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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

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010

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

C Name of organization
UNITED WAY OF OLMSTED COUNTY INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
903 WEST CENTER STREET NO 100

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

D Employer identification number
41-0695594

E Telephone number
(507) 287-2000

G Gross receipts $ 4,617,260

F Name and address of principal officer
KAREN ERLENBUSCH
903 WEST CENTER STREET NO 100
ROCHESTER, MN 55902

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) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW UWOLMSTED ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1925

M State of legal domicile MN

Part I Summary

1 Briefly describe the organization's mission or most significant activities
UNITING PEOPLE AND RESOURCES TO IMPROVE LIVES IN OUR COMMUNITY

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	23
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	23
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	17
6	Total number of volunteers (estimate if necessary)	**6**	2,000
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	3,760,010	3,884,842
9	Program service revenue (Part VIII, line 2g)	0	160,788
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	44,953	81,475
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	51,045	-14,787
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,856,008	4,112,318
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,234,228	2,311,322
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	797,971	913,916
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶434,827		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	588,681	712,657
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	3,620,880	3,937,895
19	Revenue less expenses Subtract line 18 from line 12	235,128	174,423

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	6,109,644	6,513,925
21	Total liabilities (Part X, line 26)	1,735,722	1,889,546
22	Net assets or fund balances Subtract line 21 from line 20	4,373,922	4,624,379

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

****** | 2011-05-12
Signature of officer | Date

WENDY SHANNON BOARD CHAIR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
SMITH SCHAFER	SMITH SCHAFER	2011-05-12	☐	

Firm's name ▶ SMITH SCHAFER AND ASSOC LTD — Firm's EIN ▶

Firm's address ▶ 220 SOUTH BROADWAY SUITE 102
ROCHESTER, MN 55904 — Phone no ▶ (507) 288-3277

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 1,862,119 including grants of $ 1,862,119) (Revenue $)

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTSCOMMUNITY PARTNER AWARDS ADVANCING THE COMMON GOOD 2015, A SIX-YEAR, NEARLY $20 MILLION INVESTMENT PREPARING CHILDREN TO SUCCEED IN SCHOOL AND YOUTH TO SUCCEED IN THE COMMUNITY, MOVING FAMILIES TOWARD FINANCIAL STABILITY, IMPROVING PEOPLE'S HEALTH, AND MEETING BASIC NEEDS OF FOOD, SHELTER, SAFETY, AND INCLUSIVITY SEE SCHEDULE I FOR COMPLETE LISTING OF AWARDS, AND SCHEDULE O FOR PROGRAM GOALS AND ACCOMPLISHMENTS

4b (Code) (Expenses $ 926,023 including grants of $ 86,656) (Revenue $ 110,423)

COMMUNITY IMPACT LEADERSHIP AND INITIATIVES LEADERSHIP ENTAILS PLANNING AND INVESTING RESOURCES EFFECTIVELY TO ADDRESS CRITICAL COMMUNITY NEEDS INITIATIVES ARE INTERNALLY MANAGED PROGRAMS, WITH PARTNERS, DESIGNED TO ADVANCE THE COMMON GOOD COMMUNITY IMPACT LEADERSHIP THESE STAFF SUPPORTED ACTIVITIES ARE REQUIRED TO FACILITATE, SUPPORT, AND ADVOCATE THE WORK OF UNITED WAY VOLUNTEERS, WHICH INCLUDES NEEDS ASSESSMENTS, STRATEGIC PLANNING, OUTCOME MEASUREMENT, PROGRAM REVIEW, RESULT TRACKING, AND OTHER GOVERNANCE, GRANTING, AND DECISION-MAKING ACTIVITIES (CONTINUED ON SCHEDULE O)INTERNAL INITIATIVES ARE PROGRAMS AND PROJECTS MANAGED BY UNITED WAY OF OLMSTED COUNTY, WITH THE ASSISTANCE OF VOLUNTEERS AND PARTNERS THESE INCLUDE THE FOLLOWING RUNNING START FOR SCHOOL PROVIDES SCHOOL SUPPLIES TO STUDENTS IN OLMSTED COUNTY ELIGIBLE FOR FREE OR REDUCED LUNCH IN 2010, UNITED WAY OF OLMSTED COUNTY DISTRIBUTED SCHOOL SUPPLIES TO 2,532 STUDENTS IN 1,008 FAMILIES, WHICH IS 95 5% OF THE TOTAL 2,651 STUDENTS THAT WERE REGISTERED FOR THIS PROGRAM IN-KIND SUPPORT FOR THIS INITIATIVE WAS $60,044 IN DONATED SCHOOL SUPPLIES 2-1-1 A THREE DIGIT TELEPHONE NUMBER THAT CONNECTS YOU TO 24-HOUR COMMUNITY INFORMATION AND REFERRAL SERVICES USING A STATEWIDE DATABASE OF OVER 40,000 COMMUNITY RESOURCES, A TRAINED INFORMATION AND REFERRAL SPECIALIST LISTENS TO YOUR NEEDS AND HELPS YOU FIND THE APPROPRIATE HUMAN AND COMMUNITY SERVICES IN 2010, 7,063 INDIVIDUALS RECEIVED REFERRAL INFORMATION ABOUT A WIDE-RANGE OF HUMAN AND SOCIAL SERVICES AVAILABLE, INCLUDING DISASTER RELIEF, SENIOR SERVICES, EDUCATION, CHILDCARE, LEGAL ASSISTANCE, TRANSPORTATION, HOUSING, YOUTH SERVICES, EMPLOYMENT, FOOD, COUNSELING, FAMILY SERVICES, VOLUNTEERING, HEALTH SERVICES, AND MUCH MORE VOLUNTEER CENTER AND VIRE PROVIDES EASY ACCESS TO A WIDE RANGE OF VOLUNTEER OPPORTUNITIES AT NONPROFIT AGENCIES AND LOCAL GOVERNMENT AND EDUCATIONAL AGENCIES SERVING SOUTHEASTERN MINNESOTA WE LINK PEOPLE WHO WANT TO HELP WITH PLACES OR ISSUES WHERE THEIR TIME, TALENT, AND INTERESTS CAN BE UTILIZED THE VOLUNTEER CENTER WAS PRACTICALLY FUNDED BY A FEDERAL GRANT FROM THE HANDS ON NETWORK THE PURPOSE OF THIS GRANT IS TO INCREASE THE OVERALL NUMBER OF AMERICANS IN SERVICE BY BRINGING MORE VOLUNTEERS INTO THE SYSTEM, IMPROVE VOLUNTEER RETENTION, AND LEVERAGE THE SKILLS OF PROFESSIONAL AND SKILL-BASED VOLUNTEERS REFURBISHED COMPUTER PROGRAM PROVIDES LOW-COST COMPUTER SYSTEMS TO ELIGIBLE ORGANIZATIONS AND INDIVIDUALS IN 2010, 147 COMPUTERS WERE DEPLOYED TO THE COMMUNITY IN AUGUST 2010, THIS INITIATIVE WAS TRANSFERRED TO THE ABILITY BUILDING CENTER AND IS NOW KNOWN AS ABILITY BUILT COMPUTERS DISCHARGE PLANNER MAYO CLINIC, OLMSTED MEDICAL CENTER, AND UNITED WAY OF OLMSTED COUNTY ESTABLISHED A PARTNERSHIP THAT HAS RESULTED IN THE DEVELOPMENT OF AN ON-LINE DATABASE CALLED THE DISCHARGE PLANNING INITIATIVE (DPI) IN REAL TIME, THIS TOOL ASSISTS ACUTE AND POST-ACUTE CARE FACILITIES BY EXPEDITING COMMUNICATIONS AND PATIENT PLACEMENT IN 2010, 16 HOSPITALS AND 102 POST-ACUTE CARE FACILITIES SUBSCRIBED TO THIS INITIATIVE IMAGINATION LIBRARY COMMITTED TO SUPPORTING LEARNING AND DEVELOPMENT AND A SENSE OF BELONGING FOR CHILDREN AND YOUTH SO THAT THEY BECOME RESPONSIBLE AND CONTRIBUTING ADULTS WE WANT TO ENSURE CHILDREN HAVE POSITIVE DEVELOPMENTAL OPPORTUNITIES SO THAT THEY CAN START SCHOOL READY TO SUCCEED WE WANT TO GROW SUCCESS IN LEARNING AND IN LIFE IN 2010, APPROXIMATELY 6,146 CHILDREN AGES 0 THROUGH 5 WERE RECEIVING BOOKS MONTHLY FUNDING FOR THIS WORK IS ALLOCATED FROM CAMPAIGN REVENUE WINTER OUTERWEAR PROVIDES WINTER OUTERWEAR ITEMS TO OLMSTED COUNTY INDIVIDUALS AND FAMILIES WHO HAVE NO OTHER MEANS TO GET WINTER OUTERWEAR ITEMS THE NUMBER OF ITEMS DISTRIBUTED WILL BE BASED ON THE NUMBER OF ITEMS COLLECTED THROUGH OUR COMMUNITY PARTNERSHIP IN 2010, 2,586 INDIVIDUALS RECEIVED COATS DURING THIS DISTRIBUTION IN-KIND SUPPORT FOR THIS INITIATIVE WAS $20,859 IN DONATED CLOTHING, WHICH IS NOT INCLUDED IN THE REPORTED REVENUE AND EXPENSE FINANCIAL STABILITY THE FINANCIAL STABILITY PARTNERSHIP HAS JOINED WITH THE LONG-STANDING FREE TAX PREPARATION SERVICES PROVIDED BY AARP TAX-AIDE PROGRAM, THE SALVATION ARMY, AND THE SENIOR CENTER, AS WELL AS THE INTERNAL REVENUE SERVICE AND THE MINNESOTA DEPARTMENT OF REVENUE, TO PROMOTE FREE TAX PREPARATION IN OLMSTED COUNTY SOME OF THE FUNDING FOR THIS PROGRAM IS FROM A WAL-MART GRANT THERE ARE THREE AARP TAX-AIDE SITES IN OLMSTED COUNTY THAT PROVIDE FREE TAX PREPARATION THE TAX PREPARATION PARTNERSHIP PROMOTES THE EARNED INCOME TAX CREDIT, AND ALSO ALLOWS INDIVIDUALS AND FAMILIES TO FILE TAX RETURNS, SAVING TAX PREPARER FEES, E-FILE FEES, AND DOES NOT PROMOTE EXPENSIVE REFUND LOANS THERE ARE ELIGIBILITY LEVELS FOR INDIVIDUALS TO PARTICIPATE IN THIS PROGRAM IN 2010, 2,216 TAX RETURNS WERE FILED THROUGH THE FREE TAX PREPARATION SITES 838 OF THE 2,216 TAX RETURNS QUALIFIED FOR THE EARNED INCOME TAX CREDIT (EITC) 373 OF THE 838 EITC RETURNS HAD CHILDREN IN THE HOUSEHOLD COMMUNITY INFORMATION SHARING SYSTEM PROVIDES THE OPPORTUNITY TO BECOME A NATIONAL LEADER BY CHAMPIONING AND LEADING THE EFFORT FOR A COMMUNITY INFORMATION SHARING SYSTEM (CISS) FOR HUMAN AND SOCIAL SERVICES THE USE OF CISS ALLOWS FOR REDUCED INTAKE TIME FOR AGENCIES AND PARTICIPANTS, REDUCED INFORMATION TECHNOLOGY EXPENSES, INCREASED TIME FOR DIRECT DELIVERY OF SERVICES, HIGHER QUALITY REFERRALS, AND ACHIEVING GREATER COMMUNITY IMPACT THROUGH INFORMATION SHARING THE TOOL USED IN THIS EFFORT IS PATHWAYS COMPASS, DEVELOPED BY PATHWAYS, INC IT WAS FOUNDED IN 1998 WITH ASSISTANCE FROM IBM TEAMING FOR TECHNOLOGY INITIATIVE IN PARTNERSHIP WITH UNITED WAY OF METROPOLITAN ATLANTA IN 2010, 11 LOCAL AGENCIES PARTICIPATED FUNDING FOR THIS WORK IS ALLOCATED FROM CAMPAIGN REVENUE GANG INITIATIVE REDUCE/ELIMINATE THE NUMBER OF GANG-INVOLVED YOUTH AND ADULTS AND GANG-RELATED CRIME COMMUNITY LEADERS FROM ACROSS ROCHESTER BEGAN MEETING IN LATE 2008 TO REVIEW THE CURRENT STATUS OF GANG ACTIVITY IN THE ROCHESTER AREA AND TO DISCUSS COMMUNITY OPTIONS TO PREVENT, INTERVENE, AND SUPPRESS GANG INVOLVEMENT THE GROUP ACHIEVED CONSENSUS ON THE FOLLOWING FOUR STATEMENTS (1) THE PRESENCE AND GROWTH OF GANGS IN OUR COMMUNITY REQUIRES AN ONGOING, COMPREHENSIVE COMMUNITY RESPONSE, (2) A MULTIFACETED RESPONSE IS REQUIRED TO ADDRESS THE MANY FACTORS THAT GIVE RISE TO AND SUSTAIN GANGS, (3) PREVENTION, INTERVENTION, AND SUPPRESSION PROGRAMS CAN BE EFFECTIVE IN REDUCING YOUTH VIOLENCE AND YOUTH GANG INVOLVEMENT, (4) EFFORTS TO PREVENT, INTERVENE, AND SUPPRESS GANGS IN ROCHESTER ARE WORTH THE COST GOALS ESTABLISHED INCLUDE ALIGN COMMUNITY RESOURCES (GOVERNMENT, FAITH COMMUNITIES, NONPROFITS, AND FOR PROFITS) TO ADDRESS THE FACTORS THAT CONTRIBUTE TO GANG INVOLVEMENT, ENHANCE A SENSE OF COMMUNITY RESPONSIBILITY AND IMPROVE CAPACITY AND EFFECTIVENESS OF ORGANIZATIONS SERVING GANG-INVOLVED CLIENTS, ASSIST GANG MEMBERS IN TRANSITIONING OUT OF THE GANG LIFESTYLE LONG-TERM FLOOD RECOVERY IN SEPTEMBER 2010, RAIN FELL ON SOUTHERN MINNESOTA THE UNITED WAY FLOOD RECOVERY FUND WAS ESTABLISHED TO SUPPORT PROGRAMS ASSISTING FLOOD VICTIMS WITH LONG-TERM NEEDS NOT COVERED BY GOVERNMENT OR OTHER TRADITIONAL RELIEF SOURCES IN 2010, $140,918 OF SUPPORT WAS DONATED, AND WILL BE DISTRIBUTED IN 2011 AND 2012 THE LONG-TERM RECOVERY GROUP WILL ESTABLISH UNMET NEEDS WHICH THE FUND CAN ADDRESS AND DETERMINE MAXIMUM AMOUNTS FOR DISTRIBUTION BASED ON AVAILABLE RESOURCES AND GENERAL NEED VOLUNTARY AGENCIES AND LOCAL LONG-TERM RECOVERY GROUPS WILL IDENTIFY AND PRIORITIZE THOSE UNMET NEEDS ELIGIBLE FOR ASSISTANCE NOT ALL UNMET NEEDS WILL RECEIVE ASSISTANCE RIDE AMBASSADOR IN COLLABORATION WITH POSSABILITIES OF SOUTHERN MINNESOTA AND NEW FREEDOM SMALL URBAN AND RURAL PROGRAM FUNDS GRANT, UNITED WAY PROVIDES FOR RIDE AMBASSADOR RECRUITMENT AND TRAINING THEY ARE DEVELOPING A COMMUNITY APPROACH FOR RECRUITING VOLUNTEERS TO ACT AS PUBLIC TRANSIT RIDE AMBASSADORS FOR PERSONS WITH DISABILITIES AND THE ELDERLY, INTRODUCING PUBLIC TRANSIT TO ELDERLY AT 6 OLMSTED COUNTY SENIOR LIVING CENTERS/HIGH RISES, CONDUCTING 'SENIOR GROUP OUTINGS' UTILIZING PUBLIC TRANSIT, RECRUITING SENIOR TRANSIT TRAINING VOLUNTEERS, MATCHING REFERRED PERSONS WITH DISABILITIES WITH VOLUNTEER RIDE AMBASSADORS

4c (Code) (Expenses $ 449,203 including grants of $ 449,203) (Revenue $ 50,365)

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

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ $ 3,237,345

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
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 U S ? *If "Yes," complete Schedule F, Parts II and IV*	15		No
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 U S ? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	6		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	17		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for 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? . .		5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
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?		6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O		13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .		14b		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	23		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	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?		2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	Does the organization have members or stockholders?		6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9	Yes	

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 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 See Additional Data Table

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

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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			
(1) CHRIS NELSON DIRECTOR	2 50	X						0	0	0
(2) MIKE WILLARD DIRECTOR	2 50	X						0	0	0
(3) DALE WALSTON TREASURER	4 00	X						0	0	0
(4) TONI ADAFIN DIRECTOR	2 50	X						0	0	0
(5) RANDY CHAPMAN DIRECTOR	2 50	X						0	0	0
(6) ROMAIN DALLEMAND DIRECTOR	2 50	X						0	0	0
(7) AUDREY BETCHER DIRECTOR	2 50	X						0	0	0
(8) DON DECRAMER DIRECTOR	2 50	X						0	0	0
(9) NICKIE FROILAND DIRECTOR	2 50	X						0	0	0
(10) JOANNE ROSENER DIRECTOR	2 50	X						0	0	0
(11) MARILYN HANSMANN BOARD CHAIR	4 00	X						0	0	0
(12) STEVEN HILL DIRECTOR	2 50	X						0	0	0
(13) BETTY HUTCHINS DIRECTOR	2 50	X						0	0	0
(14) LARRY EDMONSON DIRECTOR	2 50	X						0	0	0
(15) KELLY MCDONOUGH DIRECTOR	2 50	X						0	0	0
(16) GAIL NELSON ASSISTANT TREASURER	3 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 (describe hours for related organizations in Schedule O)	(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			
(17) PETER NYCKLEMOE DIRECTOR	2 50	X						0	0	0
(18) STEPHEN ROSE DIRECTOR	2 50	X						0	0	0
(19) JIM RUSTAD DIRECTOR	2 50	X						0	0	0
(20) WENDY SHANNON VICE CHAIR	4 00	X						0	0	0
(21) DAVE STENHAUG DIRECTOR	2 50	X						0	0	0
(22) JON ECKHOFF DIRECTOR	2 50	X						0	0	0
(23) CAROLYN PETERSEN DIRECTOR	2 50	X						0	0	0
(24) KAREN ERLENBUSCH PRESIDENT	37 50			X				88,440	0	20,587
(25) DALE O'GROSKE CFO	37 50			X				56,772	0	20,180
(26) ANNE BERBERICH SENIOR VP, RESOURCE DEVELOPMENT	40 00					X		61,450	0	13,378
(27) APRIL SUTOR VP, COMMUNITY IMPACT	40 00					X		59,211	0	13,486
(28) DAVE BEAL VP, COMMUNICATION AND ADVOCACY	40 00					X		48,129	0	15,136
1b Sub-Total . . . . . ▶										
c Total from continuation sheets to Part VII, Section A . . . . ▶										
d Total (add lines 1b and 1c) . . . . . ▶								145,212	0	40,767

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

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

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

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

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns . . 1a					
	b Membership dues 1b					
	c Fundraising events 1c	23,769				
	d Related organizations . . . 1d					
	e Government grants (contributions) 1e	62,516				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	3,798,557				
	g Noncash contributions included in lines 1a-1f $	80,903				
	h **Total.** Add lines 1a-1f . . . . . ▶		3,884,842			
Program Service Revenue		Business Code				
	2a PROGRAM SERVICES	624100	110,423	110,423		
	b COST RECOVERY FEES	624100	50,365	50,365		
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f . . . . . ▶		160,788			
	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶		95,490			95,490
	4 Income from investment of tax-exempt bond proceeds . . ▶					
	5 Royalties . . . . . ▶					
		(i) Real	(ii) Personal			
	6a Gross Rents	162,522				
	b Less rental expenses	177,309				
	c Rental income or (loss)	-14,787				
	d Net rental income or (loss) . . . . . ▶		-14,787			-14,787
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	270,000				
	b Less cost or other basis and sales expenses	284,015				
	c Gain or (loss)	-14,015				
	d Net gain or (loss) . . . . . ▶		-14,015			-14,015
Other Revenue	8a Gross income from fundraising events (not including $ 23,769 of contributions reported on line 1c) See Part IV, line 18 . . . a	43,618				
	b Less direct expenses . . . b	43,618				
	c Net income or (loss) from fundraising events . . ▶		0			
	9a Gross income from gaming activities See Part IV, line 19 . a					
	b Less direct expenses . . . . . b					
	c Net income or (loss) from gaming activities . . . ▶					
	10a Gross sales of inventory, less returns and allowances . a					
	b Less cost of goods sold . . b					
	c Net income or (loss) from sales of inventory . . ▶					
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d . . . . . ▶					
	12 **Total revenue.** See Instructions . . . ▶		4,112,318	160,788	0	66,688

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	2,311,322	2,311,322		
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	185,979	89,270	68,812	27,897
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	545,950	271,513	74,184	200,253
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	34,827	11,669	7,138	16,020
9 Other employee benefits	90,090	41,348	18,401	30,341
10 Payroll taxes	57,070	27,504	11,150	18,416
a Fees for services (non-employees) Management				
b Legal	1,818	1,016		802
c Accounting	16,200		16,175	25
d Lobbying				
e Professional fundraising services *See Part IV, line 17*				
f Investment management fees	21,898		21,898	
g Other	5,575	3,525	2,050	
12 Advertising and promotion	146,768	109,402	416	36,950
13 Office expenses	42,156	12,404	4,782	24,970
14 Information technology				
15 Royalties				
16 Occupancy	49,391	29,821	7,855	11,715
17 Travel	7,694	4,522	656	2,516
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	27,455	1,960	1,328	24,167
20 Interest				
21 Payments to affiliates	37,225	30,925	2,500	3,800
22 Depreciation, depletion, and amortization	31,194	25,023	2,332	3,839
23 Insurance	3,120		3,120	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a EARLY EDUCATION BOOKS	134,433	134,433		
b SUPPLIES	126,802	106,264	6,132	14,406
c PROF DEVELOPMENT	30,695	8,312	11,784	10,599
d REPAIRS	22,243	13,953	3,534	4,756
e				
f All other expenses	7,990	3,159	1,476	3,355
25 **Total functional expenses.** Add lines 1 through 24f	3,937,895	3,237,345	265,723	434,827
26 **Joint costs.** Check here ▶ ☑ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		300	1	300
	2	Savings and temporary cash investments		607,446	2	881,585
	3	Pledges and grants receivable, net		2,925,095	3	2,903,733
	4	Accounts receivable, net		7,858	4	93
	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)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		28,041	9	91,472
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 1,821,943			
	b	Less accumulated depreciation	10b 987,563	915,530	10c	834,380
	11	Investments—publicly traded securities		1,625,374	11	1,802,362
	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)		6,109,644	16	6,513,925
Liabilities	17	Accounts payable and accrued expenses		22,056	17	36,122
	18	Grants payable		823,431	18	939,590
	19	Deferred revenue		12,117	19	34,232
	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		303,476	23	280,648
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		574,642	25	598,954
	26	**Total liabilities.** Add lines 17 through 25		1,735,722	26	1,889,546
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		1,524,153	27	1,536,964
	28	Temporarily restricted net assets		2,849,769	28	3,087,415
	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		4,373,922	33	4,624,379
	34	Total liabilities and net assets/fund balances		6,109,644	34	6,513,925

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	4,112,318
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,937,895
3	Revenue less expenses Subtract line 2 from line 1	3	174,423
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	4,373,922
5	Other changes in net assets or fund balances (explain in Schedule O)	5	76,034
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	4,624,379

Part XII Financial Statements and Reporting

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

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

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SCHEDULE A (Form 990 or 990EZ)

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

2010

Open to Public Inspection

Name of the organization
UNITED WAY OF OLMSTED COUNTY INC

Employer identification number
41-0695594

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 331/3% 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 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

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

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

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

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
Total									

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	4,083,872	4,993,995	3,982,448	3,760,010	3,884,842	20,705,167
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	4,083,872	4,993,995	3,982,448	3,760,010	3,884,842	20,705,167
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)						395,861
6 **Public Support.** Subtract line 5 from line 4						20,309,306

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	4,083,872	4,993,995	3,982,448	3,760,010	3,884,842	20,705,167
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	199,829	223,461	212,489	206,572	258,012	1,100,363
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)						21,805,530

12	Gross receipts from related activities, etc (See instructions)	12	515,777

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

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	93 140 %
15	Public Support Percentage for 2009 Schedule A, Part II, line 14	15	88 040 %

16a **33 1/3% support test—2010.** 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—2009.** If the organization did not check the 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—2010.** 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—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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 section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2009 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2010.** 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—2009.** 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 ▶☐

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

Facts And Circumstances Test

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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

2010

Open to Public Inspection

Name of the organization
UNITED WAY OF OLMSTED COUNTY INC

Employer identification number
41-0695594

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

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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 importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–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 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 taxable 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 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 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 the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

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

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

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

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

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

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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		77,525		77,525
b Buildings		1,550,479	833,878	716,601
c Leasehold improvements				
d Equipment		193,939	153,685	40,254
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				834,380

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
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

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. *(Column (b) should 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) should 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	
DONOR DESIGNATIONS PAYABLE	598,954
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	598,954

2. Fin 48 (ASC 740) 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 (ASC740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,112,318
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	3,937,895
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	174,423
4	Net unrealized gains (losses) on investments	4	76,034
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 - 8	9	76,034
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	250,457

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	3,811,416
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	76,034		
b	Donated services and use of facilities	2b	28,649		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	43,618		
e	Add lines **2a** through **2d**			2e	148,301
3	Subtract line **2e** from line **1**			3	3,663,115
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	449,203		
c	Add lines **4a** and **4b**			4c	449,203
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	4,112,318

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

1	Total expenses and losses per audited financial statements			1	3,560,959
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	28,649		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	43,618		
e	Add lines **2a** through **2d**			2e	72,267
3	Subtract line **2e** from line **1**			3	3,488,692
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	449,203		
c	Add lines **4a** and **4b**			4c	449,203
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	3,937,895

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, 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

Identifier	Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS		DIRECT EXPENSES RELATED TO SPECIAL EVENTS 43,618
PART XII, LINE 4B - OTHER ADJUSTMENTS		DONOR DESIGNATED PLEDGES 449,203
PART XIII, LINE 2D - OTHER ADJUSTMENTS		DIRECT EXPENSES RELATED TO SPECIAL EVENTS 43,618
PART XIII, LINE 4B - OTHER ADJUSTMENTS		DONOR DESIGNATED PLEDGES 449,203

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
UNITED WAY OF OLMSTED COUNTY INC

Employer identification number
41-0695594

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

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

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

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

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

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

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

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

		(a) Event #1 POWER OF THE PURSE (event type)	(b) Event #2 CELEBRATION (event type)	(c) Other Events 1 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	46,335	17,200	3,852	67,387
	2 Less Charitable contributions	24,561	43	-835	23,769
	3 Gross income (line 1 minus line 2)	21,774	17,157	4,687	43,618
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs	1,600	750	500	2,850
	7 Food and beverages	6,463	4,792	1,393	12,648
	8 Entertainment	12,500	10,000	2,320	24,820
	9 Other direct expenses	1,211	1,615	474	3,300
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				43,618
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				0

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

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

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	**13a**	
b An outside facility	**13b**	

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

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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," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
UNITED WAY OF OLMSTED COUNTY INC

Employer identification number
41-0695594

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ 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. Part II can be duplicated if additional space is needed. . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 34

3 Enter total number of other organizations . . . ▶ 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 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.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 GRANT AWARDS AND ALLOCATIONS - WE MONITOR NONPROFIT STATUS, COMPLIANCE WITH THE PATRIOT ACT AND GOING CONCERN OF EACH ORGANIZATION RECEIVING AWARDS EVERY SIX MONTHS UNITED WAY VOLUNTEERS AND STAFF MONITOR THE ACTUAL RESULTS OF ALL FUNDED PROGRAMS AGAINST THE EXPECTED RESULTS ARTICULATED IN THE PROGRAM FUNDING APPLICATION VOLUNTEERS ASSESS ANY MAJOR VARIANCES (+/- 15%) FROM THE PROPOSED PROGRAM BUDGET ADDITIONALLY VOLUNTEERS LEARN OF PROGRAM SUCCESSES, ACHIEVEMENTS, AND CHALLENGES DURING EACH SIX-MONTH REPORTING PERIOD (CONTINUED ON PAGE 2) FACE-TO-FACE CONVERSATIONS ARE HELD TO FOSTER OPEN COMMUNICATION AND DIALOGUE TO STRENGTHEN THE NONPROFIT SECTOR'S ABILITY TO ADVANCE THE COMMON GOOD PREDETERMINED OUTCOMES ARE DEVELOPED BY GROUPS OF VOLUNTEERS, SUPERVISED BY THE VISION COUNCIL, AND APPROVED BY THE BOARD OF DIRECTORS DONOR DESIGNATED GRANTS - WE MONITOR NONPROFIT STATUS AND COMPLIANCE WITH THE PATRIOT ACT OF EACH ORGANIZATION RECEIVING DONOR DESIGNATED FUNDS WE DO NOT MONITOR THE AGENCIES USE OF THESE FUNDS

Additional Data Return to Form

Software ID:
Software Version:
EIN: 41-0695594
Name: UNITED WAY OF OLMSTED COUNTY INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS AND GIRLS CLUB OF ROCHESTER1026 EAST CENTER STREET ROCHESTER,MN 55904	41-1945875	501(C)(3)	105,697				PROGRAM OPERATING COST - EDUCATION
ABILITY BUILDING CENTER PO BOX 6938 ROCHESTER,MN 55903	41-0829178	501(C)(3)	81,685				PROGRAM OPERATING COST - COMMUNITY BASICS
CATHOLIC CHARITIESPO BOX 379 WINONA,MN 55987	41-0721636	501(C)(3)	43,249				PROGRAM OPERATING COST - FINANCIAL STABILITY
CHANNEL ONE INC131 35TH ST SE ROCHESTER,MN 55904	41-1379713	501(C)(3)	121,801				PROGRAM OPERATING COST - COMMUNITY BASICS
CHILD CARE RESOURCE AND REFERRAL126 WOODLAKE DR SE ROCHESTER,MN 55904	41-0987753	501(C)(3)	232,122				PROGRAM OPERATING COST - COMMUNITY BASICS AND EDUCATION
CIVIC LEAGUE DAY NURSERY427 6TH AVE SW ROCHESTER,MN 55902	41-0721719	501(C)(3)	119,396				PROGRAM OPERATING COST - EDUCATION
ELDER NETWORK1130 1/2 7TH ST NW STE 205 ROCHESTER,MN 55901	41-1704390	501(C)(3)	26,090				PROGRAM OPERATING COST - COMMUNITY BASICS
FAMILY SERVICE ROCHESTER INC1110 6TH ST NW ROCHESTER,MN 55901	41-0883453	501(C)(3)	273,793				PROGRAM OPERATING COST - COMMUNITY BASICS AND HEALTH
FRIENDS OF QUARRY HILL 701 SILVER CREEK RD NE ROCHESTER,MN 55906	36-3416399	501(C)(3)	36,571				PROGRAM OPERATING COST - EDUCATION
GIRL SCOUTS COUNCIL OF RIVER TRAILSPO BOX 9338 ROCHESTER,MN 55903	41-0693910	501(C)(3)	68,653				PROGRAM OPERATING COST - EDUCATION
GOOD NEWS CHILDREN'S CENTER2645 N BROADWAY ROCHESTER,MN 55906	41-2001068	501(C)(3)	21,260				PROGRAM OPERATING COST - EDUCATION
INTERCULTURAL MUTUAL ASSISTANCE ASSOCIATION300 11TH AVE NW STE 110 ROCHESTER,MN 55901	41-1497753	501(C)(3)	91,635				PROGRAM OPERATING COST - HEALTH AND FINANCIAL STABILITY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
INTERFAITH HOSPITALITY NETWORK811 7TH ST NW ROCHESTER,MN 55901	41-1953191	501(C)(3)	27,782				PROGRAM OPERATING COST - FINANCIAL STABILITY
LEGAL ASSISTANCE OF OLMSTED COUNTY1812 2ND ST SW ROCHESTER,MN 55902	41-0992471	501(C)(3)	32,213				PROGRAM OPERATING COST - COMMUNITY BASICS
NAMI OLMSTED COUNTY 903 WEST CENTER ST ROCHESTER,MN 55902	36-3504277	501(C)(3)	37,340				PROGRAM OPERATING COST - HEALTH
POSSABILITIES OF SOUTHERN MINNESOTA 1808 3RD AVE SE ROCHESTER,MN 55904	41-0853397	501(C)(3)	33,245				PROGRAM OPERATING COST - COMMUNITY BASICS
READING CENTERDYSLEXIA INSTITUTE OF AMERICA 847 5TH ST NW ROCHESTER,MN 55901	41-1633734	501(C)(3)	17,070				PROGRAM OPERATING COST - EDUCATION
ROCHESTER COMMUNITY AND TECHNICAL COLLEGE 851 30TH AVE SE ROCHESTER,MN 55904	41-1535213	501(C)(3)	22,880				PROGRAM OPERATING COST - FINANCIAL STABILITY
ROCHESTER FAMILY Y709 FIRST AVE SW ROCHESTER,MN 55902	41-0807581	501(C)(3)	107,834				PROGRAM OPERATING COST - FINANCIAL STABILITY AND EDUCATION
SALVATION ARMYPO BOX 575 ROCHESTER,MN 55903	41-0698597	501(C)(4)	149,101				PROGRAM OPERATING COST - COMMUNITY BASICS, HEALTH AND FINANCIAL STABILITY
BYRON COMMUNITY EDUCATION630 1ST AVE NW BRYON,MN 55920	41-6002825	170(B)(1)(A)(V)	10,094				PROGRAM OPERATING COST - EDUCATION
TRI-VALLEY OPPORTUNITY COUNCIL INC2830 18TH AVE NW ROCHESTER,MN 55901	41-0088088	501(C)(3)	21,051				PROGRAM OPERATING COST - EDUCATION
ZUMBRO VALLEY MENTAL HEALTH343 WOODLAKE DR SE ROCHESTER,MN 55904	41-6052022	501(C)(3)	84,981				PROGRAM OPERATING COST - HEALTH
CHILDREN'S DENTAL HEALTH903 W CENTER ST STE 206 ROCHESTER,MN 55902	20-3677586	501(C)(3)	29,737				PROGRAM OPERATING COST - HEALTH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
MAYO CLINIC ROCHESTER 200 1ST ST SW ROCHESTER, MN 55905	41-1937751	501(C)(3)	10,000				PROGRAM OPERATING COST - COMMUNITY BASICS
AMERICAN RED CROSS310 14TH ST SE ROCHESTER, MN 55904	03-0585610	501(C)(3)	12,535				DONOR DESIGNATED FOR GENERAL SUPPORT
BOY SCOUTS OF AMERICA GAMEHAVEN COUNCIL 1124 11 1/2 ST SE ROCHESTER, MN 55904	41-0698309	501(C)(3)	13,306				DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF DODGE COUNTYPO BOX 718 DODGE CENTER, MN 55927	41-1657224	501(C)(3)	59,931				DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF GREATER WINONA902 E 2ND ST SE STE 300 WINONA, MN 55987	41-0706134	501(C)(3)	10,550				DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF MOWER COUNTY301 N MAIN ST AUSTIN, MN 55912	41-0831896	501(C)(3)	25,667				DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF NORTH CENTRAL IOWAPO BOX 1465 MASON CITY, IA 50402	42-0680413	501(C)(3)	9,494				DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF STEELE COUNTY INC121 MAIN ST OWATONNA, MN 55060	23-7366680	501(C)(3)	7,987				DONOR DESIGNATED FOR GENERAL SUPPORT
WOMENS SHELTERPO BOX 457 ROCHESTER, MN 559030457	41-1316614	501(C)(3)	8,220				DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF GOODHUEPO BOX 319 RED WING, MN 55066	41-6043633	501(C)(3)	23,012				DONOR DESIGNATED FOR GENERAL SUPPORT
ROCHESTER CATHOLIC SCHOOLS621 W CENTER ST ROCHESTER, MN 55902	41-0740119	501(C)(3)	6,431				DONOR DESIGNATED FOR GENERAL SUPPORT
SCHAEFFER ACADEMY 2700 SCHAEFFER LN NE ROCHESTER, MN 55906	41-1728882	501(C)(3)	6,108				DONOR DESIGNATED FOR GENERAL SUPPORT

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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, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.**

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
UNITED WAY OF OLMSTED COUNTY INC

Employer identification number
41-0695594

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? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting 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 of grant or 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
(1) BYRON COMMUNITY EDUCATION	WENDY SHANNON, VICE CHAIR, IS SUPERINTENDENT OF BYRON SCHOOL DISTRICT	10,000	GRANT AWARDED FOR 2010, 2011 & 2012 FOR EARLY PREPAREDNESS PROGRAM		No
(2) ABILITY BUILDING CENTER	STEVEN HILL, UW DIRECTOR, IS EXECUTIVE DIRECTOR OF ABILITY BUILDING CTR	81,685	GRANT AWARDED FOR 2010 FOR PROGRAM OPERATING COSTS		No

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
UNITED WAY OF OLMSTED COUNTY INC

Employer identification number
41-0695594

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		20,859	THRIFT VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (SCHOOL SUPPLIES)	X		60,044	MARKET VALUE
26 Other ▶( )				
27 Other ▶( )				
28 Other ▶ ( )				

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

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

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93493133023201

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
UNITED WAY OF OLMSTED COUNTY INC

Employer identification number
41-0695594

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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	THIS CONFLICT OF INTEREST POLICY IS DESIGNED TO HELP DIRECTORS, OFFICERS AND EMPLOYEES OF THE UNITED WAY OF OLMSTED COUNTY IDENTIFY SITUATIONS THAT PRESENT POTENTIAL CONFLICTS OF INTEREST AND TO PROVIDE UNITED WAY OF OLMSTED COUNTY WITH A PROCEDURE WHICH, IF OBSERVED, WILL ALLOW A TRANSACTION TO BE TREATED AS VALID AND BINDING EVEN THOUGH A DIRECTOR, OFFICER OR EMPLOYEE HAS OR MAY HAVE A CONFLICT OF INTEREST WITH RESPECT TO THE TRANSACTION THE POLICY IS INTENDED TO COMPLY WITH THE PROCEDURE PRESCRIBED IN MINNESOTA STATUTES, SECTION 317A 255, GOVERNING CONFLICTS OF INTEREST FOR DIRECTORS OF NONPROFIT CORPORATIONS IN THE EVENT THERE IS AN INCONSISTENCY BETWEEN THE REQUIREMENTS AND PROCEDURES PRESCRIBED HEREIN AND THOSE IN SECTION 317A 255, THE STATUTE SHALL CONTROL ALL CAPITALIZED TERMS ARE DEFINED IN PART 2 OF THIS POLICY 1 CONFLICT OF INTEREST DEFINED FOR PURPOSES OF THIS POLICY, THE FOLLOWING CIRCUMSTANCES SHALL BE DEEMED TO CREATE CONFLICTS OF INTEREST A OUTSIDE INTERESTS I A CONTRACT OR TRANSACTION BETWEEN UNITED WAY OF OLMSTED COUNTY AND A RESPONSIBLE PERSON OR FAMILY MEMBER II A CONTRACT OR TRANSACTION BETWEEN UNITED WAY OF OLMSTED COUNTY AND AN ENTITY IN WHICH A RESPONSIBLE PERSON OR FAMILY MEMBER HAS A MATERIAL FINANCIAL INTEREST OR OF WHICH SUCH PERSON IS A DIRECTOR, OFFICER, AGENT, PARTNER, ASSOCIATE, TRUSTEE, PERSONAL REPRESENTATIVE, RECEIVER, GUARDIAN, CUSTODIAN, CONSERVATOR OR OTHER LEGAL REPRESENTATIVE B OUTSIDE ACTIVITIES I A RESPONSIBLE PERSON COMPETING WITH UNITED WAY OF OLMSTED COUNTY IN THE RENDERING OF SERVICES OR IN ANY OTHER CONTRACT OR TRANSACTION WITH A THIRD PARTY II RESPONSIBLE PERSON'S HAVING A MATERIAL FINANCIAL INTEREST IN, OR SERVING AS A DIRECTOR, OFFICER, EMPLOYEE, AGENT, PARTNER, ASSOCIATE, TRUSTEE, PERSONAL REPRESENTATIVE, RECEIVER, GUARDIAN, CUSTODIAN, CONSERVATOR OR OTHER LEGAL REPRESENTATIVE OF, OR CONSULTANT TO, AN ENTITY OR INDIVIDUAL THAT COMPETES WITH UNITED WAY OF OLMSTED COUNTY IN THE PROVISION OF SERVICES OR IN ANY OTHER CONTRACT OR TRANSACTION WITH A THIRD PARTY C GIFTS, GRATUITIES AND ENTERTAINMENT A RESPONSIBLE PERSON ACCEPTING GIFTS, ENTERTAINMENT OR OTHER FAVORS FROM ANY INDIVIDUAL OR ENTITY THAT I DOES OR IS SEEKING TO DO BUSINESS WITH, OR IS A COMPETITOR OF UNITED WAY OF OLMSTED COUNTY, OR II HAS RECEIVED, IS RECEIVING OR IS SEEKING TO RECEIVE A LOAN OR GRANT, OR TO SECURE OTHER FINANCIAL COMMITMENTS FROM UNITED WAY OF OLMSTED COUNTY, III IS A CHARITABLE ORGANIZATION OPERATING IN MINNESOTA, IV UNDER CIRCUMSTANCES WHERE IT MIGHT BE INFERRED THAT SUCH ACTION WAS INTENDED TO INFLUENCE OR POSSIBLY WOULD INFLUENCE THE RESPONSIBLE PERSON IN THE PERFORMANCE OF HIS OR HER DUTIES THIS DOES NOT PRECLUDE THE ACCEPTANCE OF ITEMS OF NOMINAL OR INSIGNIFICANT VALUE OR ENTERTAINMENT OF NOMINAL OR INSIGNIFICANT VALUE WHICH ARE NOT RELATED TO ANY PARTICULAR TRANSACTION OR ACTIVITY OF UNITED WAY OF OLMSTED COUNTY 2 DEFINITIONS A A "CONFLICT OF INTEREST" IS ANY CIRCUMSTANCE DESCRIBED IN PART 1 OF THIS POLICY B A "RESPONSIBLE PERSON" IS ANY PERSON SERVING AS AN OFFICER, EMPLOYEE OR MEMBER OF THE BOARD OF DIRECTORS OF UNITED WAY OF OLMSTED COUNTY C A "FAMILY MEMBER" IS A SPOUSE, DOMESTIC PARTNER, PARENT, CHILD OR SPOUSE OF A CHILD, BROTHER, SISTER, OR SPOUSE OF A BROTHER OR SISTER, OF A RESPONSIBLE PERSON D A "MATERIAL FINANCIAL INTEREST" IN AN ENTITY IS A FINANCIAL INTEREST OF ANY KIND, WHICH, IN VIEW OF ALL THE CIRCUMSTANCES, IS SUBSTANTIAL ENOUGH THAT IT WOULD, OR REASONABLY COULD, AFFECT A RESPONSIBLE PERSON'S OR FAMILY MEMBER'S JUDGMENT WITH RESPECT TO TRANSACTIONS TO WHICH THE ENTITY IS A PARTY THIS INCLUDES ALL FORMS OF COMPENSATION E A "CONTRACT OR TRANSACTION" IS ANY AGREEMENT OR RELATIONSHIP INVOLVING THE SALE OR PURCHASE OF GOODS, SERVICES, OR RIGHTS OF ANY KIND, THE PROVIDING OR RECEIPT OF A LOAN OR GRANT, THE ESTABLISHMENT OF ANY OTHER TYPE OF PECUNIARY RELATIONSHIP, OR REVIEW OF A CHARITABLE ORGANIZATION BY UNITED WAY OF OLMSTED COUNTY THE MAKING OF A GIFT TO UNITED WAY OF OLMSTED COUNTY IS NOT A CONTRACT OR TRANSACTION 3 PROCEDURES A PRIOR TO BOARD OR COMMITTEE ACTION ON A CONTRACT OR TRANSACTION INVOLVING A CONFLICT OF INTEREST, A DIRECTOR OR COMMITTEE MEMBER HAVING A CONFLICT OF INTEREST AND WHO IS IN ATTENDANCE AT THE MEETING SHALL DISCLOSE ALL FACTS MATERIAL TO THE CONFLICT OF INTEREST SUCH DISCLOSURE SHALL BE REFLECTED IN THE MINUTES OF THE MEETING B A DIRECTOR OR COMMITTEE MEMBER WHO PLANS NOT TO ATTEND A MEETING AT WHICH HE OR SHE HAS REASON TO BELIEVE THAT THE BOARD OR COMMITTEE WILL ACT ON A MATTER IN WHICH THE PERSON HAS A CONFLICT OF INTEREST SHALL DISCLOSE TO THE CHAIR OF THE MEETING ALL FACTS MATERIAL TO THE CONFLICT OF INTEREST THE CHAIR SHALL REPORT THE DISCLOSURE AT THE MEETING AND THE DISCLOSURE SHALL BE REFLECTED IN THE MINUTES OF THE MEETING C A PERSON WHO HAS A CONFLICT OF INTEREST SHALL NOT PARTICIPATE IN OR BE PERMITTED TO HEAR THE BOARD'S OR COMMITTEE'S DISCUSSION OF THE MATTER EXCEPT TO DISCLOSE MATERIAL FACTS AND TO RESPOND TO QUESTIONS SUCH PERSON SHALL NOT ATTEMPT TO EXERT HIS OR HER PERSONAL INFLUENCE WITH RESPECT TO THE MATTER, EITHER AT OR OUTSIDE THE MEETING D A PERSON WHO HAS A CONFLICT OF INTEREST WITH RESPECT TO A CONTRACT OR TRANSACTION THAT WILL BE VOTED ON AT A MEETING SHALL NOT BE COUNTED IN DETERMINING THE PRESENCE OF A QUORUM FOR PURPOSES OF THE VOTE THE PERSON HAVING A CONFLICT OF INTEREST MAY NOT VOTE ON THE CONTRACT OR TRANSACTION AND SHALL NOT BE PRESENT IN THE MEETING ROOM WHEN THE VOTE IS TAKEN, UNLESS THE VOTE IS BY SECRET BALLOT SUCH PERSON'S INELIGIBILITY TO VOTE SHALL BE REFLECTED IN THE MINUTES OF THE MEETING FOR PURPOSES OF THIS PARAGRAPH, A MEMBER OF THE BOARD OF DIRECTORS OF UNITED WAY OF OLMSTED COUNTY HAS A CONFLICT OF INTEREST WHEN HE OR SHE STANDS FOR ELECTION AS AN OFFICER OR FOR RE-ELECTION AS A MEMBER OF THE BOARD OF DIRECTORS E RESPONSIBLE PERSONS WHO ARE NOT MEMBERS OF THE BOARD OF DIRECTORS OF UNITED WAY OF OLMSTED COUNTY, OR WHO HAVE A CONFLICT OF INTEREST WITH RESPECT TO A CONTRACT OR TRANSACTION THAT IS NOT THE SUBJECT OF BOARD OR COMMITTEE ACTION, SHALL DISCLOSE TO THE CHAIR OR THE CHAIR'S DESIGNEE ANY CONFLICT OF INTEREST THAT SUCH RESPONSIBLE PERSON HAS WITH RESPECT TO A CONTRACT OR TRANSACTION SUCH DISCLOSURE SHALL BE MADE AS SOON AS THE CONFLICT OF INTEREST IS KNOWN TO THE RESPONSIBLE PERSON THE RESPONSIBLE PERSON SHALL REFRAIN FROM ANY ACTION THAT MAY AFFECT UNITED WAY OF OLMSTED COUNTY'S PARTICIPATION IN SUCH CONTRACT OR TRANSACTION IN THE EVENT IT IS NOT ENTIRELY CLEAR THAT A CONFLICT OF INTEREST EXISTS, THE INDIVIDUAL WITH THE POTENTIAL CONFLICT SHALL DISCLOSE THE CIRCUMSTANCES TO THE CHAIR OR THE CHAIR'S DESIGNEE, WHO SHALL DETERMINE WHETHER THERE EXISTS A CONFLICT OF INTEREST THAT IS SUBJECT TO THIS POLICY 4 CONFIDENTIALITY EACH RESPONSIBLE PERSON SHALL EXERCISE CARE NOT TO DISCLOSE CONFIDENTIAL INFORMATION ACQUIRED IN CONNECTION WITH SUCH STATUS OR INFORMATION THE DISCLOSURE OF WHICH MIGHT BE ADVERSE TO THE INTERESTS OF UNITED WAY OF OLMSTED COUNTY FURTHERMORE, A RESPONSIBLE PERSON SHALL NOT DISCLOSE OR USE INFORMATION RELATING TO THE BUSINESS OF UNITED WAY OF OLMSTED COUNTY FOR THE PERSONAL PROFIT OR ADVANTAGE OF THE RESPONSIBLE PERSON OR A FAMILY MEMBER 5 REVIEW OF POLICY A EACH NEW RESPONSIBLE PERSON SHALL BE REQUIRED TO REVIEW A COPY OF THIS POLICY AND TO ACKNOWLEDGE IN WRITING THAT HE OR SHE HAS DONE SO B EACH RESPONSIBLE PERSON SHALL ANNUALLY COMPLETE A DISCLOSURE FORM IDENTIFYING ANY RELATIONSHIPS, POSITIONS OR CIRCUMSTANCES IN WHICH THE RESPONSIBLE PERSON IS INVOLVED THAT HE OR SHE BELIEVES COULD CONTRIBUTE TO A CONFLICT OF INTEREST ARISING SUCH RELATIONSHIPS, POSITIONS OR CIRCUMSTANCES MIGHT INCLUDE SERVICE AS A DIRECTOR OF OR CONSULTANT TO A NONPROFIT ORGANIZATION, OR OWNERSHIP OF A BUSINESS THAT MIGHT PROVIDE GOODS OR SERVICES TO UNITED WAY OF OLMSTED COUNTY ANY SUCH INFORMATION REGARDING BUSINESS INTERESTS OF A RESPONSIBLE PERSON OR A FAMILY MEMBER SHALL BE TREATED AS CONFIDENTIAL AND SHALL GENERALLY BE MADE AVAILABLE ONLY TO THE CHAIR, THE EXECUTIVE DIRECTOR, AND ANY COMMITTEE APPOINTED TO ADDRESS CONFLICTS OF INTEREST, EXCEPT TO THE EXTENT ADDITIONAL DISCLOSURE IS NECESSARY IN CONNECTION WITH THE IMPLEMENTATION OF THIS THIS POLICY C THIS POLICY SHALL BE REVIEWED ANNUALLY BY EACH MEMBER OF THE BOARD OF DIRECTORS ANY CHANGES TO THE POLICY SHALL BE COMMUNICATED IMMEDIATELY TO ALL RESPONSIBLE PERSONS

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

Additional Data

Software ID:
Software Version:
EIN: 41-0695594
Name: UNITED WAY OF OLMSTED COUNTY INC

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
CHRIS NELSON DIRECTOR	2 50	X						0	0	0
MIKE WILLARD DIRECTOR	2 50	X						0	0	0
DALE WALSTON TREASURER	4 00	X						0	0	0
TONI ADAFIN DIRECTOR	2 50	X						0	0	0
RANDY CHAPMAN DIRECTOR	2 50	X						0	0	0
ROMAIN DALLEMAND DIRECTOR	2 50	X						0	0	0
AUDREY BETCHER DIRECTOR	2 50	X						0	0	0
DON DECRAMER DIRECTOR	2 50	X						0	0	0
NICKIE FROILAND DIRECTOR	2 50	X						0	0	0
JOANNE ROSENER DIRECTOR	2 50	X						0	0	0
MARILYN HANSMANN BOARD CHAIR	4 00	X						0	0	0
STEVEN HILL DIRECTOR	2 50	X						0	0	0
BETTY HUTCHINS DIRECTOR	2 50	X						0	0	0
LARRY EDMONSON DIRECTOR	2 50	X						0	0	0
KELLY MCDONOUGH DIRECTOR	2 50	X						0	0	0
GAIL NELSON ASSISTANT TREASURER	3 00	X						0	0	0
PETER NYCKLEMOE DIRECTOR	2 50	X						0	0	0
STEPHEN ROSE DIRECTOR	2 50	X						0	0	0
JIM RUSTAD DIRECTOR	2 50	X						0	0	0
WENDY SHANNON VICE CHAIR	4 00	X						0	0	0
DAVE STENHAUG DIRECTOR	2 50	X						0	0	0
JON ECKHOFF DIRECTOR	2 50	X						0	0	0
CAROLYN PETERSEN DIRECTOR	2 50	X						0	0	0
KAREN ERLENBUSCH PRESIDENT	37 50			X				88,440	0	20,587
DALE O'GROSKE CFO	37 50			X				56,772	0	20,180

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
ANNE BERBERICH SENIOR VP, RESOURCE DEVELOPMENT	40 00					X		61,450	0	13,378
APRIL SUTOR VP, COMMUNITY IMPACT	40 00					X		59,211	0	13,486
DAVE BEAL VP, COMMUNICATION AND ADVOCACY	40 00					X		48,129	0	15,136

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

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 76,034

Identifier	Return Reference	Explanation
CHOICE OF INDEPENDENT AUDITOR AND OVERSIGHT OF THE AUDIT	PART XI, LINE 2C	THE AUDIT COMMITTEE, ORGANIZED WITH BOARD OF DIRECTOR MEMBERS IN COMPLIANCE WITH SECTION 301 AND 407 OF SARBANES-OXLEY, MEETS WITH THE AUDITOR BEFORE THE AUDIT TO SIGN AN ENGAGEMENT LETTER, AND DISCUSS ANY WORK TO BE DONE BY THE AUDITORS THE AUDIT COMMITTEE MEMBERS ARE AVAILABLE TO THE AUDITORS DURING THE AUDIT TO DISCUSS ANY SIGNIFICANT FINDINGS THE AUDIT COMMITTEE MEETS WITH THE AUDITORS TO REVIEW THE MANAGEMENT LETTER, AND A DRAFT COPY OF THE AUDIT REPORT IN COMPLIANCE WITH SECTION 204 OF SARBANES-OXLEY THE AUDIT COMMITTEE MAY REQUEST FORMAT CHANGES TO THE AUDIT, AND APPROVES THE AUDIT REPORT TO BE FORWARDED TO THE BOARD OF DIRECTORS THE BOARD OF DIRECTORS APPROVES THE AUDIT REPORT FOR PUBLIC INSPECTION SELECTION OF AN INDEPENDENT ACCOUNTANT IS PERFORMED BY THE AUDIT COMMITTEE EVERY THREE YEARS A REQUEST FOR PROPOSAL IS ISSUED BY THE AUDIT COMMITTEE, EVERY THREE YEARS FOR AUDIT SERVICES PROPOSALS ARE REVIEWED AND SCORED BY THE AUDIT COMMITTEE, AND AN AUDIT FIRM IS CHOSEN FOR RECOMMENDATION TO THE BOARD OF DIRECTORS THE BOARD OF DIRECTORS APPROVES THE SELECTION OF THE AUDIT FIRM IN THE CASE THAT THE SAME AUDIT FIRM IS SELECTED, THE LEAD AUDIT PARTNER OR COORDINATING PARTNER MUST ROTATE OFF THE AUDIT EVERY FIVE YEARS THE PROCESS OF CHOOSING AN INDEPENDENT AUDITOR AND OVERSEEING THE AUDIT HAS NOT CHANGED FROM PRIOR-YEARS

Identifier	Return Reference	Explanation
	HEADING, ITEM L YEAR OF FORMATION	ON OCTOBER 29, 1925, A JOINT MEETING OF THE KIWANIS AND ROTARY CLUBS ALONG WITH THE "BUSINESS MEN OF ROCHESTER" WAS HELD IN THE ARTHUR HOTEL ACCORDING TO THE MINUTES, THE MEETING WAS CALLED "FOR THE PURPOSE OF CRYSTALLIZING SENTIMENT IN FAVOR OF A COMMUNITY CHEST FOR ROCHESTER AND TO FORM [THE] ORGANIZATION " IN THE ANNUAL REPORT OF JANUARY 29, 1963 ROBERT C ROESLER OBSERVED THAT WHILE THE PAST YEAR HAD BEEN THE 38TH YEAR OF OPERATION FOR THE COMMUNITY CHEST, IT WAS "ALSO THE FIRST OF AN ANTICIPATED SERIES OF SUCCESSFUL YEARS FOR THE UNITED FUND OF GREATER ROCHESTER " IN 1972, THE UNITED FUND OF GREATER ROCHESTER BECAME THE UNITED WAY OF OLMSTED COUNTY THIS CHANGE NOT ONLY BROUGHT A "NEW LOOK TO OUR ORGANIZATION," WROTE CLIFFORD M JOHNSON IN THE ANNUAL REPORT OF 1972, "BUT ALSO INVOLVED AN EXPANSION OF SERVICES TO MORE PEOPLE " THE YEAR SAW 1,400 NEW FIRST-TIME DONORS AND "GROWING PARTNERSHIPS WITH PUBLIC SERVICE AGENCIES AND GOVERNMENTAL UNITS "

Identifier	Return Reference	Explanation
PAYMENTS TO AFFILIATES	PART IX, LINE 21	MEMBERSHIP IN UNITED WAY OF AMERICA CONSTITUTES AN AFFILIATE RELATIONSHIP UNDER THE IRS DEFINITION OF FEDERATED FUNDRAISING AGENCIES AND AS SUCH, DUES PAID TO UNITED WAY OF AMERICA BY UNITED WAY OF OLMSTED COUNTY ARE REPORTED ON LINE 21 OF PART IX OF FORM 990 THE PAYMENT REPORTED HERE IS A QUOTA SUPPORT PAYMENT TO UNITED WAY OF AMERICA FOR WHICH UNITED WAY OF OLMSTED COUNTY RECEIVES - THE RIGHT TO USE THE NATIONAL BRAND IN CHARITABLE ENDEAVORS - NATIONAL ADVOCACY OF ISSUES - MEMBER EDUCATION AND TRAINING - CENTRALIZED CREATION AND SUPPORT FOR MARKETING OF FUNDRAISING CAMPAIGNS - FOSTERING OF RELATIONSIPS WITH NATIONAL ORGANIZATIONS THAT SUPPORT MULTIPLE MEMBERS - ESTABLISHMENT AND MONITORING OF COMPLIANCE WITH STANDARDS OF ACCOUNTABILITY BY MEMBERS - ESTABLISHMENT OF POLICIES AND PROCESSES THAT IMPROVE OPERATIONAL EFFICIENCIES AMONG MEMBERS - PROMOTION OF THE CONCEPT OF LOCAL COMMUNITY IMPACT ON A NATIONAL SCALE

Identifier	Return Reference	Explanation
ADDRESSES OF BOARD MEMBERS	FORM 990, PART VI, SECTION A, LINE 11	TONI ADAFIN 1090 CHIPPEWA DR NW ROCHESTER, MN 55901 RANDY CHAPMAN 3728 122ND AVE SE EYOTA, MN 55934 ROMAIN DALLEMAND 1100 20TH ST NW, APT 1 ROCHESTER, MN 55901 AUDREY BETCHER 607 TOWER CT SE STEWARTVILLE, MN 55976 DON DECRAMER 2720 RIDGEWOOD CT SE ROCHESTER, MN 55904 LARRY EDMONSON 5448 15TH ST SE ROCHESTER, MN 55904 JON ECKHOFF 3715 ARBOR DR NW ROCHESTER, MN 55901 NICKIE FROILAND 985 CEDAR POINT LN SE ORONOCO, MN 55960 MARILYN HANSMANN 4508 MEADOW LAKES DR NW ROCHESTER, MN 55901 STEVEN HILL 1210 21ST ST NE ROCHESTER, MN 55906 BETTY HUTCHINS 3430 LIMERICK LN NE ROCHESTER, MN 55906 KELLY MCDONOUGH 4201 ARBOR LN NW ROCHESTER, MN 55901 CHRISTOPHER D NELSON 660 SHARDLOW PLACE NE BYRON, MN 55920 GAIL NELSON 704 3RD AVE NW BYRON, MN 55920 PETER NYCKLEMOE 1418 CITY VIEW CT NE ROCHESTER, MN 55906 CAROLYN PETERSEN 1130 7TH AVE SW ROCHESTER, MN 55902 STEPHEN ROSE 703 MEADOW RUN DR SW ROCHESTER, MN 55902 JOANNE ROSENER 4130 57TH LN NW ROCHESTER, MN 55901 JIM RUSTAD 2001 FOLWELL DR SW ROCHESTER, MN 55902 WENDY SHANNON 5236 ROSELEE CIRCLE NW BYRON, MN 55920 DAVE STENHAUG 7005 HALIFAX LN NW ROCHESTER, MN 55901 DALE WALSTON 711 18 1/2 ST SE ROCHESTER, MN 55904 MIKE WILLARD 2123 BAIHLY HILLS DR SW ROCHESTER, MN 55902

Identifier	Return Reference	Explanation
OVERHEAD RATIO	FORM 990, PART IX, LINE 25	THE STANDARD FORMULA FOR CALCULATING THE OVERHEAD RATIO AMONG UNITED WAYS IS AS FOLLOWS 990 FORM, PART IX, LINE 25, COLUMN C (M&G EXP) + COLUMN D (FUNDRAISING EXP) DIVIDED BY 990 FORM, PART VIII, LINE 12, COLUMN A (TOTAL REVENUE) THE UNITED WAY OF OLMSTED COUNTY, INC OVERHEAD RATIO IS 17%

Identifier	Return Reference	Explanation
OTHER COMPENSATION	FORM 990, PART VII, COLUMN (F)	OTHER COMPENSATION INCLUDES BENEFITS ONLY FROM EMPLOYER CONTRIBUTIONS TO RETIREMENT PLAN, GROUP LIFE INSURANCE, LONG-TERM DISABILITY, HEALTH INSURANCE, AND CELL PHONE

Identifier	Return Reference	Explanation
INFORMATION ABOUT GRANTS	FORM 990, SCHEDULE I, PART 1	PROGRAM OPERATING COST A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOCIATED WITH A SPECIFIC PROGRAM OR INITIATIVE THAT IT OPERATES THROUGH THESE SPECIFIC GOALS, WE ARE HELPING PEOPLE IN A NEW WAY WE ARE BREAKING NEGATIVE CYCLES AND TACKLING THE ROOT CAUSES OF PROBLEMS TO CREATE LASTING CHANGE THIS SHARED VISION IS MOBILIZING THE COMMUNITY AND CREATING COLLABORATIONS THAT PRODUCE RESULTS TOGETHER, WE ARE CHANGING OLMSTED COUNTY FOR THE BETTER FOR ALL OF US RESULTS FOR EACH OF THESE PROGRAMS CAN BE OBTAINED AT WWW UWOLMSTED ORG THESE GRANTS WERE GIVEN IN THE FOLLOWING CATEGORIES EDUCATION CHILDREN ARE PREPARED TO SUCCED IN SCHOOL THE GOAL OF THIS INITIATIVE IS THAT BY 2015, 7,500 (75%) OF CHILDREN IN OLMSTED COUNTY PASS THE KINDERGARTEN ASSESSMENT PARTICIPATING AGENCIES INCLUDE CHILD CARE RESOURCE AND REFERRAL, CIVIC LEAGUE DAY NURSERY, GOOD NEWS CHILDREN'S CENTER, BYRON SCHOOLS, TRI-VALLEY COUNCIL EDUCATION YOUTH ARE PREPARED TO SUCCEED IN OUR CUMMUNITY THE GOAL OF THIS INITIATIVE IS THAT BY 2015, 3,300 LOW-INCOME YOUTH PARTICIPATING IN COMMUNITY-BASED PROGRAMS DEMONSTRATE CONNECTION TO A CARING ADULT AND COMMUNITY, AND LEADERSHIP IN THE COMMUNITY PARTICIPATING AGENCIES INCLUDE ROCHESTER FAMILY Y, BOYS & GIRLS CLUB, READING CENTER/DYSLEXIA INSTITUTE OF AMERICA, GIRL SCOUTS COUNCIL OF RIVER TRAILS, FRIENDS OF QUARRY HILL, FAMILY & CHILDREN'S CENTER FINANCIAL STABILITY, FAMILIES MOVE TOWARD FINANCIAL INDEPENDENCE JOB SKILLS THE GOAL OF THIS INITIATIVE IS THAT BY 2015, 400 PEOPLE AT OR BELOW 280% POVERTY COMPLETE JOB SKILL TRAINING AND GAIN EMPLOYMENT WORKING 30+ HRS/WEEK, 45 WEEKS ANNUALLY, WITH HEALTH BENEFITS, EARNING MORE THAN $10 PER HOUR PARTICIPATING AGENCIES INCLUDE INTERCULTURAL MUTUAL ASSISTANCE ASSOCIATION, ROCHESTER COMMUNITY AND TECHNICAL COLLEGE FINANCIAL STABILITY, FAMILIES MOVE TOWARD FINANCIAL INDEPENDENCE STABLIZATION THE GOAL OF THIS INITIATIVE IS THAT BY 2015, 65 FAMILIES ACHIEVE STABILIZATION WITH HOUSING, EMPLOYMENT OR EDUCATION AND BUILD ASSETS PARTICIPATING AGENCIES INCLUDE INTERFAITH HOSPITALITY NETWORK, ROCHESTER FAMILY Y, CATHOLIC CHARITIES HEALTH, IMPROVING PEOPLES' HEALTH DENTAL THE GOAL OF THIS INITIATIVE IS THAT BY 2015, 3,520 UNDER AND UNINSURED 3 TO 14 YEAR-OLDS RECEIVE PREVENTIVE DENTAL CARE AND EDUCATION PARTICIPATING AGENCIES INCLUDE CHILDRENS DENTAL HEALTH HEALTH, IMPROVING PEOPLES' HEALTH BASIC HEALTH CARE THE GOAL OF THIS INITIATIVE IS THAT BY 2015, 3,700 UNINSURED OLMSTED COUNTY RESIDENTS RECEIVE BASIC HEALTH CARE TO STABILIZE AND IMPROVE THEIR HEALTH PARTICIPATING AGENCIES INCLUDE SALVATION ARMY, INTERCULTURAL MUTUAL ASSISTANCE ASSOCIATION HEALTH, IMPROVING PEOPLES' HEALTH MENTAL ILLNESS THE GOAL OF THIS INITIATIVE IS THAT BY 2015, THE UNINSURED AND LOW-INCOME PEOPLE RECEIVE EARLY INTERVENTIONS FOR MENTAL ILLNESS IN COMMUNITY SETTINGS PARTICIPATING AGENCIES INCLUDE FAMILY SERVICE ROCHESTER, ZUMBRO VALLEY MENTAL HEALTH CENTER, NAMI OLMSTED COUNTY, COMMUNITY BASICS, MEETING BASIC NEEDS OF FOOD, SHELTER, SAFETY, & INCLUSIVITY FOOD THE GOAL OF THIS INITIATIVE IS THAT BY 2015, 172,500 NUTRITIOUS MEALS ARE TO BE PROVIDED TO OUR MOST VULNERABLE POPULATIONS PARTICIPATING AGENCIES INCLUDE CHANNEL ONE, SALVATION ARMY, FAMILY SERVICE ROCHESTER COMMUNITY BASICS, MEETING BASIC NEEDS OF FOOD, SHELTER, SAFETY, & INCLUSIVITY SAFETY THE GOAL OF THIS INITIATIVE IS THAT BY 2015, 16,260 CHILDREN AND YOUTH EXPERIENCE SAFE INTERACTIONS WITH CAREGIVERS AND PEERS THROUGH CRISIS CARE AND POSITIVE PARENT-CHILD AND YOUTH-YOUTH RELATIONSHIP BUILDING PARTICIPATING AGENCIES INCLUDE CHILD CARE RESOURCES AND REFERRAL, FAMILY SERVICE ROCHESTER, MAYO CLINIC ROCHESTER COMMUNITY BASICS, MEETING BASIC NEEDS OF FOOD, SHELTER, SAFETY, & INCLUSIVITY LEGAL THE GOAL OF THIS INITIATIVE IS THAT BY 2015, 890 LOW-INCOME RESIDENTS HAVE ACCESS TO BASIC LEGAL REPRESENTATION AND EDUCATION PARTICIPATING AGENCIES INCLUDE LEGAL ASSISTANCE OF OLMSTED COUNTY COMMUNITY BASICS, MEETING BASIC NEEDS OF FOOD, SHELTER, SAFETY, & INCLUSIVITY VULNERABLE SENIORS THE GOAL OF THIS INITIATIVE IS THAT BY 2015, 1,715 VULNERABLE SENIORS AND THOSE WITH LIMITED RESOURCES REMAIN IN THEIR HOMES LONGER THROUGH CASE MANAGEMENT AND SERVICES PROVIDED BY VOLUNTEER NETWORKS PARTICIPATING AGENCIES INCLUDE ELDER NETWORK, FAMILY SERVICE ROCHESTER, SALVATION ARMY COMMUNITY BASICS, MEETING BASIC NEEDS OF FOOD, SHELTER, SAFETY, & INCLUSIVITY INDEPENDENCE THE GOAL OF THIS INITIATIVE IS THAT BY 2015, 1,068 OLMSTED COUNTY RESIDENTS WITH DISABILITIES EXPERIENCE INCREASED INDEPENDENCE AND INTEGRATION THROUGH EMPLOYEMENT AND LIFE-SKILLS BUILDING PARTICIPATING AGENCIES INCLUDE ABILITY BUILDING CENTER, POSSABILITIES COMMUNITY BASICS, MEETING BASIC NEEDS OF FOOD, SHELTER, SAFETY, & INCLUSIVITY SHELTER THE GOAL OF THIS INITIATIVE IS THAT BY 2015, 315 HOMELESS OR NEAR HOMELESS PEOPLE HAVE ACCESS TO IMMEDIATE, SHORT-TERM SHELTER PARTICIPATING AGENCIES INCLUDE SALVATION ARMY DONOR DESIGNATED FOR GENERAL SUPPORT AN UNRESTRICTED GRANT MADE TO AN AGENCY AT THE DIRECTION OF THE DONOR(S) IN SUPPORT OF ITS GENERAL OPERATING COSTS AND PROGRAMS GRANTS ARE LISTED NET OF A 12 5% FUNDRAISING AND ADMINISTRATIVE FEE COLLECTED, AND ARE PAID OUT AFTER RECEIPT, ACCORDING TO THE DESIGNATION PAYOUT SCHEDULE