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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 04-01-2010 and ending 03-31-2011

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

C Name of organization
UNITED WAY OF MOWER COUNTY INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address)
PO BOX 605

Room/suite

City or town, state or country, and ZIP + 4
AUSTIN, MN 55912

D Employer identification number
41-0831896

E Telephone number
(507) 437-2313

G Gross receipts $ 1,585,842

F Name and address of principal officer
MANDI LIGHTHIZER-SCHMIDT
PO BOX 605
AUSTIN,MN 55912

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 UWMOWER ORG

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

L Year of formation 1958

M State of legal domicile MN

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
TO IMPROVE LIVES BY MOBILIZING THE CARING POWER OF COMMUNITIES

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	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	3
6	Total number of volunteers (estimate if necessary)	6	382
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)	2,246,690	1,541,692
	9	Program service revenue (Part VIII, line 2g)	5,350	26,599
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,423	6,351
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	15,083	10,767
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,279,546	1,585,409
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,912,439	1,247,036
	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)	114,970	112,870
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶44,615		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	186,021	197,266
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	2,213,430	1,557,172
	19	Revenue less expenses Subtract line 18 from line 12	66,116	28,237
Net Assets or Fund Balances			**Beginning of Current Year**	**End of Year**
	20	Total assets (Part X, line 16)	1,361,220	1,454,948
	21	Total liabilities (Part X, line 26)	548,814	614,310
	22	Net assets or fund balances Subtract line 21 from line 20	812,406	840,638

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

****** 2011-10-11
Signature of officer Date

MANDI LIGHTHIZER-SCHMIDT EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name DALE BUYTAERT	Preparer's signature DALE BUYTAERT	Date	Check if self-employed ▶ ☐	PTIN
Firm's name ▶ LARSONALLEN LLP				Firm's EIN ▶
Firm's address ▶ PO BOX 217 AUSTIN, MN 55912				Phone no ▶ (507) 434-7000

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

TO IMPROVE LIVES BY MOBILIZING THE CARING POWER OF COMMUNITIES

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 $ 1,353,992 including grants of $ 1,247,036) (Revenue $)

UNITED WAY PROMOTES THE CARING POWER OF COMMUNITIES THROUGH THE FUNDING OF QUALITY LOCAL PROGRAMMING AND LOCAL INITIATIVES

4b (Code) (Expenses $ 67,534 including grants of $) (Revenue $)

THE SUCCESS BY 6 PROGRAM IS COMPRISED OF PRE-SCHOOL SCHOLARSHIPS AND TRANSPORTATION UNITED WAY THROUGH A GRANT FROM THE HORMEL FOUNDATION GIVES SCHOLARSHIPS TO ATTEND PRE-SCHOOL TO CHILDREN WHOSE FAMILIES HOUSEHOLD INCOME IS LESS THAN 200% OF POVERTY SCHOLARSHIPS INCLUDE A FULL YEAR OF TUITION TO A LOCAL PARTICIPATING PRE-SCHOOL PROGRAM AS WELL AS TRANSPORTATION UNITED WAY ALSO PARTNERS WITH AMCAT TO PROVIDE TRANSPORTATION FOR SCHOLARSHIP CHILDREN AND NON-SCHOLARSHIP CHILDREN TO AND FROM PRE-SCHOOL PROGRAMS UNITED WAY SUBCONTRACTS WITH THE PARENTING RESOURCE CENTER TO PROVIDE AIDES TO RIDE BUSES AND ENSURE THE SAFETY OF ALL CHILDREN FOR THE YEAR ENDING MARCH 31, 2011 UNITED WAY PROVIDED FORTY SCHOLARSHIPS SO THAT CHILDREN COULD ENTER KINDERGARTEN READY TO SUCCEED

4c (Code) (Expenses $ 24,095 including grants of $) (Revenue $ 26,599)

THE GET FIT HEALTHY LIVING CHALLENGE IS UNITED WAY OF MOWER COUNTY'S HEALTHY LIVING INITIATIVE PARTICIPANTS PAY A $15 FEE TO PARTICIPATE AND FORM TEAMS TO CHANGE UNHEALTHY BEHAVIORS PARTICIPANTS ARE CHALLENGED TO LOSE WEIGHT, GET THEIR DAILY REQUIREMENTS OF FRUITS AND VEGETABLES AND EXERCISE ON A REGULAR BASIS EDUCATIONAL AND FITNESS SEMINARS AND SPECIAL EVENTS AROUND HEALTHY LIFESTYLE TOPICS ARE PROVIDED TO PARTICIPANTS AND THE GENERAL PUBLIC UNITED WAY'S WEBSITE IS A RESOURCE FOR INFORMATION, RECIPES, FITNESS TIPS, ETC IN 2010 535 COMMUNITY MEMBERS PARTICIPATED IN THE GET FIT CHALLENGE AND LOST 1,974 70 POUNDS

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses**▶$ 1,445,621

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		No
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	Yes	
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		No
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)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	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		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		No
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	0			
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	3			
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		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
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 15			
b	Enter the number of voting members included in line 1a, above, who are independent	1b 15			
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	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a	Yes	
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		No

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 ▶

MANDI LIGHTHIZER-SCHMIDT
PO BOX 605
AUSTIN, MN 55912
(507) 437-2313

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): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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
(1) DIANE BAKER PRESIDENT	1 00	X		X				0	0	0
(2) CLAUDE PULLIAM VICE PRESIDENT	1 00	X		X				0	0	0
(3) CATHY HIRST TREASURER	1 00	X		X				0	0	0
(4) CHAD SAYLES COMMUNITY INVESTMENT CHR	1 00	X		X				0	0	0
(5) ANN HOKANSON DIRECTOR	1 00	X						0	0	0
(6) KELLY LADY DIRECTOR	1 00	X						0	0	0
(7) JEFF LINKOUS DIRECTOR	1 00	X						0	0	0
(8) KATIE BASIN DIRECTOR	1 00	X						0	0	0
(9) KATY BORDWELL DIRECTOR	1 00	X						0	0	0
(10) KRISTI STASI DIRECTOR	1 00	X						0	0	0
(11) TRISH WIECHMANN DIRECTOR	1 00	X						0	0	0
(12) SCOTT AAKRE DIRECTOR	1 00	X						0	0	0
(13) DR DAVID AGERTER DIRECTOR	1 00	X						0	0	0
(14) DIDACUS GUZMAN DIRECTOR	1 00	X						0	0	0
(15) PAUL KUEHNEMAN SECRETARY	1 00	X		X				0	0	0
(16) MANDI LIGHTHIZER-SCHMIDT EXECUTIVE DIRECTOR	40 00			X				55,408	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): Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(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

1b	**Sub-Total** . . . . ▶			
c	**Total from continuation sheets to Part VII, Section A** . . . . ▶			
d	**Total (add lines 1b and 1c)** . . . . ▶	55,408	0	0

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	967,794				
	b Membership dues 1b					
	c Fundraising events 1c					
	d Related organizations . . . 1d					
	e Government grants (contributions) 1e	5,000				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	568,898				
	g Noncash contributions included in lines 1a-1f $	13,741				
	h **Total.** Add lines 1a-1f . . . . ▶		1,541,692			
Program Service Revenue		Business Code				
	2a GET FIT PROGRAM FEES	713940	26,599	26,599		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f . . . . ▶		26,599			
Other Revenue	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶		6,784			6,784
	4 Income from investment of tax-exempt bond proceeds . . ▶					
	5 Royalties . . . . ▶					
		(i) Real / (ii) Personal				
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) . . . . ▶					
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory					
	b Less cost or other basis and sales expenses	(ii) 433				
	c Gain or (loss)	(ii) -433				
	d Net gain or (loss) . . . . ▶		-433			-433
	8a Gross income from fundraising events (not including $ of contributions reported on line 1c) See Part IV, line 18 . . . a	720				
	b Less direct expenses . . . b	0				
	c Net income or (loss) from fundraising events . . ▶		720			720
	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 DIRECTOR FEES	900099	9,929			9,929
	b OTHER REVENUE	900099	118			118
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d . . . . . . ▶		10,047			
	12 **Total revenue.** See Instructions . . . ▶		1,585,409	26,599	0	17,118

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	1,247,036	1,247,036		
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	55,970	29,105	22,388	4,477
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	47,775	24,843	19,110	3,822
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	1,543	802	617	124
10	Payroll taxes	7,582	3,943	3,033	606
a	Fees for services (non-employees) Management				
b	Legal				
c	Accounting	4,737		4,737	
d	Lobbying				
e	Professional fundraising services *See Part IV, line 17* . .				
f	Investment management fees				
g	Other				
12	Advertising and promotion	9,422	4,711		4,711
13	Office expenses	6,748	2,698	2,025	2,025
14	Information technology				
15	Royalties . .				
16	Occupancy	17,945	7,178	5,384	5,383
17	Travel	256	102	77	77
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	9,162	3,664	2,749	2,749
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,825	730	548	547
23	Insurance	2,486	994	746	746
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	SUCCESS BY SIX PROGRAM	67,534	67,534		
b	GET FIT PROGRAM EXPENSE	24,095	24,095		
c	CAMPAIGN AND AWARDS	13,826			13,826
d	COMMUNITY IMPACT GRANTS	10,325	10,325		
e	DUES AND SUBSCRIPTIONS	5,400	5,400		
f	All other expenses	23,505	12,461	5,522	5,522
25	**Total functional expenses.** Add lines 1 through 24f	1,557,172	1,445,621	66,936	44,615
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				1	
	2	Savings and temporary cash investments			602,062	2	627,106
	3	Pledges and grants receivable, net			757,401	3	822,415
	4	Accounts receivable, net				4	
	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				9	
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a	18,454			
	b	Less accumulated depreciation	10b	14,022	1,757	10c	4,432
	11	Investments—publicly traded securities				11	
	12	Investments—other securities See Part IV, line 11				12	995
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11				15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)			1,361,220	16	1,454,948
Liabilities	17	Accounts payable and accrued expenses			2,998	17	3,173
	18	Grants payable			545,816	18	611,137
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities Complete Part X of Schedule D				25	
	26	**Total liabilities.** Add lines 17 through 25			548,814	26	614,310
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			478,986	27	465,365
	28	Temporarily restricted net assets			333,420	28	375,273
	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			812,406	33	840,638
	34	Total liabilities and net assets/fund balances			1,361,220	34	1,454,948

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	1,585,409
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,557,172
3	Revenue less expenses Subtract line 2 from line 1	3	28,237
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	812,406
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-5
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	840,638

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	Employer identification number
UNITED WAY OF MOWER COUNTY INC	41-0831896

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

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

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

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

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

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

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

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

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

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

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

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

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

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

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

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

		Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the 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	No	**(v)** Did you notify the organization in col (i) of your support? Yes	No	**(vi)** Is the organization in col (i) organized in the U S ? Yes	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 ")	1,068,513	1,186,846	1,201,540	2,246,690	1,541,692	7,245,281
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	1,068,513	1,186,846	1,201,540	2,246,690	1,541,692	7,245,281
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)						3,673,944
6 **Public Support.** Subtract line 5 from line 4						3,571,337

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	1,068,513	1,186,846	1,201,540	2,246,690	1,541,692	7,245,281
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	17,068	22,810	12,391	12,423	6,784	71,476
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)	10,223	8,245	8,126	15,083	10,767	52,444
11 **Total support** (Add lines 7 through 10)						7,369,201

12 Gross receipts from related activities, etc (See instructions) **12** 58,093

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** 48 460 %

15 Public Support Percentage for 2009 Schedule A, Part II, line 14 **15** 50 340 %

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

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 MOWER COUNTY INC

Employer identification number
41-0831896

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				
b Buildings				
c Leasehold improvements				
d Equipment		18,454	14,022	4,432
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				4,432

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	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	

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	1,585,409
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,557,172
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	28,237
4	Net unrealized gains (losses) on investments	4	-5
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	-5
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	28,232

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	1,116,279
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-5		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	53		
e	Add lines **2a** through **2d**			2e	48
3	Subtract line **2e** from line **1**			3	1,116,231
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	469,178		
c	Add lines **4a** and **4b**			4c	469,178
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	1,585,409

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

1	Total expenses and losses per audited financial statements			1	1,087,614
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	53		
e	Add lines **2a** through **2d**			2e	53
3	Subtract line **2e** from line **1**			3	1,087,561
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	469,611		
c	Add lines **4a** and **4b**			4c	469,611
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	1,557,172

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
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE UNITED WAY OF MOWER COUNTY, INC IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND THEREFORE HAS MADE NO PROVISION FOR FEDERAL INCOME TAXES IN THE ACCOMPANYING FINANCIAL STATEMENTS IN ADDITION, THE UNITED WAY OF MOWER COUNTY, INC HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE NOT TO BE A "PRIVATE FOUNDATION" WITHIN THE MEANING OF SECTION 509(A) OF THE INTERNAL REVENUE CODE THERE WAS NO UNRELATED BUSINESS INCOME FOR THE YEAR ENDED MARCH 31, 2011 THE ORGANIZATION HAS NOT BEEN AUDITED BY THE INTERNAL REVENUE SERVICE OR MINNESOTA REVENUE, AND ACCORDINGLY THE INCOME TAX RETURNS FOR THE PAST THREEE YEARS ARE OPEN TO EXAMINATION
PART XII, LINE 2D - OTHER ADJUSTMENTS		EXPENSES NETTED TO REVENUE ON FORM 990 $53
PART XII, LINE 4B - OTHER ADJUSTMENTS		PASS-THROUGH GRANTS FROM THE HORMEL FOUNDATION $469,611 LOSS ON DISPOSITION OF FIXED ASSETS $-433
PART XIII, LINE 2D - OTHER ADJUSTMENTS		EXPENSES NETTED TO REVENUE ON FORM 990 $53
PART XIII, LINE 4B - OTHER ADJUSTMENTS		PASS-THROUGH GRANTS FROM THE HORMEL FOUNDATION $469,611

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 MOWER COUNTY INC

Employer identification number
41-0831896

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 . . . . . ▶ 23

3 Enter total number of other organizations . . . . . ▶ 0

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**
OTHER INFORMATION	PART IV	THE HORMEL FOUNDATION APPROVES GRANTS TO ORGANIZATIONS ON AN ANNUAL BASIS IN ORDER TO QUALIFY FOR FUNDING ORGANIZATIONS MUST RECEIVE FUNDING FROM THE UNITED WAY OF MOWER COUNTY AND BE IN GOOD STANDING THE HORMEL FOUNDATION PASSES THESE GRANTS THROUGH THE UNITED WAY OF MOWER COUNTY THE PROCEDURE IS AS FOLLOWS 1 HORMEL FOUNDATION BOARD OF DIRECTORS APPROVE GRANT AWARDS 2 GRANT AWARDS ARE SENT TO THE UNITED WAY OF MOWER COUNTY BOARD OF DIRECTORS FOR APPROVAL 3 HORMEL FOUNDATION SENDS GRANT DOLLARS TO THE UNITED WAY OF MOWER COUNTY UNITED WAY THEN DEPOSITS THE MONEY AND THEN IN TURN CUTS A CHECK TO THE ORGANIZATION UNITED WAY RECORDS THESE PASS THROUGH GRANTS AS BOTH REVENUE AND EXPENSE ON FORM 990 AND THE PASS THROUGH GRANTS ARE INCLUDED IN SCHEDULE I AND FIGURED INTO THE PUBLIC SUPPORT TEST ON SCHEDULE A

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 41-0831896
Name: UNITED WAY OF MOWER 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
ADAMS AREA AMBULANCE SERVICE16 EAST MAIN STREET PO BOX 79 ADAMS,MN 55909	41-1822847	501(C)(3)	4,500				EMT TRAINING AND RE-CERTIFICATION
AMERICAN RED CROSS - MOWER COUNTY LOCATION305 4TH AVENUE NW AUSTIN,MN 55912	41-0731419	501(C)(3)	98,000				HEALTH & SAFETY EDUCATION, ARMED FORCES EMERGENCY COMMUNICATION, BLOOD AND DISASTER SERVICES
APPLE LANE COMMUNITY CHILD CARE2000 1ST AVENUE NW AUSTIN,MN 55912	41-1889518	501(C)(3)	20,000				FAMILIES WHO DO NOT QUALIFY FOR CHILD CARE ASSISTANCE OR A GRANT THROUGH RIVERLAND CAN APPLY AND BE ELIGIBLE BASED ON THEIR INCOME FOR A SUBSIDY TO BE APPLIED THROUGHOUT THE YEAR TO EASE THE BURDEN OF CHILD CARE AND KEEP THEM WORKING AND/OR IN SCHOOL
ARC MOWER COUNTY709 N MAIN STREET AUSTIN,MN 55912	41-0746994	501(C)(3)	59,750				ADVOCACY, RECREATION, AND TRANSPORTATION FOR PEOPLE WITH DISABILITIES
CATHOLIC CHARITIES OF THE DIOCESE OF WINONA INC111 MARKET STREET PO BOX 379 WINONA,MN 55987	41-0721636	501(C)(3)	12,000				INDIVIDUAL AND FAMILY COUNSELING
CEDAR BRANCH DEVELOPMENTAL ACHIEVEMENT CENTER INCPO BOX 316 ADAMS,MN 55909	41-1311051	501(C)(3)	22,986				SOCIAL SKILLS, THERAPY AND WORK PROGRAMS FOR PEOPLE WITH DISABILITIES
CEDAR VALLEY SERVICES INC2111 4TH STREET NW AUSTIN,MN 55912	41-0870082	501(C)(3)	28,464				COMMUNITY BASED EMPLOYMENT AND TRANSPORTATION FOR PEOPLE WITH DISABILITIES
CHILDRENS DENTAL HEALTH SERVICES903 W CENTER STREET ROCHESTER,MN 55902	20-3677586	501(C)(3)	24,000				TEETH CLEANING FOR CHILDREN WITHOUT DENTAL INSURANCE
CRIME VICTIM'S RESOURCE CENTER-MAYO CLINIC HEALTH SYSTEM-AUSTIN1000 FIRST DRIVE NW AUSTIN,MN 55912	41-0695606	501(C)(3)	27,000				SEXUAL ASSAULT ADVOCACY, DOMESTIC VIOLENCE GENERAL CRIME SERVICES
HORMEL HISTORIC HOME INC208 4TH AVENUE NW AUSTIN,MN 55912	41-0705219	501(C)(3)	20,000				EDUCATIONAL PROGRAMS
MEDIATION CENTER OF SOUTHERN MINNESOTA INCORPORATEDPO BOX 84 AUSTIN,MN 55912	41-2034060	501(C)(3)	1,425				CIVIL AND FAMILY MEDIATION SERVICES
MOWER COUNCIL FOR THE HANDICAPPED111 NORTH MAIN STREET AUSTIN,MN 55912	41-1505345	501(C)(3)	46,000				ADVOCACY, PEER SUPPORT GROUPS AND EQUIPMENT LENDING FOR PEOPLE WITH MENTAL HEALTH AND PHYSICAL DISABILITIES

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
MOWER COUNTY MENTORING201 1ST STREET NE AUSTIN,MN 55912	41-6005848	501(C)(3)	12,000				MENTORING PROGRAM FOR CHILDREN
MOWER COUNTY SENIORS INC400 3RD AVENUE NE AUSTIN,MN 55912	41-1267614	501(C)(3)	45,800				TRANSPORTATION TO MEDICAL APPOINTMENTS, EDUCATIONAL PROGRAMS, ADVOCACY AND CHORE SERVICES FOR SENIORS
PARENTING RESOURCE CENTER INC301 NORTH MAIN STREET AUSTIN,MN 55912	41-1307920	501(C)(3)	55,000				EMERGENCY AND SICK CHILD CARE, SPECIALTY LIBRARY, PARENT MENTOR PROGRAM AND HOTLINE FOR PARENTS
RIVER TRAILS GIRL SCOUT COUNCILPO BOX 9338 ROCHESTER,MN 55903	41-0838819	501(C)(3)	15,000				LEADERSHIP AND EDUCATIONAL PROGRAMS FOR GIRLS
SALVATION ARMY2445 PRIOR AVENUE N ROSEVILLE,MN 55113	41-0698597	501(C)(3)	110,000				COMMUNITY MEALS, EMERGENCY LODGING AND RENT/UTILITY ASSISTANCE
SOUTHERN MINNESOTA REGIONAL LEGAL SERVICES INC55 5TH STREET E STE 1000 ST PAUL,MN 55101	41-1316151	501(C)(3)	15,000				LEGAL SERVICES FOR LOW-INCOME PEOPLE TRYING TO ATTAIN GOVERNMENT BENEFITS
TWIN VALLEY BOY SCOUTS OF AMERICA COUNCIL724 MADISON AVENUE MANKATO,MN 56001	41-6079300	501(C)(3)	20,000				EDUCATIONAL AND LEADERSHIP PROGRAMS FOR BOYS
WAPITI MEADOWS COMMUNITY TECHNOLOGIES & SERVICES1403 15TH AVENUE NW AUSTIN,MN 55912	20-0058923	501(C)(3)	47,000				BUDGET COUNSELING AND MENTAL HEALTH SERVICES FOR CHILDREN AND ADULTS
WELCOME CENTER INC308 4TH AVENUE NW SUITE 100-2 AUSTIN,MN 55912	41-1978031	501(C)(3)	35,000				ADVOCACY, EDUCATION AND EMPLOYMENT PROGRAMS FOR NEW IMMIGRANTS
YMCA OF AUSTIN704 1ST DRIVE NW AUSTIN,MN 55912	41-0718359	501(C)(3)	60,500				LOW-COST MEMBERSHIP FOR CHILDREN, FINANCIAL ASSISTANCE FOR FAMILIES AND AFTER-SCHOOL PROGRAMMING
AMERICAN RED CROSS - MOWER COUNTY LOCATION305 4TH AVENUE NW AUSTIN,MN 55912	41-0731419	501(C)(3)	3,448				HORMEL FOUNDATION GRANT - UW PASSES THROUGH GRANT
CHILDREN'S DENTAL HEALTH SERVICES903 W CENTER STREET ROCHESTER,MN 55902	20-3677586	501(C)(3)	44,000				HORMEL FOUNDATION GRANT - UW PASSES THROUGH GRANT

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
HORMEL HISTORIC HOME INC208 4TH AVENUE NW AUSTIN,MN 55912	41-0705219	501(C)(3)	7,500				HORMEL FOUNDATION GRANT - UW PASSES THROUGH GRANT
MEDIATION CENTER OF SOUTHERN MINNESOTA INCORPORATEDPO BOX 84 AUSTIN,MN 55912	41-2034060	501(C)(3)	750				HORMEL FOUNDATION GRANT - UW PASSES THROUGH GRANT
MOWER COUNCIL FOR THE HANDICAPPED400 3RD AVENUE NE AUSTIN,MN 55912	41-1267614	501(C)(3)	1,500				HORMEL FOUNDATION GRANT - UW PASSES THROUGH GRANT
MOWER COUNTY MENTORING201 1ST STREET NE AUSTIN,MN 55912	41-6005848	501(C)(3)	2,000				HORMEL FOUNDATION GRANT - UW PASSES THROUGH GRANT
MOWER COUNTY SENIORS INC400 3RD AVENUE NE AUSTIN,MN 55912	41-1267614	501(C)(3)	4,458				HORMEL FOUNDATION GRANT - UW PASSES THROUGH GRANT
AUSTIN CATHOLIC SCHOOLS311 4TH STREET NW AUSTIN,MN 55912	20-4023381	501(C)(3)	250,000				HORMEL FOUNDATION GRANT - UW PASSES THROUGH GRANT
PARENTING RESOURCE CENTER INC301 NORTH MAIN STREET AUSTIN,MN 55912	41-1307920	501(C)(3)	10,955				HORMEL FOUNDATION GRANT - UW PASSES THROUGH GRANT
CATHERWOOD (PARENTING RESOURCE CENTER INC)301 NORTH MAIN STREET AUSTIN,MN 55912	41-1307920	501(C)(3)	45,000				HORMEL FOUNDATION GRANT - UW PASSES THROUGH GRANTHORMEL FOUNDATION GRANT - UW PASSES THROUGH GRANT
RIVER TRAILS GIRL SCOUT COUNCILPO BOX 9338 ROCHESTER,MN 55903	41-0838819	501(C)(3)	11,000				HORMEL FOUNDATION GRANT - UW PASSES THROUGH GRANT
WAPITI MEADOWS COMMUNITY TECHNOLOGIES & SERVICES1403 15TH AVENUE NW AUSTIN,MN 55912	20-0058923	501(C)(3)	24,000				HORMEL FOUNDATION GRANT - UW PASSES THROUGH GRANT
WELCOME CENTER INC308 4TH AVENUE NW SUITE 100-2 AUSTIN,MN 55912	41-1978031	501(C)(3)	65,000				HORMEL FOUNDATION GRANT - UW PASSES THROUGH GRANT
CENTRO CAMPESINO214 OAK AVE NORTH OWATONNA,MN 55060	41-1945775	501(C)(3)	-2,000				FORFEITURE OF FISCAL YEAR 2010 GRANT

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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 MOWER COUNTY INC

Employer identification number
41-0831896

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		AS STATED IN THE BY-LAWS ANY INDIVIDUAL OR BUSINESS WHO MAKES A CONTRIBUTION FOR THE CURRENT YEAR IS A MEMBER

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		AS STATED IN THE BYLAWS ANY INDIVIDUAL OR BUSINESS WHO MAKES A CONTRIBUTION FOR THE CURRENT YEAR SHALL BE INVITED TO THE ANNUAL MEETING EACH MEMBER ATTENDING THE ANNUAL MEETING IS ENTITLED TO ONE VOTE ON MATTERS TO BE VOTED ON BY MEMBERS THERE SHALL BE NO VOTING BY PROXY A MAJORITY OF MEMBERS PRESENT AND VOTING ON ANY PARTICULAR ISSUE SHALL CONSTITUTE THE ACT OF THE MEMBERS, EXCEPT THAT A PLURALITY VOTE SHALL BE CONSIDERED SUFFICIENT TO ELECT PERSONS TO THE BOARD OF DIRECTORS IN CONTESTED ELECTIONS THE ANNUAL MEETING OF THE UNITED WAY SHALL BE HELD ON THE THIRD TUESDAY OF APRIL THE AGENDA INCLUDES THE ANNUAL REPORT AND ELECTION OF NEW BOARD MEMBERS

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE BOARD OF DIRECTORS WILL REVIEW THE FORM 990 AND SUPPORTING SCHEDULES TO BE SURE THE RETURN IS AS ACCURATE AS POSSIBLE PRIOR TO FILING THE RETURN

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	CONFLICTS OF INTEREST ARE HANDLED INTERNALLY ON AN ON-GOING BASIS EACH YEAR AT THE FIRST BOARD MEETING AFTER THE ANNUAL MEETING ALL BOARD MEMBERS AND STAFF ARE REQUIRED TO SIGN A NEW CONFLICT OF INTEREST POLICY AS WELL AS PUBLICLY DECLARE ANY CONFLICTS OF INTEREST SO THEY MAY BE NOTED IN THE BOARD MINUTES BOARD MEMBERS ARE ENCOURAGED TO DECLARE CONFLICTS OF INTEREST THROUGHOUT THE YEAR AS THEY MAY ARISE WHEN A CONFLICT OF INTEREST IS DECLARED IT IS ENTERED INTO THE BOARD MINUTES AND BOARD MEMBERS ABSTAIN FROM VOTING ON THE ISSUE WHERE THEY HAVE A CONFLICT OF INTEREST THE ABSTENTION IS ALSO NOTED IN THE BOARD MINUTES

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE UNITED WAY KEEPS A POLICY ON THE PROCESS FOR DETERMINING COMPENSATION A FORMAL PERFORMANCE EVALUATION IS CONDUCTED FOR ALL STAFF (EXECUTIVE DIRECTOR, ADMINISTRATIVE ASSISTANT AND MARKETING COORDINATOR) THE EXECUTIVE DIRECTOR PERFORMS STAFF EVALUATIONS AND MAKES A RECOMMENDATION TO THE EXECUTIVE COMMITTEE ON COMPENSATION THE EXECUTIVE DIRECTOR USES PERFORMANCE EVALUATION AND DATA AS TO COMPARABLE COMPENSATION PROVIDED BY UNITED WAY WORLDWIDE AND UNITED WAYS OF MN STATE ASSOCIATION TO FORM THE RECOMMENDATION ON COMPENSATION THE EXECUTIVE COMMITTEE, LED BY THE BOARD PRESIDENT, CONDUCT THE EXECUTIVE DIRECTOR'S PERFORMANCE EVALUATION THE EXECUTIVE COMMITTEE USES PERFORMANCE EVALUATION AND COMPARABLE COMPENSATION DATA PROVIDED BY UNITED WAY WORLDWIDE AND UNITED WAYS OF MN STATE ASSOCIATION TO FORM THE RECOMMENDATION ON COMPENSATION ALL COMPENSATION AND BENEFIT RECOMMENDATIONS ARE THEN FORWARDED TO THE FINANCE COMMITTEE FOR RECOMMENDATION TO THE UNITED WAY OF MOWER COUNTY BOARD OF DIRECTORS THE SALARY OF THE EXECUTIVE DIRECTOR IS DECLARED AND NOTED IN THE BOARD MINUTES UNITED WAY'S BOARD OF DIRECTORS VOTE TO APPROVE THE UPCOMING YEAR BUDGET INCLUDING STAFF SALARIES

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 18	THE CURRENT FORM 990 AND IRS EXEMPTION LETTER ARE AVAILABLE TO THE PUBLIC ON THE WEBSITE AT WWW UWMOWER ORG FORM 990 IS ALSO AVAILABLE ON WWW GUIDESTAR ORG

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE CURRENT BY-LAWS, ARTICLES OF INCORPORATION, AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC ON THE WEBSITE AT WWW UWMOWER ORG

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

Identifier	Return Reference	Explanation
		FORM 990, PART XI, LINE 2C THE BOARD OF DIRECTORS ASSUME RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT ACCOUNTANT THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR