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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

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

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the **2009** calendar year, or tax year beginning **JUL 1, 2009** and ending **JUN 30, 2010****B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated return
☐ Amended return
☐ Application pending

Please use IRS label or print or type

See Specific Instructions

C Name of organization**SOUTHWEST MINNESOTA PRIVATE INDUSTRY COUNCIL, INC.**

Doing Business As

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

607 WEST MAIN STREET

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

MARSHALL, MN 56258**F** Name and address of principal officer **JUANITA LAURITSEN****SAME AS C ABOVE****D** Employer identification number**41-1487964****E** Telephone number**(507) 537-6987****G** Gross receipts \$ **9,173,649.****H(a)** Is this a group return

for affiliates?

☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

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

H(c) Group exemption number ▶**I** Tax-exempt status ☒ 501(c) (**3**) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.SWMNPIC.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1984** **M** State of legal domicile: **MN****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities PROVIDE EMPLOYMENT AND TRAINING SERVICES TO RESIDENTS AND BUSINESSES ACROSS SOUTHWESTERN 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	7
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	6
	5	Total number of employees (Part V, line 2a)	5	340
	6	Total number of volunteers (estimate if necessary)	6	6
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 3,957,785.	Current Year 9,102,656.
	9	Program service revenue (Part VIII, line 2g)	95,482.	58,203.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,832.	2,333.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11a)	43,656.	10,457.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,101,755.	9,173,649.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,700,954.	5,465,478.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,542,678.	2,434,215.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	834,482.	1,213,233.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	4,078,114.	9,112,926.
	19	Revenue less expenses Subtract line 18 from line 12	23,641.	60,723.
	Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 1,621,313.
21		Total liabilities (Part X, line 26)	1,199,114.	1,212,210.
22		Net assets or fund balances Subtract line 21 from line 20	422,199.	607,651.

Part II Signature Block

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

Sign Here ▶ *John A Roiger* **Signature of officer** **2/8/11** **Date**

▶ **JOHN ROIGER, BOARD CHAIR** **Type or print name and title**

Paid Preparer's Use Only

Preparer's signature ▶ *Larson Allen KLP* **Date** **1/20/11** **Check if self-employed** ☐ **Preparer's identifying number (see instructions)**

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ **LARSON ALLEN KLP**
818 SECOND ST. SO., SUITE 320
WAITE PARK, MN 56387

EIN ▶ **320-203-5500** **Phone no.** ▶ **320-203-5500**

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

☒ Yes ☐ No

917 17

SCANNED MAR 10 2011

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission.

**BUILDING TOMORROW'S WORKFORCE THROUGH TRAINING, LEADERSHIP, AND
ECONOMIC DEVELOPMENT.**

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

☒ Yes ☐ No

If "Yes," describe these new services on Schedule O

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

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

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

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code) (Expenses \$ 4,137,898. including grants of \$ 3,477,726.) (Revenue \$ 0.)

**WIRED (WORKFORCE INNOVATIONS IN REGIONAL ECONOMIC DEVELOPMENT) GRANT:
1. PROVIDE JOB TRAINING AND RELATED ACTIVITIES TO ASSIST WORKERS IN
GAINING SKILLS AND COMPETENCIES NEEDED TO OBTAIN / UPGRADE EMPLOYMENT
POSITIONS IN HIGH GROWTH INDUSTRIES. 2. ASSIST IN DEVELOPMENT AND
IMPLEMENTATION OF MODEL ACTIVITIES IN HIGH GROWTH INDUSTRIES AND
ECONOMIC SECTORS. SUBGRANTEES SERVED: 31**

4b (Code) (Expenses \$ 2,313,125. including grants of \$ 1,130,694.) (Revenue \$ 0.)

**WORKFORCE INVESTMENT ACT (WIA): PROVIDE CORE AND TRAINING SERVICES TO
ELIGIBLE PARTICIPANTS UNDER WIA GUIDELINES. WIA IS FUNDED THROUGH THE
DEPARTMENT OF LABOR AND IS DESIGNED TO ASSIST INDIVIDUALS WITH TRAINING
AND SKILLS TO MAKE THEM MORE EMPLOYABLE.****THE ADULT SERVICES PROVIDED THROUGH THE PIC ARE DESIGNED TO HELP
INDIVIDUALS OBTAIN THE SKILLS NEEDED FOR EMPLOYMENT. THIS WILL HELP
INCREASE THE STANDARD OF LIVING FOR THE PERSON THROUGH GAINING ENHANCED
SKILLS FOR JOBS IN ORDER FOR THE INDIVIDUAL TO BECOME SELF-SUFFICIENT.
FOR ADULT SERVICES AN INDIVIDUAL MUST BE AT LEAST 18 YEARS OLD AND MEET
LOCAL PRIORITY GROUPS AND INCOME GUIDELINES FOR CERTAIN SERVICES UNDER
WIA. VETERANS ARE GIVEN PRIORITY SERVICE IN BOTH ADULT AND DISLOCATED**

4c (Code) (Expenses \$ 1,237,747. including grants of \$ 380,534.) (Revenue \$ 0.)

**FSET (FOOD SUPPORT EMPLOYMENT & TRAINING PROGRAM) & MFIP / DWP
(MINNESOTA FAMILY INVESTMENT PROGRAM / DIVERSIONARY WORK PROGRAM):
CONTRACTED BY 14 COUNTIES TO PROVIDE TRAINING AND SUPPORT FOR ELIGIBLE
PARTICIPANTS. PARTICIPANTS SERVED: 1,733****MFIP/DWP/FSS IS A COMPREHENSIVE, WORK-FOCUSED, WELFARE REFORM PROGRAM
FOR FAMILIES FOR JOB SKILL DEVELOPMENT, WORK EXPERIENCE OPPORTUNITIES
AND TO DEVELOP WORK HISTORY. THE PROGRAM PROVIDES SUPPORT SERVICES TO
ALLOW INDIVIDUALS TO MEET THEIR EMPLOYMENT PLANS. THE INTENT IS TO
INCREASE INCOME WHILE PROMOTING SELF-ESTEEM AND INDEPENDENCE AND
EVENTUALLY MOVING FAMILIES OFF THE PUBLIC ASSISTANCE PROGRAMS.**

4d Other program services (Describe in Schedule O)

(Expenses \$ 1,034,738. including grants of \$ 476,524.) (Revenue \$ 64,696.)

4e Total program service expenses ► \$ 8,723,508.

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>	1 X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	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>	8	X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	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>	10	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>	11 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>	12 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>	12A Yes No X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	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>	19	X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	20	X

Part IV Checklist of Required Schedules (continued)

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

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

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.	29	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
1c	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.	340	
2b	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
3b	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
4b	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
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	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
6b	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).		
7a	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
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		

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	7	
1b Enter the number of voting members that are independent	6	
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 ►
PAM RUSSELL - (507) 537-6987
607 WEST MAIN STREET, MARSHALL, MN 56258

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

[illegible]

**SOUTHWEST MINNESOTA PRIVATE INDUSTRY
COUNCIL, INC.**

Form 990 (2009)

41-1487964 Page **8**

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			
1b Total								118,768.	0.	19,279.

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? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
TERESA KITTRIDGE 10840 NORTH SHORE ROAD, WACONIA, MN 55387	WIRED PROJECT MGR	158,748.

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 **1**

**SOUTHWEST MINNESOTA PRIVATE INDUSTRY
COUNCIL, INC.**

Form 990 (2009)

41-1487964 Page **9**

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	4,130.				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	9019898.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	78,628.				
	g Noncash contributions included in lines 1a-1f \$						
h Total. Add lines 1a-1f				9102656.			
Program Service Revenue	2 a <u>CONTRACTED SERVICES</u>	Business Code	561000	58,203.	58,203.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			58,203.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			2,333.			2,333.
	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)			6,493.			
	d Net rental income or (loss)				6,493.	6,493.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)						
	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							
11 a <u>OTHER REVENUE</u>	Business Code	900099	3,964.			3,964.	
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			3,964.				
12 Total revenue. See instructions.			9173649.	64,696.	0.	6,297.	

**SOUTHWEST MINNESOTA PRIVATE INDUSTRY
COUNCIL, INC.**

Form 990 (2009)

41-1487964 Page 10

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	3,477,726.	3,477,726.		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	1,987,752.	1,987,752.		
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	158,115.	3,524.	154,591.	
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	1,874,277.	1,798,772.	75,505.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	46,335.	43,083.	3,252.	
9 Other employee benefits	200,021.	188,421.	11,600.	
10 Payroll taxes	155,467.	127,577.	27,890.	
11 Fees for services (non-employees)				
a Management				
b Legal	175.		175.	
c Accounting	25,100.		25,100.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	466,878.	453,397.	13,481.	
12 Advertising and promotion	240,407.	239,934.	473.	
13 Office expenses	128,648.	113,983.	14,665.	
14 Information technology	1,993.	1,734.	259.	
15 Royalties				
16 Occupancy	66,500.	57,179.	9,321.	
17 Travel	122,683.	109,000.	13,683.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	30,099.	29,029.	1,070.	
20 Interest	20,407.	562.	19,845.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	33,614.	30,253.	3,361.	
23 Insurance	11,774.	7,866.	3,908.	
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/TRAINING MTRLS	27,809.	27,529.	280.	
b DUES & SUBSCRIPTIONS	18,772.	10,475.	8,297.	
c STAFF TRAINING	17,715.	15,712.	2,003.	
d CLIENT SERVICES	659.		659.	
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	9,112,926.	8,723,508.	389,418.	0.
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				

**SOUTHWEST MINNESOTA PRIVATE INDUSTRY
COUNCIL, INC.**

Form 990 (2009)

41-1487964 Page 11

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	3,200.	1	3,200.
	2 Savings and temporary cash investments	417,783.	2	97,346.
	3 Pledges and grants receivable, net	560,585.	3	1,085,290.
	4 Accounts receivable, net	10,154.	4	6,669.
	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	18,873.	7	17,645.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	39,605.	9	29,167.
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	816,931.		
	10b Less accumulated depreciation	236,387.	10c	580,544.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities See Part IV, line 11		12	
	13 Investments - program-related See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,621,313.	16	1,819,861.	
Liabilities	17 Accounts payable and accrued expenses	527,032.	17	535,699.
	18 Grants payable		18	
	19 Deferred revenue	219,871.	19	82,354.
	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	452,211.	23	397,261.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities Complete Part X of Schedule D	0.	25	196,896.
	26 Total liabilities. Add lines 17 through 25	1,199,114.	26	1,212,210.
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	348,218.	27	403,198.
	28 Temporarily restricted net assets	73,981.	28	204,453.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	422,199.	33	607,651.
34 Total liabilities and net assets/fund balances	1,621,313.	34	1,819,861.	

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	X	

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 **SOUTHWEST MINNESOTA PRIVATE INDUSTRY
COUNCIL, INC.**

Employer identification number
41-1487964

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? ☐
- (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)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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

SOUTHWEST MINNESOTA PRIVATE INDUSTRY

Schedule A (Form 990 or 990-EZ) 2009 COUNCIL, INC.

41-1487964 Page 2

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	3,146,572.	2,937,317.	3,328,509.	3,957,785.	9,102,656.	22,472,839.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	3,146,572.	2,937,317.	3,328,509.	3,957,785.	9,102,656.	22,472,839.
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)						
6 Public support. Subtract line 5 from line 4						22,472,839.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	3,146,572.	2,937,317.	3,328,509.	3,957,785.	9,102,656.	22,472,839.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	10,789.	9,717.	8,460.	48,488.	8,826.	86,280.
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.)					3,964.	3,964.
11 Total support. Add lines 7 through 10						22,563,083.
12 Gross receipts from related activities, etc. (see instructions)					12	683,385.
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	99.60 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	99.78 %
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 ▶ ☐

OTHER INCOME

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

2009Open to Public
InspectionName of the organization **SOUTHWEST MINNESOTA PRIVATE INDUSTRY
COUNCIL, INC.**Employer identification number
41-1487964**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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

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

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

- (i) unrelated organizations
(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

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

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		50,000.		50,000.
b Buildings		496,404.	50,937.	445,467.
c Leasehold improvements				
d Equipment		270,527.	185,450.	85,077.
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				580,544.

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	9,173,649.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	9,112,926.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	60,723.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	124,729.
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	124,729.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	185,452.

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	9,173,649.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	9,173,649.
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	
c	Add lines 4a and 4b	4c	0.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	9,173,649.

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

1	Total expenses and losses per audited financial statements	1	9,112,926.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	9,112,926.
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	
c	Add lines 4a and 4b	4c	0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	9,112,926.

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.

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 **SOUTHWEST MINNESOTA PRIVATE INDUSTRY
COUNCIL, INC.**

Employer identification number
41-1487964

Part I General Information on Grants and Assistance

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

☒ Yes ☐ No

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

Part II Grants and Other Assistance to 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
MINNESOTA WEST COMMUNITY & TECHNICAL COLLEGE - 1593 11TH AVE. - GRANITE FALLS, MN 56241	41-6007162	GOVERNMENT	414,292.	0.			RENEWABLE ENERGY TRAINING & BIOFUEL INDUSTRY TRAINING
SOUTHWEST INITIATIVE FOUNDATION (SWIF) - 15 THIRD AVE. NW - HUTCHINSON, MN 55350	41-1555592	501(C)3	195,035.	0.			YOUTH DEVELOPMENT
ALEXANDRIA TECHNICAL COLLEGE 1601 JEFFERSTON ST. ALEXANDRIA, MN 56308	41-1687554	GOVERNMENT	149,243.	0.			CURRICULUM DEVELOPMENT & CAREER AWARENESS
BH ELECTRONICS 604 MICHIGAN ROAD MARSHALL, MN 56258	41-6002001		9,574.	0.			CAREER AWARENESS
CENTRAL MN JOBS & TRAINING 406 7TH ST. E., PO BOX 720 MONTICELLO, MN 55362	41-1484048	501(C)3	6,318.	0.			CAREER AWARENESS
MINNESOTA STATE COLLEGES & UNIVERSITIES - ATTN: FINANCIAL COLLECTIONS, 30 6TH ST. E., SUITE 350 - ST. PAUL, MN 55101	41-1687554	GOVERNMENT	97,486.	0.			CAREER AWARENESS

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

▶ 17.

3 Enter total number of other organizations

▶ 9.

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) 2009

**SOUTHWEST MINNESOTA PRIVATE INDUSTRY
COUNCIL, INC.**

41-1487964

Schedule I (Form 990) 2009

Page 2

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
TRAINING WAGE ASSISTANCE	417	83,049.	0.		
TUITION	713	1,168,392.	0.		
LICENSE FEES	43	25,452.	0.		
TRAINING MATERIALS	713	183,385.	0.		
CLIENT TRANSPORTATION	1733	400,370.	0.		
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: THE ORGANIZATION MAY USE TWO TYPES OF

MONITORING, WHICHEVER THEY SEE FIT. 1) THE FISCAL / COMPLIANCE REVIEW, IN WHICH FINANCIAL RECORDS, SYSTEMS, FILES, RECORDS AND POLICIES ARE REVIEWED TO ENSURE THAT THE GRANTEE IS MEETING ITS LEGAL RESPONSIBILITIES. 2) THE SITE VISIT, WHICH INVOLVES DIRECT QUESTIONING / INTERVIEWING PROJECT STAFF, TRAINEES, PROJECT PARTNERS AND OTHER COMMUNITY STAKEHOLDERS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: WORKFORCE DEVELOPMENT, INC.

Name of the organization **SOUTHWEST MINNESOTA PRIVATE INDUSTRY COUNCIL, INC.**

Employer identification number
41-1487964

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
MINNESOTA WEST COMMUNITY & TECHNICAL COLLEGE - 1011 1ST ST. W. - CANBY, MN 56220	41-6007162	GOVERNMENT	134,744.	0.			CAREER AWARENESS & WIND ENERGY DEVELOPMENT COORDINATOR
ST. CLOUD TECHNICAL COLLEGE 1540 NORTHWAY DRIVE ST. CLOUD, MN 56301	41-1687554	GOVERNMENT	7,540.	0.			CAREER AWARENESS
SW/WC SERVICE COOPERATIVE 1420 EAST COLLEGE DRIVE MARSHALL, MN 56258	41-6058410		14,025.	0.			CAREER AWARENESS
TRI-STATE MANUFACTURER'S ASSOCIATION - PO BOX 150 - ELBOW LAKE, MN 56531	41-1992217	501(C)3	19,307.	0.			DREAM IT / DO IT CAREER AWARENESS; CURRICULUM DEVELOPMENT; STRENGTHEN RE PIPELINE PROJECT; SOLAR INSTALLER TECHNOLOGIST DEVELOPMENT PROJECT; ALTERNATIVE/RENEWABLE ENERGY-BASED PROGRAMS;
WORKFORCE DEVELOPMENT, INC. 1302 SEVENTH ST. NW ROCHESTER, MN 55901	41-1484613	501(C)3	389,540.	0.			
MINNESOTA STATE COMMUNITY & TECHNICAL COLLEGE - 1900 28TH AVE. S. - MOORHEAD, MN 56560	41-1687554	GOVERNMENT	372,711.	0.			
LAKES COUNTRY SERVICE COOPERATIVE 1001 E. MOUNT FAITH AVE. FERGUS FALLS, MN 56573	41-1285124		149,270.	0.			STEM - TEACHER ACADEMY
MINNESOTA STATE UNIVERSITY, MANKATO - 116 ALUMNI FOUNDATION CENTER, MINNESOTA STATE UNIVERSITY - MANKATO, MN 56001	41-1687554	GOVERNMENT	159,665.	0.			CURRICULUM DEVELOPMENT; FACILITATE DEVELOPMENT OF ENTREPRENEURS

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

**SOUTHWEST MINNESOTA PRIVATE INDUSTRY
COUNCIL, INC.**

Employer identification number

41-1487964

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
MINNVEST TECHNOLOGY CAMPUS 1700 TECHNOLOGY DR. NE, STE 101 WILLMAR, MN 56201	75-3191105		145,631.	0.			LEARNING CENTER DEVELOPMENT
BENSON PUBLIC SCHOOLS 1400 MONTANA AVE. BENSON, MN 56215	41-6004181	GOVERNMENT	70,503.	0.			STUDENT ETHANOL PRODUCTION
EASY ENERGY SYSTEMS 102 MILL ST. WELCOMBE, MN 56181	20-5449560		72,145.	0.			RENEWABLE ENERGY INTERNSHIPS
SOUTH CENTRAL COLLEGE 1920 LEE BOULEVARD NORTH MANKATO, MN 56003	41-1687554	GOVERNMENT	297,332.	0.			MECHANATRONICS CURRICULUM / TRAINING; SHARED WORK PILOT PROGRAM - PHASE 2
REGENTS OF THE UNIVERSITY OF MINNESOTA (ON BEHALF OF THE MORRIS CAMPUS) - 110 BLAKELY HALL, 600 EAST 4TH ST. - MORRIS, MN 56267	41-6007513	GOVERNMENT	208,294.	0.			CURRICULUM DEVELOPMENT
CLEAN UP THE RIVER ENVIRONMENT (CURE) - 117 SOUTH 1ST ST. - MONTEVIDEO, MN 56265	31-1693392	501(C)3	80,000.	0.			SUSTAINABLE HOUSING DEMO
GREEN LYFE, LLC 103 15TH AVE NW WILLMAR, MN 56201	20-8995064		76,254.	0.			TRAINING/EDUCATION LEED-CERTIFIED HOMES
MTM PERFORMANCE SOLUTIONS 1700 TECHNOLOGY DR. NE, SUITE 114 WILLMAR, MN 56201	20-0743700		60,167.	0.			SUPERVISORY LEADERSHIP TRAINING

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
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Name of the organization **SOUTHWEST MINNESOTA PRIVATE INDUSTRY
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Employer identification number
41-1487964

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
OTTER TAIL-WADENA COMMUNITY ACTION COUNCIL - 109 SOUTH WALKER AVE., PO BOX L - NEW YORK MILLS, MN 56567	41-0887373	501(C)3	95,000.	0.			WEATHERIZATION TRAINING / SOLAR ANALYSES
OUTLAND ENERGY 302 1ST ST. E. CANBY, MN 56220	76-0792824		104,000.	0.			GEARTECH TRAINING / FAILURE ANALYSIS; GRAVITEC
MINNESOTA VALLEY ACTION COUNCIL (MVAC) (FISCAL AGENT FOR IDEATION CONSULTI - 464 RAINTREE ROAD - MANKATO, MN 56001	41-6050353	501(C)3	85,000.	0.			TRAIN-THE-TRAINER; WIND LEADERSHIP DEVELOPMENT THROUGH YOUNIVERSITY
WINDOM EDUCATION & COLLABORATIVE CENTER (WECC) - 1012 5TH AVE., PO BOX 123 - WINDOM, MN 56101	26-2777456		61,626.	0.			SKILLS TRAINING - BIOFUELS - EMPLOYEES

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

Schedule I-1 (Form 990) 2009

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: CAREER AWARENESS; CURRICULUM
DEVELOPMENT; STRENGTHEN RE PIPELINE PROJECT; SOLAR INSTALLER
CERTIFICATION PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT:

MINNESOTA STATE COMMUNITY & TECHNICAL COLLEGE

(H) PURPOSE OF GRANT OR ASSISTANCE: TECHNOLOGIST DEVELOPMENT PROJECT;
ALTERNATIVE/RENEWABLE ENERGY-BASED PROGRAMS: GRADES 8-12; TECHNICAL
SKILLS TRAINING

NAME OF ORGANIZATION OR GOVERNMENT: OUTLAND ENERGY

(H) PURPOSE OF GRANT OR ASSISTANCE: GEARTECH TRAINING / FAILURE
ANALYSIS; GRAVITEC TRAIN-THE-TRAINER; WIND TECHNOLOGY EMPLOYEE TRAINING

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
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OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

**SOUTHWEST MINNESOTA PRIVATE INDUSTRY
COUNCIL, INC.**

Employer identification number
41-1487964

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

RECEIVED VARIOUS ARRA (AMERICAN RECOVERY AND REINVESTMENT ACT) GRANTS.

**TOTAL AWARDED = \$1,336,000. SERVED AS CO-LEAD WITH THE STATE OF
MINNESOTA, DEPT. OF EMPLOYMENT AND ECONOMIC DEVELOPMENT, TO ADMINISTER
A 3-YEAR, \$5,060,000 U.S. DEPT. OF LABOR WIRED GRANT.**

FORM 990, PART III, PROGRAM SERVICE ACCOMPLISHMENTS INTRODUCTION

**THE SOUTHWEST MINNESOTA PRIVATE INDUSTRY COUNCIL CELEBRATED THEIR 25TH
YEAR OF SERVICE TO SOUTHWEST MINNESOTA IN JUNE 2010. DURING THE PAST
PROGRAM YEAR OF JULY 1, 2009 TO JUNE 30, 2010 THE PIC ONCE AGAIN
PROVIDED SERVICES THROUGHOUT THE 14 COUNTIES AND BEYOND. PROGRAMS
INCLUDED A WIDE RANGE OF SERVICES FOR YOUTH, ECONOMICALLY IMPACTED
ADULTS, DISLOCATED WORKERS, PUBLIC ASSISTANCE RECIPIENTS, UNIVERSAL
CUSTOMERS/JOB SEEKERS IN GENERAL.**

**THE PIC RESOURCES DURING THAT PERIOD OF TIME INCLUDED FEDERAL, STATE,
LOCAL AND OTHER DISCRETIONARY FUNDING SOURCES. THE ECONOMIC CRISIS
ADDED ADDITIONAL RESOURCES UNDER THE AMERICAN RECOVERY AND REINVESTMENT
ACT. STAFF RESPONDED QUICKLY AND POSITIVELY IN ASSURING THAT
INDIVIDUALS HAD QUICK AND IMMEDIATE ACCESS TO PROGRAMS AND SERVICES TO
ASSIST THEM.**

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

WORKER PROGRAMS.

**THE DISLOCATED WORKER PROGRAM IS DESIGNED FOR INDIVIDUAL'S WHO HAVE
LOST THEIR JOB DUE TO NO FAULT OF THEIR OWN. DISLOCATED WORKER
SERVICES ARE DESIGNED TO HELP DISLOCATED WORKERS GET RETRAINING AND GET**

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No 1545-0047

2009

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Name of the organization

**SOUTHWEST MINNESOTA PRIVATE INDUSTRY
COUNCIL, INC.**

Employer identification number
41-1487964

**PLACED INTO EMPLOYMENT. THESE PROGRAMS HELP WITH SECURING NEW
EMPLOYMENT FOR THE DISLOCATED WORKER. PERSON'S ELIGIBLE FOR DISLOCATED
WORKER SERVICES INCLUDE INDIVIDUALS WHO FALL INTO ONE OF THE FOLLOWING
GROUPS AND MEET SPECIFIC REQUIREMENTS UNDER THEM:**

**- THOSE WHO HAVE RECEIVED A LETTER ANNOUNCING A LAYOFF OR HAVE ALREADY
BEEN PERMANENTLY LAID OFF.**

**- THOSE INDIVIDUALS WHO WORKED FOR A BUSINESS THAT IS CLOSING OR HAS
CLOSED.**

- FARMERS WHO ARE IN THE PROCESS OF LOSING OR HAVE LOST THEIR FARM.

**- BUSINESS OWNERS WHO ARE IN THE PROCESS OF LOSING OR HAVE LOST THEIR
BUSINESS DUE TO ECONOMIC CONDITIONS.**

**IN ADDITION TO THE FORMULA DISLOCATED WORKER PROGRAMS, THERE WERE ALSO
SPECIAL DISLOCATION EVENTS FOR THE FOLLOWING BUSINESSES: BAYLINER,
FARLEY SATHER'S AND CORRECTIONS CORPORATION OF AMERICA. A TOTAL OF
349 INDIVIDUALS WERE ENROLLED IN THE SPECIAL PROJECTS DURING PROGRAM
YEAR.**

ADULT OR DISLOCATED WORKER SERVICES INCLUDE:

- SKILL TRAINING IN READING, MATH, JOB AND LIFE SKILLS

- POST-HIGH SCHOOL EDUCATION ASSISTANCE

- GOAL SETTING

- CAREER COUNSELING AND EXPLORATION

- TESTS AND ASSESSMENTS TO FIND YOUR INTEREST LEVELS AND SKILLS

- REFERRALS TO OTHER SERVICE AGENCIES THAT MAY BE OF ASSISTANCE TO YOU

- PAID WORK EXPERIENCE PROGRAMS WITH LOCAL EMPLOYERS

- JOB PLACEMENT ASSISTANCE

- ASSISTANCE WITH RESUMES, JOB APPLICATIONS, AND INTERVIEW PREPARATIONS

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
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OMB No 1545-0047

2009

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**SOUTHWEST MINNESOTA PRIVATE INDUSTRY
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Employer identification number
41-1487964

- **ON-THE-JOB TRAINING OPPORTUNITIES**
- **EMPLOYMENT AND JOB SEARCH WORKSHOPS**
- **COMPLETE SOURCE OF JOB LISTINGS**
- **FINANCIAL COUNSELING**

YOUTH PROGRAMS:

**VISION: TO WORK IN PARTNERSHIP TO ENSURE THAT ALL YOUTH HAVE ACCESS TO
THE SERVICES THEY NEED TO BECOME SELF-SUFFICIENT ADULTS.**

**MISSION: TO GUIDE THE COORDINATION OF SERVICES THAT FULLY DEVELOPS THE
EMPLOYMENT POTENTIAL OF YOUTH IN SOUTHWEST MINNESOTA.**

AVAILABLE SERVICES

- **PAID WORK EXPERIENCE AT NO COST TO EMPLOYERS**
- **JOB KEEPING AND SEEKING ASSISTANCE**
- **CAREER EXPLORATION AND ASSISTANCE**
- **POST-SECONDARY EDUCATION ASSISTANCE**

**WIA ELIGIBILITY GUIDELINES - YOUTH RESIDING IN THE FOURTEEN COUNTY
SERVICE AREA THAT IS 14-21 YEARS OLD WHO MEETS ESTABLISHED GUIDELINES
MAY BE CONSIDERED FOR SERVICES. ELIGIBILITY IS DETERMINED BY GROSS
FAMILY INCOME, UNLESS AN APPLICANT FALLS INTO ONE OR MORE OF THE
FOLLOWING CATEGORIES:**

- **RECOVERING CHEMICALLY DEPENDENT**
- **IN FOSTER CARE**
- **EMOTIONALLY OR PHYSICALLY CHALLENGED**

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
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**SOUTHWEST MINNESOTA PRIVATE INDUSTRY
COUNCIL, INC.**

Employer identification number

41-1487964

- CURRENT IEP ON FILE WITH SCHOOL
- ELIGIBLE FOR/OR RECEIVING FOOD STAMPS
- MFIP RECIPIENT (FAMILY)
- RECEIVING SOCIAL SERVICES AND/OR GROUP HOME SERVICES
- ATTENDING ALTERNATIVE SCHOOL
- CURRENTLY ON PROBATION
- PREGNANT OR PARENTING YOUTH
- LIMITED ENGLISH SPEAKING
- RUNAWAY YOUTH
- HOMELESS YOUTH

ADDITIONAL YOUTH PROGRAM SERVICES INCLUDE: MINNESOTA YOUTH PROGRAM;
STEP-UP-FOR YOUTH; JUVENILE JUSTICE; OUTREACH-TO-SCHOOLS; YOUTH
INTERVENTION PROGRAMS AND OTHER PARTNER PROJECTS AND EVENTS THAT
BENEFIT YOUTH OF SOUTHWEST MINNESOTA. THE SERVICES THROUGH THESE
PROGRAMS ARE SIMILAR TO SERVICES OFFERED THROUGH WIA YOUTH RESOURCES.

THE SW MN PIC MET THE REQUIRED WIA PERFORMANCE STANDARDS FOR THEIR
PROGRAMS FOR THE PAST PROGRAM YEAR AS NOTED BELOW.

TOTAL PARTICIPANTS SERVED:

- * ADULTS-98
- * DISLOCATED WORKERS-225
- * OLDER YOUTH (19-21)-29
- * YOUNGER YOUTH (14 -18)-246

ENTERED EMPLOYMENT RATE

- * ADULTS-84.6%

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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* **DISLOCATED WORKERS-90.5%**

* **OLDER YOUTH-66.7%**

RETENTION RATES

* **ADULTS-92.7%**

* **DISLOCATED WORKERS-93.3%**

* **OLDER YOUTH-100%**

* **YOUNGER YOUTH-65.2%**

AVERAGE EARNINGS-6 MONTH EARNINGS INCREASE

* **ADULTS-\$19,283.80**

* **DISLOCATED WORKERS-\$15,612.80**

* **OLDER YOUTH-\$13,506.80**

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

**STATE DISLOCATED WORKER PROGRAM: PROVIDE DIRECT TRAINING AND EMPLOYMENT
SERVICES TO DISLOCATED WORKERS ELIGIBLE UNDER PROGRAM GUIDELINES.**

PARTICIPANTS SERVED: 426

EXPENSES \$ 681872. INCLUDING GRANTS OF \$ 463074. REVENUE \$ 0.

ALL OTHER ACHIEVEMENTS INCLUDE:

- **WORKFORCE COUNCIL: VARIOUS COUNTIES**
- **MN DEPT OF HUMAN SERVICES: SSI ADVOCACY SERVICES**
- **MN DEPT OF EMPLOYMENT & ECONOMIC DEVELOPMENT: SUPPORTED WORK**
- **MN DEED - MJSP LOW INCOME WORKER TRAINING**
- **MN YOUTH PROGRAMS**
- **OTTO BREMER FOUNDATION: MSHL FINANCIAL COLLABORATION**

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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**SOUTHWEST MINNESOTA PRIVATE INDUSTRY
COUNCIL, INC.**

Employer identification number
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- **AMERIPRISE FINANCIAL**
- **ROCK CTY COLLABORATIVE FUNDING AGREEMENT**
- **UNITED WAY OF SWMN: FINANCIAL LITERACY PROJECT**
- **MINNWEST CAREER CENTERS**
- **FEE FOR SERVICE**
- **SERVICE COOP: PROJECT C3 INTERNSHIPS**
- **JUVENILE JUSTICE GRANTS**
- **THE MCKNIGHT FOUNDATION: WELFARE REFORM**
- **MN UI SERVICES FUNDS**
- **YOUTH INTERVENTION PROGRAM GRANTS**
- **YIP: COMMUNITY PLUS GRANTS**
- **MINNESOTA RIVER VALLEY EDUCATION DISTRICT (MRVED)**
- **STEARNS-BENTON: FEE FOR SERVICE AGREEMENTS**
- **DOL: FIRST GRANTS**
- **SW MN PIC TRAINING EXPENDITURES**

EXPENSES \$ 352866. INCLUDING GRANTS OF \$ 13450. REVENUE \$ 64696.

**FORM 990, PART VI, SECTION B, LINE 11: FORM 990 WAS PRESENTED TO THE BOARD
BY EITHER THE AUDIT FIRM THAT PREPARED IT OR THE FISCAL MANAGER. IT WAS
REVIEWED AND EXPLAINED TO BOARD MEMBERS. THEY VOTED TO APPROVE SUBMISSION.
IT WAS THEN SIGNED BY THE BOARD CHAIR.**

**FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY IS
DISTRIBUTED TO ALL PIC BOARD MEMBERS AND STAFF ON AN ANNUAL BASIS IN THE
MONTH OF JUNE. ALL BOARD MEMBERS AND STAFF ARE REQUIRED TO REVIEW THE
POLICY AND TURN IN THE SIGNED ACKNOWLEDGEMENT (TO THE PIC ADMIN OFFICE)**

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

**SOUTHWEST MINNESOTA PRIVATE INDUSTRY
COUNCIL, INC.**

Employer identification number
41-1487964

THAT THEY HAVE READ THE POLICY AND AGREE TO ABIDE BY IT. ACKNOWLEDGEMENTS
SIGNED/SUBMITTED BY STAFF ARE RETAINED IN A FILE BY THE EXECUTIVE
ASSISTANT. ACKNOWLEDGEMENTS SIGNED/SUBMITTED BY PIC BOARD MEMBERS ARE
RETAINED IN A FILE BY THE FISCAL MANAGER. NO OFFICER, AGENT, OR EMPLOYEE
SHALL PARTICIPATE IN THE AWARD OR ADMINISTRATION OF A CONTRACT IF THE
OFFICER, AGENT, OR EMPLOYEE OF THE SW MN PIC, ANY MEMBER OF HIS/HER
IMMEDIATE FAMILY, HIS/HER PARTNER, OR AN ORGANIZATION WHICH EMPLOYEES OR IS
ABOUT TO EMPLOY ANY OF THE ABOVE HAS A FINANCIAL OR OTHER INTEREST IN THE
FIRM SELECTED FOR AN AWARD. INDIVIDUALS WHO IDENTIFY A CONFLICT OF
INTEREST WILL EXCUSE THEMSELVES FROM VOTING ON SUCH MATTERS.

FORM 990, PART VI, SECTION B, LINE 15: AN ANNUAL EVALUATION / REVIEW IS
HELD BETWEEN THE EXECUTIVE DIRECTOR AND THE BOARD OF DIRECTORS. SALARY
INCREASES ARE CALCULATED BY USING A SCORE FROM THE EVALUATION / REVIEW WITH
THE PAY SCALES IN PLACE. THE PAY SCALES ARE ESTABLISHED ANNUALLY BY THE
BOARD OR AT THE BOARD'S DISCRETION. THIS REVIEW WAS LAST PERFORMED IN 2009.

AN ANNUAL EVALUATION / REVIEW IS HELD WITH ALL EMPLOYEES, INCLUDING KEY
MANAGERS. THE EXECUTIVE DIRECTOR CONDUCTS THE REVIEWS OF THE MANAGERS.
SALARY INCREASES ARE CALCULATED BY USING A SCORE FROM THE EVALUATION /
REVIEW WITH THE PAY SCALES IN PLACE. THE PAY SCALES ARE ESTABLISHED
ANNUALLY BY THE BOARD OR AT THE BOARD'S DISCRETION. THIS REVIEW WAS LAST
PERFORMED IN 2009.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGNIZATION MAKES ITS GOVERNING
DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE

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

**SOUTHWEST MINNESOTA PRIVATE INDUSTRY
COUNCIL, INC.**

Employer identification number
41-1487964

TO THE PUBLIC UPON REQUEST.

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

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on **e-file for Charities & Nonprofits**

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

Type or print	Name of exempt organization SOUTHWEST MINNESOTA PRIVATE INDUSTRY COUNCIL, INC.	Employer identification number 41-1487964
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 607 WEST MAIN STREET	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions MARSHALL, MN 56258	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

PAM RUSSELL

- The books are in the care of ► **607 WEST MAIN STREET - MARSHALL, MN 56258**
Telephone No ► **(507) 537-6987** 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 is for

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 the tax year entered in line 1 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	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$	0.

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 Paperwork Reduction Act Notice, see Instructions.**

Form **8868** (Rev. 1-2011)

► **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 File by the due date for filing your return See instructions.	Name of Exempt Organization SOUTHWEST MINNESOTA PRIVATE INDUSTRY COUNCIL, INC.		Employer identification number 41 1487964	
	Number, street, and room or suite no. If a P.O. box, see instructions. 607 WEST MAIN STREET			
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. MARSHALL, MN 56258			

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

- The books are in the care of ► **PAM RUSSELL, 607 WEST MAIN STREET, MARSHALL, MN 56258**

Telephone No. ▶ (507) 537-6987 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**, 20**11**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ▶ ☐ calendar year 20..... or
- ▶ ☒ tax year beginning **JULY 1**, 20**09**, and ending **JUNE 30**, 20**10**

- 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.