of other organizations

0.

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

Schedule I (Form 990) 2009

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: UNITED WAY VOLUNTEERS, WITH THE SUPPORT OF UNITED WAY STAFF, PERFORM AN IN-DEPTH REVIEW AND ALLOCATE UNDESIGNATED DONOR CONTRIBUTIONS TO LOCAL PROGRAMS THAT ARE MEETING IDENTIFIED COMMUNITY NEEDS AND ACHIEVING POSITIVE RESULTS.

**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 CENTRAL MINNESOTA

Employer identification number
41-0915124

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
TRI-CAP 1210 23RD AVENUE SOUTH WAITE PARK, MN 56387	41-6049739	501(C)(3)	91,054.	0.			CHARITABLE PROGRAM GRANTS AND/OR DONOR DESIGNATIONS.
AMERICAN RED CROSS 1301 W ST. GERMAIN ST. CLOUD, MN 56301	53-0196605	501(C)(3)	87,887.	0.			CHARITABLE PROGRAM GRANTS AND/OR DONOR DESIGNATIONS.
GIRL SCOUTS OF MN & WI LAKES & PINES - 400 SECOND AVENUE SOUTH - WAITE PARK, MN 56387	41-0877820	501(C)(3)	72,108.	0.			CHARITABLE PROGRAM GRANTS AND/OR DONOR DESIGNATIONS.
BOY SCOUTS OF AMERICA 1191 SCOUT DRIVE SARTELL, MN 56377	22-1576300	501(C)(3)	67,823.	0.			CHARITABLE PROGRAM GRANTS AND/OR DONOR DESIGNATIONS.
ST CLOUD AREA LEGAL SERVICES PO BOX 886 ST CLOUD, MN 56302	41-1412710	501(C)(3)	60,781.	0.			CHARITABLE PROGRAM GRANTS AND/OR DONOR DESIGNATIONS.
UNITED CEREBRAL PALSY OF MN 510 25 AVE N ST. CLOUD, MN 56303-3255	41-0807591	501(C)(3)	55,217.	0.			CHARITABLE PROGRAM GRANTS AND/OR DONOR DESIGNATIONS.
ARC MIDSTATE PO BOX 251 ST. CLOUD, MN 56302	23-7577023	501(C)(3)	51,826.	0.			CHARITABLE PROGRAM GRANTS AND/OR DONOR DESIGNATIONS.
ECFE-SAUK RAPIDS SCHOOLS 30 S 4TH AVE SAUK RAPIDS, MN 56379	41-6000219	501(C)(3)	51,727.	0.			CHARITABLE PROGRAM GRANTS AND/OR DONOR DESIGNATIONS.

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

Schedule I-1 (Form 990) 2009

Name of the organization

UNITED WAY OF CENTRAL MINNESOTA

Employer identification number
41-0915124

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
SCSU FOUNDATION 720 4TH AVE S SAINT CLOUD, MN 56301	41-6019040	501(C)(3)	50,000.	0.			CHARITABLE PROGRAM GRANTS AND/OR DONOR DESIGNATIONS.
CENTRAL MN COUNCIL ON AGING 1301 W ST GERMAIN STREET STE 101 ST CLOUD, MN 56301	36-3338395	501(C)(3)	44,726.	0.			CHARITABLE PROGRAM GRANTS AND/OR DONOR DESIGNATIONS.
LUTHERAN SOCIAL SERVICE-ST CLOUD PO BOX 6069 ST CLOUD, MN 56302-6069	41-1568278	501(C)(3)	41,549.	0.			CHARITABLE PROGRAM GRANTS AND/OR DONOR DESIGNATIONS.
RETIRED & SENIOR VOLUNTEER PROGRAM 1529 NORTHWAY DRIVE ST. CLOUD, MN 56303	41-6005515	501(C)(3)	34,733.	0.			CHARITABLE PROGRAM GRANTS AND/OR DONOR DESIGNATIONS.
NEW BEGINNINGS 40 25TH AVE N ST CLOUD, MN 56303	36-3208335	501(C)(3)	32,339.	0.			CHARITABLE PROGRAM GRANTS AND/OR DONOR DESIGNATIONS.
INDEPENDENT LIFESTYLES 519 2ND ST N ST. CLOUD, MN 56303	41-1871141	501(C)(3)	31,201.	0.			CHARITABLE PROGRAM GRANTS AND/OR DONOR DESIGNATIONS.
REACH UP INC - KINDERSTART 1250 JOHNSON ROAD ST. CLOUD, MN 56304	41-0004214	501(C)(3)	30,126.	0.			CHARITABLE PROGRAM GRANTS AND/OR DONOR DESIGNATIONS.
CENTRAL MN SEXUAL ASSAULT CTR 15 RIVERSIDE DR NE ST. CLOUD, MN 56304-0435	41-1490431	501(C)(3)	27,713.	0.			CHARITABLE PROGRAM GRANTS AND/OR DONOR DESIGNATIONS.

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

Schedule I-1 (Form 990) 2009

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 CENTRAL MINNESOTA

Employer identification number
41-0915124

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	
ARISE 3015 3RD ST N ST. CLOUD, MN 56303	41-6003926	501(C)(3)	25,931.	0.			CHARITABLE PROGRAM GRANTS AND/OR DONOR DESIGNATIONS.	
WHITNEY SENIOR CENTER 1527 NORTHWAY DR ST. CLOUD, MN 56303-1217	41-6005515	501(C)(3)	24,466.	0.			CHARITABLE PROGRAM GRANTS AND/OR DONOR DESIGNATIONS.	
HOUSING COALITION PO BOX 607 ST CLOUD, MN 56302-0607	36-3580460	501(C)(3)	23,646.	0.			CHARITABLE PROGRAM GRANTS AND/OR DONOR DESIGNATIONS.	
WACOSA 320 SUNDIAL DR WAITE PARK, MN 56387	41-0871466	501(C)(3)	23,330.	0.			CHARITABLE PROGRAM GRANTS AND/OR DONOR DESIGNATIONS.	
GREATER TWIN CITIES UNITED WAY PO BOX 2949 MINNEAPOLIS, MN 55402-0949	41-1973442	501(C)(3)	22,308.	0.			CHARITABLE PROGRAM GRANTS AND/OR DONOR DESIGNATIONS.	
CHILD CARE CHOICES, INC. 2901 CLEARWATER ROAD ST CLOUD, MN 56301	41-1321820	501(C)(3)	20,976.	0.			CHARITABLE PROGRAM GRANTS AND/OR DONOR DESIGNATIONS.	
SENIOR HELPING HANDS 713 ANDERSON AVE ST. CLOUD, MN 56303	41-0695596	501(C)(3)	20,400.	0.			CHARITABLE PROGRAM GRANTS AND/OR DONOR DESIGNATIONS.	
ARTHRITIS FOUNDATION/MN CHAPTER 1876 MINNEHAHA AVE W ST PAUL, MN 55104	41-0762517	501(C)(3)	18,695.	0.			CHARITABLE PROGRAM GRANTS AND/OR DONOR DESIGNATIONS.	

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

Schedule I-1 (Form 990) 2009

Name of the organization

UNITED WAY OF CENTRAL MINNESOTA

Employer identification number
41-0915124

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
MENTAL HEALTH ASSOC. OF MN 2021 E HENNEPIN AVE STE 412 MINNEAPOLIS, MN 55413	41-0722639	501(C)(3)	17,850.	0.			CHARITABLE PROGRAM GRANTS AND/OR DONOR DESIGNATIONS.
ST CLOUD HOSP-HOME DELIVERED MEALS 1406 N 6TH AVE ST CLOUD, MN 56303	41-0695596	501(C)(3)	17,533.	0.			CHARITABLE PROGRAM GRANTS AND/OR DONOR DESIGNATIONS.
GREAT RIVER AREA FAITH IN ACTION 13074 EDGEWOOD ST BECKER, MN 55308	20-2223330	501(C)(3)	16,200.	0.			CHARITABLE PROGRAM GRANTS AND/OR DONOR DESIGNATIONS.
CENTRAL MN COMMUNITY FOUNDATION 101 S 7TH AVE STE 100 ST CLOUD, MN 56301	36-3412544	501(C)(3)	15,988.	0.			CHARITABLE PROGRAM GRANTS AND/OR DONOR DESIGNATIONS.
ST CLOUD HOSPITAL 1406 6TH AVE N ST CLOUD, MN 56303	41-0695596	501(C)(3)	11,785.	0.			CHARITABLE PROGRAM GRANTS AND/OR DONOR DESIGNATIONS.
CENTRACARE FOUNDATION 1406 6TH AVE N ST CLOUD, MN 56303	41-1855173	501(C)(3)	9,881.	0.			CHARITABLE PROGRAM GRANTS AND/OR DONOR DESIGNATIONS.
CHILDREN'S HOME SOC. & FAMILY SVCS 1605 EUSTIS ST ST. PAUL, MN 55108	41-0693906	501(C)(3)	8,443.	0.			CHARITABLE PROGRAM GRANTS AND/OR DONOR DESIGNATIONS.
CELEBRATION LUTHERAN CHURCH 1500 PINE CONE ROAD NORTH SARTELL, MN 56377	41-1491613	501(C)(3)	7,500.	0.			CHARITABLE PROGRAM GRANTS AND/OR DONOR DESIGNATIONS.

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

Schedule I-1 (Form 990) 2009

UNITED WAY OF CENTRAL MINNESOTA

Schedule I-1 (Form 990) 2009

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.
▶ See the Instructions for Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the Organization

UNITED WAY OF CENTRAL MINNESOTA

Employer Identification number
41-0915124

Part I	Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
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[illegible]

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

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

OMB No 1545-0047

2009

Open To Public
Inspection

Name of the organization

UNITED WAY OF CENTRAL MINNESOTA

Employer identification number

41-0915124

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefiting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
VARIOUS	DIRECTOR/KEY EMPLOY	0.	VARIOUS DIR		X

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

Schedule L (Form 990 or 990-EZ) 2009

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

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 CENTRAL MINNESOTA

Employer identification number
41-0915124

FORM 990, PART VI, SECTION B, LINE 11: THE 990 TAX RETURN IS REVIEWED BY THE FINANCE DIRECTOR AND FINANCE COMMITTEE, THEN SUBMITTED TO THE BOARD OF DIRECTORS FOR APPROVAL PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: ALL OFFICERS, DIRECTORS AND KEY EMPLOYEES COMPLETE CONFLICT OF INTEREST AND BUSINESS & FAMILY RELATIONSHIP REPORTING FORMS ANNUALLY. BOARD MEMBERS ABSTAIN FROM VOTING ON ANY ISSUES IN WHICH THEY MAY HAVE A CONFLICT OF INTEREST OR BENEFIT FROM FINANCIALLY.

FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF DIRECTORS PERFORM AN INDEPENDENT, ANNUAL EVALUATION ON THE CEO'S PERFORMANCE. IN ADDITION, AN ADVISORY COMMITTEE CONSISTING OF LOCAL HUMAN RESOURCE SPECIALISTS AND AN EMPLOYMENT ATTORNEY LOOK AT LOCAL, REGIONAL AND NATIONAL DATA FOR COMPARABLE POSITIONS IN THE NON-PROFIT INDUSTRY. CONSIDERATION IS ALSO GIVEN TO THE CONSERVATIVE NATURE OF OUR COMMUNITY AND THE BUDGET CONSTRAINTS OF THE ORGANIZATION. THE HR COMMITTEE THEN MAKES COMPENSATION RECOMMENDATIONS TO THE BOARD OF DIRECTORS WHO ESTABLISH THE CEO'S COMPENSATION BASED ON ALL THESE FACTORS.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. THE FINANCIAL STATEMENTS ARE ALSO AVAILABLE ON THE ORGANIZATION'S OWN WEBSITE.

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: VARIOUS

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 CENTRAL MINNESOTA

Employer identification number
41-0915124

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

DIRECTOR/KEY EMPLOYEES

(D) DESCRIPTION OF TRANSACTION: VARIOUS DIRECTORS AND/OR KEY EMPLOYEES

SERVE AS EITHER OFFICERS, EMPLOYEES, OR PARTNERS OF ENTITIES THAT DO
BUSINESS WITH THE ORGANIZATION. ALL TRANSACTIONS, SUCH AS NEWSPAPER
ADVERTISING, BANKING SERVICES, LEASED COMPUTER EQUIPMENT, AND MANAGED
SERVICES, OCCUR IN THE NORMAL COURSE OF BUSINESS. PURCHASES FROM THESE
ORGANIZATIONS ARE AT OR BELOW COMPETITIVE/FAIR MARKET VALUES. THESE
INDIVIDUALS DO NOT PARTICIPATE IN OR HAVE INFLUENCE OVER PURCHASING
DECISIONS THAT AFFECT THEIR RELATED ORGANIZATIONS.

FOOTNOTES

STATEMENT 1

PRIMARY EXEMPT PURPOSE

UNITED WAY OF CENTRAL MINNESOTA BRINGS TOGETHER PEOPLE AND RESOURCES TO DEVELOP SOLUTIONS TO COMMUNITY ISSUES AND TO IMPROVE THE QUALITY OF LIFE FOR THE PEOPLE OF CENTRAL MINNESOTA.

PROGRAM SERVICE ACCOMPLISHMENTS #1

2,689,595.

UNITED WAY VOLUNTEERS, WITH THE SUPPORT OF UNITED WAY STAFF, PERFORM AN IN-DEPTH REVIEW AND ALLOCATE UNDESIGNATED DONOR CONTRIBUTIONS TO LOCAL PROGRAMS THAT ARE MEETING IDENTIFIED COMMUNITY NEEDS AND ACHIEVING POSITIVE RESULTS IN THE FOLLOWING AREAS:

EDUCATION - HELPING CHILDREN AND YOUTH FIND THEIR POTENTIAL
INCOME - PROMOTING FINANCIAL STABILITY LEADING TOWARDS
INDEPENDENCE

HEALTH - IMPROVING PEOPLE'S EMOTIONAL, MENTAL AND PHYSICAL
WELL-BEING

MEETING BASIC NEEDS - WORKING TO ENSURE A COMMUNITY SAFETY
NET

UNITED WAY ALSO PROVIDES DONORS WITH THE OPPORTUNITY TO DESIGNATE THEIR CONTRIBUTIONS TO OTHER ELIGIBLE CHARITABLE ORGANIZATIONS. DESIGNATIONS IN THE CURRENT YEAR WERE \$390,743.

PROGRAM SERVICE ACCOMPLISHMENT #2

300,229.

THE SUCCESS BY 6 INITIATIVE BUILDS COMMUNITY SUPPORT FOR CHILDREN DURING THE FORMATIVE YEARS THAT INFLUENCE THEIR ENTIRE LIVES. SERVICES INCLUDE THE IMAGINATION LIBRARY BOOK PROGRAM, EDUCATIONAL SESSIONS FOR PARENTS AND CHILD CARE PROVIDERS AND HELPING PARENTS ACCESS INFORMATION ON COMMUNITY SERVICES. THE GOAL IS TO HELP ALL CHILDREN BE PREPARED FOR SUCCESS IN SCHOOL AND LIFE.

PROGRAM SERVICE ACCOMPLISHMENT #3

97,534.

UNITED WAY 2-1-1 IS A 24/7, FREE AND CONFIDENTIAL COMMUNITY HELPLINE. BY DIALING 2-1-1 OR TOLL FREE 1-800-543-7709, A CALLER IS CONNECTED WITH A CALL SPECIALIST WHO LISTENS AND PROVIDES INFORMATION ON LOCAL HUMAN SERVICES THAT CAN HELP THEM, THEIR FAMILY OR PEOPLE THEY CARE ABOUT. UNITED WAY 2-1-1 CAN CONNECT INDIVIDUALS TO RESOURCES DEALING WITH FAMILY CONCERNS, HOUSING ASSISTANCE, FOOD, HEALTH SERVICES, LEGAL HELP, VOLUNTEER OPPORTUNITIES AND MORE.

PROGRAM SERVICE ACCOMPLISHMENT #4

114,295.

UNITED WAY VOLUNTEER CENTRAL INCREASES AND ENCOURAGES VOLUNTEERISM BY ORGANIZING GROUP VOLUNTEER PROJECTS IN THE COMMUNITY TO ADDRESS TARGETED COMMUNITY ISSUES AND ENGAGE COMMUNITY MEMBERS IN ADDRESSING THE NEEDS. MORE THAN 100 LOCAL NONPROFIT ORGANIZATIONS ARE ALSO LISTED ON UNITED WAY'S WEBSITE TO PROMOTE THEIR AVAILABLE VOLUNTEER OPPORTUNITIES TO INDIVIDUALS, GROUPS AND COMPANIES IN THE COMMUNITY.

3,201,653.

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

UNITED WAY OF CENTRAL MINNESOTA

FORM 990 PAGE 10

41-0915124

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	24,195.

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		14,782.	3.0	MM	SL	3,166.
b 5-year property						
c 7-year property		5,632.	7.0	MM	SL	45.
d 10-year property		9,228.	10.0	MM	SL	77.
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	27,483.
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
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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.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
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

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No 1545-1709

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization	Employer identification number
	UNITED WAY OF CENTRAL MINNESOTA	41-0915124
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions	
	3001 CLEARWATER RD, NO. 201	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	ST. CLOUD, MN 56301	

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|---|------------------------------------|
| ☒ Form 990 | ☐ Form 990-T (corporation) | ☐ Form 4720 |
| ☐ Form 990-BL | ☐ Form 990-T (sec. 401(a) or 408(a) trust) | ☐ Form 5227 |
| ☐ Form 990-EZ | ☐ Form 990-T (trust other than above) | ☐ Form 6069 |
| ☐ Form 990-PF | ☐ Form 1041-A | ☐ Form 8870 |

JOANN HENRY

- The books are in the care of ▶ **3001 CLEARWATER RD, STE#201 - ST CLOUD, MN 56301**
- Telephone No ▶ **320-252-0227** FAX No ▶ _____

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2011**, to file the exempt organization return for the organization named above. The extension is for the organization's return for

- ▶ ☐ calendar year _____ or
▶ ☒ tax year beginning **JUL 1, 2009**, and ending **JUN 30, 2010**

- 2 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$
c	Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$ N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)