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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 07-01-2010 and ending 06-30-2011

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

C Name of organization
UNITED WAY OF SOUTHWEST MINNESOTA

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
PO BOX 41

City or town, state or country, and ZIP + 4
MARSHALL, MN 56258

D Employer identification number
41-6023143

E Telephone number
(507) 929-2273

G Gross receipts $ 571,696

F Name and address of principal officer
RUTH ASCHER
109 S 5TH STREET
MARSHALL, MN 56258

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 UNITEDWAYSWMN ORG

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

L Year of formation 1962

M State of legal domicile MN

Part I Summary

1 Briefly describe the organization's mission or most significant activities
SEE STATEMENT 1

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	24
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	24
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	3
6	Total number of volunteers (estimate if necessary)	**6**	0
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
8	Contributions and grants (Part VIII, line 1h)	479,159	557,789
9	Program service revenue (Part VIII, line 2g)	6,993	8,369
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,326	5,538
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	72	0
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	490,550	571,696
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	348,083	361,376
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)	102,042	105,727
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶38,086		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	46,050	44,835
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	496,175	511,938
19	Revenue less expenses Subtract line 18 from line 12	-5,625	59,758

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	568,055	634,292
21	Total liabilities (Part X, line 26)	286,541	293,020
22	Net assets or fund balances Subtract line 21 from line 20	281,514	341,272

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

****** | 2011-10-13
Signature of officer | Date

RUTH ASCHER EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶ ☐	PTIN
GREG SHAW	GREG SHAW			

Firm's name ▶ DANA F COLE & COMPANY LLP | Firm's EIN ▶

Firm's address ▶ 310 WEST COLLEGE DRIVE PO BOX 618
MARSHALL, MN 562580618 | Phone no ▶ (507) 532-2295

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 IN SOUTHWEST MINNESOTA BY MOBILIZING THE CARING POWER OF OUR 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 $ 335,086 including grants of $ 259,335) (Revenue $ 507,789)

COMMUNITY IMPACT UNITED WAY OF SOUTHWEST MINNESOTA IS AN INDEPENDENT, LOCAL, CHARITABLE ORGANIZATION THAT WORKS TO CREATE LASTING CHANGES IN PEOPLE'S LIVES AND TO BUILD A STRONGER COMMUNITY BY INSPIRING PEOPLE TO HELP OTHERS, INCREASING RESOURCES TO MEET CRITICAL COMMUNITY NEEDS, AND FOSTERING INNOVATIVE SOLUTIONS TO PROBLEMS WITHIN LYON, LINCOLN, MURRAY, YELLOW MEDICINE AND WESTERN REDWOOD COUNTIES OF MINNESOTA BY PARTNERING WITH NON-PROFIT AGENCIES, SCHOOLS OR LOCAL UNITS OF GOVERNMENT THAT SERVE PEOPLE IN THIS AREA OF THE STATE OF MINNESOTA AND BY TARGETING GRANTS FOR SPECIFIC PROGRAMS THAT PRODUCE OUTCOMES WITHIN THE AREAS OF EDUCATION, INCOME AND HEALTH ANNUALLY, THE UNITED WAY OF SOUTHWEST MINNESOTA BOARD OF DIRECTORS DETERMINES THE OVERALL FUNDING LEVEL FOR COMMUNITY IMPACT GRANTS BASED UPON RESOURCES GATHERED DURING THE PRECEDING FUND-RAISING CAMPAIGN QUALIFYING ORGANIZATIONS THAT SERVE LOCAL PEOPLE ARE INVITED TO PREPARE GRANT PROPOSALS THAT ADDRESS STRATEGIES WITHIN THE ABOVE LISTED PRIORITY AREAS GRANT APPLICATIONS UNDERGO REVIEW THOUGH AN ORGANIZED CITIZEN REVIEW PROCESS (OUTLINED IN PART IV, SCHEDULE 1, PART 1, LINE 1) RECOMMENDATIONS ARE THEN PRESENTED TO THE UNITED WAY OF SOUTHWEST MINNESOTA BOARD OF DIRECTORS FOR FINAL REVIEW AND APPROVAL APPROVED GRANTS BECOME AVAILABLE JULY 1 OF EACH YEAR GRANTS LARGER THAN $2,000 ARE DISTRIBUTED ON A QUARTERLY BASIS

4b (Code) (Expenses $ 74,673 including grants of $ 74,673) (Revenue $ 8,369)

COMMUNITY INITIATIVES UNITED WAY OF SOUTHWEST MINNESOTA FOCUSES ON EDUCATION, INCOME AND HEALTH THE UNITED WAY SUCCESS BY SIX INITIATIVE STRIVES TO MAKE SURE THAT ALL CHILDREN ARE READY TO SUCCEED WHEN THEY ENTER KINDERGARTEN CHILDREN WHO START BEHIND, STAY BEHIND KEY STRATEGIES INCLUDE SPONSORSHOP OF THE DOLLY PARTON IMAGINATION LIBRARY PROGRAM WHICH PUTS QUALITY, AGE APPROPRIATE BOOKS INTO THE HANDS OF CHILDREN (BIRTH - AGE 5) EACH MONTH AT NO COST TO THEIR FAMILIES, PREPARATION AND DISTRIBUTION OF SCHOOL READINESS KITS FOR ALL CHILDREN PRIOR TO ENTERING KINDERGARTEN, PLANNING AND IMPLEMENTATION OF LITERACY BUILDING AND ENHANCEMENT PROGRAMS, PREPARATION AND FUNDING OF PRINTED NEWLETTERS THAT ARE SENT 3X EACH YEAR TO FAMILIES WITH CHILDREN ENROLLED IN IMAGINATION LIBARY, AND FACILITATING UNWRITING PARENTING EDUCATION WORKSHOPS TO HELP STRENGTHEN AND REINFORCE GOOD PARENTING SKILLS OTHER INITIATIVES EXAMPLES ANNUAL BACK-TO-SCHOOL SUPPLY DRIVES WHERE UNTIED WAY OF SOUTHWEST MINNESOTA PROVIDES STAFF SUPPORT, VOLUNTEERS, PUBLICITY, AND SERVES AS FISCAL AGENT, THE VOLUNTEER CONNECTION THAT PROVIDES AN ON-LINE DATA BASE OF QUALITY VOLUNTEER OPPORTUNITIES OF LOCAL ORGANIZATIONS AND UNITED WAY STAFF ORGANIZE AND RECRUIT VOLUNTEERS FOR TARGETED COMMUNITY PROJECTS, I E DAYS OF ACTION, FOOD COLLECTION, VOLUNTEER READING EFFORTS, DISTRIBUTION OF PRESCRIPTION DRUG DISCOUNT CARDS TO PHARMACIES AND PLACES WHERE PEOPLE WHO NEED THEM WILL BE ABLE TO ACCESS THE CARDS, ANNUAL PREPARATION, PRINTING AND DISTRIBUTION OF COMMUNITY RESOURCE GUIDES, A PRINTED SUPPLEMENT TO THE UNITED WAY 211 INFORMATION AND REFERRAL SERVICE IS DONE BY UNITED WAY OF SOUTHWEST MINNESOTA STAFF AND VOLUNTEERS INITIATIVES ARE DEVELOPED OR SUPPORTED WHEN UNITED WAY OF SOUTHWEST MINNESOTA IDENTIFIES A GAP OR A NEED THAT IS SIGNIFICANT ENOUGH TO TAKE ACTION

4c (Code) (Expenses $ 10,000 including grants of $ 10,000) (Revenue $)

VENTURE GRANTS FLEXIBLE GRANTS ARE AWARDED EACH YEAR FOR VARIOUS PURPOSES THESE GRANTS ENCOURAGE LOCAL ORGANIZATIONS TO TRY NEW APPROACHES TO SOLVING COMMUNITY ISSUES OR TO PROVIDE COMMUNITY OR VOLUNTEER EDUCATION PROGRAMS SEE ADDITIONAL INFORMATION PART IV - SCHEDULE I, PART I, LINE 1 - VENTURE GRANTS

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**

(Expenses $ 4,911 including grants of $ 4,911) (Revenue $ 50,000)

4e **Total program service expenses** ▶ $ 424,670

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		No
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		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		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)*

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	4		
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	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 24		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 24		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		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		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		No
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		No
	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 ▶

RUTH ASCHER
109 S 5TH STREET
MARSHALL, MN 56258
(507) 929-2273

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) JOSH BONNSTETTER DIRECTOR	3 00	X						0	0	0
(2) JAMES KONTZ TREASURER	3 00	X		X				0	0	0
(3) SHELBY FOSS DIRECTOR	3 00	X						0	0	0
(4) KARI HARDING DIRECTOR	3 00	X						0	0	0
(5) KEITH MILLER DIRECTOR	3 00	X						0	0	0
(6) SANDI ARNDT DIRECTOR	3 00	X						0	0	0
(7) CARY GROVER DIRECTOR	3 00	X						0	0	0
(8) ANGELA LANCE DIRECTOR	3 00	X						0	0	0
(9) KELLY DEUTZ DIRECTOR	3 00	X						0	0	0
(10) KAY PONSTEIN VICE PRESIDENT	3 00	X		X				0	0	0
(11) JEREMY GOSSEN DIRECTOR	3 00	X						0	0	0
(12) LISA RADEMACHER DIRECTOR	3 00	X						0	0	0
(13) MELINDA SCHMIDT DIRECTOR	3 00	X						0	0	0
(14) THOMAS E LANDMARK DIRECTOR	3 00	X						0	0	0
(15) JANEL WOLBAUM-WARTNER DIRECTOR	3 00	X						0	0	0
(16) KRISTEL SCHAMBER DIRECTOR	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) DONNA SWENSON DIRECTOR	3 00	X						0	0	0
(18) JEANNE BEDNAREK DIRECTOR	3 00	X						0	0	0
(19) DAN HERRMANN DIRECTOR	3 00	X						0	0	0
(20) KAREN MADDEN PRESIDENT	3 00	X		X				0	0	0
(21) JEREMY TRULOCK DIRECTOR	3 00	X						0	0	0
(22) PAT SURPRENANT DIRECTOR	3 00	X						0	0	0
(23) JENNIFER THOMAS DIRECTOR	3 00	X						0	0	0
(24) BETH WEATHERBY DIRECTOR	3 00	X						0	0	0
(25) RUTH ASCHER EXECUTIVE DIRECTOR	40 00			X				46,240	0	0
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								46,240	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	507,789				
	b Membership dues 1b					
	c Fundraising events 1c					
	d Related organizations . . . 1d					
	e Government grants (contributions) 1e					
	f All other contributions, gifts, grants, and similar amounts not included above 1f	50,000				
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f . . . . . ▶		557,789			
Program Service Revenue		Business Code				
	2a COMMUNITY INITIATIVE I	900099	8,369	8,369		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f . . . . . ▶		8,369			
	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶		5,538			5,538
	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					
	c Gain or (loss)					
	d Net gain or (loss) . . . . . ▶					
Other Revenue	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a					
	b Less direct expenses . . . b					
	c Net income or (loss) from fundraising events . . ▶					
	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 . . . ▶		571,696	8,369	0	5,538

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	361,376	361,376		
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	46,240	16,901	17,651	11,688
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	47,213	25,153	14,123	7,937
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	4,800	2,160	1,632	1,008
10 Payroll taxes	7,474	3,363	2,541	1,570
a Fees for services (non-employees) Management				
b Legal				
c Accounting	3,565		3,565	
d Lobbying				
e Professional fundraising services *See Part IV, line 17*				
f Investment management fees				
g Other				
12 Advertising and promotion	340		340	
13 Office expenses	2,962	1,333	1,007	622
14 Information technology	1,823	820	620	383
15 Royalties				
16 Occupancy	8,436	3,796	2,868	1,772
17 Travel	3,406	1,533	1,158	715
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates	4,868	2,191	1,655	1,022
22 Depreciation, depletion, and amortization	1,218	542	418	258
23 Insurance	1,940	873	660	407
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 PROMOTION	13,491	3,369		10,122
b TELEPHONE	1,258	566	428	264
c MEMBERSHIPS AND DUES	870	392	296	182
d MAINTENANCE	658	302	220	136
e				
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	511,938	424,670	49,182	38,086
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		5,596	1	1,972
	2	Savings and temporary cash investments		459,774	2	517,994
	3	Pledges and grants receivable, net		96,555	3	108,001
	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		3,107	9	3,106
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 16,340			
	b	Less accumulated depreciation	10b 13,121	3,023	10c	3,219
	11	Investments—publicly traded securities			11	
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		568,055	16	634,292
Liabilities	17	Accounts payable and accrued expenses		14,095	17	16,747
	18	Grants payable		272,446	18	276,273
	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		286,541	26	293,020
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		184,958	27	188,182
	28	Temporarily restricted net assets		96,556	28	153,090
	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		281,514	33	341,272
	34	Total liabilities and net assets/fund balances		568,055	34	634,292

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	571,696
2	Total expenses (must equal Part IX, column (A), line 25)	2	511,938
3	Revenue less expenses Subtract line 2 from line 1	3	59,758
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	281,514
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0
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	341,272

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 SOUTHWEST MINNESOTA

Employer identification number
41-6023143

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	(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 ")	551,635	551,306	431,077	479,159	507,789	2,520,966
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	551,635	551,306	431,077	479,159	507,789	2,520,966
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						2,520,966

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	551,635	551,306	431,077	479,159	507,789	2,520,966
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	18,973	15,788	9,812	4,326	5,538	54,437
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)						2,575,403

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

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**	97 890 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	**15**	97 640 %

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 SOUTHWEST MINNESOTA

Employer identification number
41-6023143

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				
e Other		16,340	13,121	3,219
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				3,219

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	571,696
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	511,938
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	59,758
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	0
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	59,758

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	571,696
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	571,696
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	571,696

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

1	Total expenses and losses per audited financial statements			1	511,938
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	511,938
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	511,938

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

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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 SOUTHWEST MINNESOTA

Employer identification number
41-6023143

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 . . . ▶ _____

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

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 VERIFY NONPROFIT STATUS, COMPLIANCE WITH THE PATRIOT ACT, AND ADHERENCE TO REGULATIONS TO OPERATE ON A NON-DISCRIMINATORY BASIS TO ASSURE EFFECTIVE PROGRAM PERFORMANCES AND FINANCIAL RESPONSIBILITY AND ACCOUNTABILITY, WE ALSO REVIEW AUDIT AND FINANCIAL INFORMATION, AS WELL AS PROGRAM OUTCOME EXPECTATIONS (PROGRAM RESOURCES, ACTIVITIES, OUTPUTS, OUTCOMES, INDICATORS AND PROGRAM TARGETS) EACH AGENCY APPLYING FOR A COMMUNITY IMPACT GRANT MUST MEET WITH A PANEL OF VOLUNTEERS THAT REVIEWS HOW UNITED WAY RESOURCES ARE INVESTED AND MAKES SURE THAT THERE ARE POSITIVE RESULTS ACHIEVED WITH CONTRIBUTIONS GIVEN TO UNITED WAY OF SOUTHWEST MINNESOTA THESE PANELS THEN MAKE RECOMMENDATIONS TO THE BOARD OF DIRECTORS OF UNITED WAY OF SOUTHWEST MINNESOTA FOR ANNUAL COMMUNITY IMPACT GRANT FUNDING BASED ON THESE REVIEWS
OTHER INFORMATION	PART IV	HEALTH - IMPROVING PEOPLE'S HEALTH AND WELL-BEING - GRANTS HAVE BEEN USED TO SUPPORT GRIEVING FAMILIES, TO PROVIDE NUTRITIOUS MEALS TO SENIOR CITIZENS, TO PROVIDE SUPPORT FOR PERSONS WITH DEVELOPMENTAL DISABILITIES, FOR ENHANCEMENT OF THE QUALITY OF LIFE FOR ELDERLY PERSONS, TO PROVIDE ACCESS TO ASSISTIVE TECHNOLOGY GRANTS FOR THIS PURPOSE HAVE BEEN GIVEN TO ADULT COMMUNITY CENTER, AMERICAN RED CROSS - PRAIRIE WINDS CHAPTER, CANBY BLOODMOBILE, COOKING MATTERS OF WESTERN COMMUNITY ACTION HEAD START, GILLETTE OUTREACH CLINICS - SOUTHWEST ASSISTIVE TECHNOLOGY NETWORK, LIVING AT HOME BLOCK NURSE PROGRAM, GRANITE FALLS, LUTHERAN SOCIAL SERVICES - SENIOR NUTRITION PROGRAM, MARSHALL AREA YMCA, MARSHALL SPECIAL OLYMPICS, MARSHALL UNITED SOCCER ASSOCIATION, NEW HORIZONS CRISIS CENTER, PRAIRIE HOME HOSPICE, SANFORD MEDICAL CENTER TRACY, WESTERN MENTAL HEALTH CENTER, AND WOMEN'S RURAL ADVOCACY PROGRAM (WRAP) EDUCATION - HELPING CHILDREN AND YOUTH ACHIEVE THEIR POTENTIAL - GRANTS HAVE BEEN USED FOR LITERACY, YOUTH DEVELOPMENT, ADULT-ROLE MODELS, MENTORING, SUPPORT FOR AT-RISK CHILDREN AND YOUTH, COMMUNITY SERVICES ACTIVITIES, DRUG EDUCATION AND BACK TO SCHOOL SUPPLIES GRANTS FOR THIS PURPOSE HAVE BEEN GIVEN TO ARC OF SOUTHWEST MINNESOTA - PEOPLE FIRST, BIG BUDDIES OF WESTERN COMMUNITY ACTION, CAMP LOVE'S EMBRACE, COMMUNITY CIRCLES OF WESTERN COMMUNITY ACTION, GIRL SCOUTS OF MINNESOTA AND WISCONSIN RIVER VALLEYS, HOUSE OF HOPE MINNESOTA - LOL! CAMPS & CLUBS, IFTIIN, INC , JUNIOR ACHIEVEMENT OF SW/WC MINNESOTA (LYON & MURRAY COUNTIES), PEER HELPERS/AMBASSADORS AT MARSHALL SCHOOLS, PROJECT COMMUNITY CONNECT OF WESTERN COMMUNITY ACTION, R O C K (RAISING OUR CHILDREN'S KIDS) OF WESTERN COMMUNITY ACTION, SIOUX COUNCIL BOY SCOUTS, SUCCESS BY 6 INCLUDING FUNDS FOR IMAGINATION LIBRARY, SCHOOL READINESS KITS, MOBILE LEARNING, AND VARIOUS CHILDHOOD INITIATIVES, THE CONNECTION YOUTH CENTER, CANBY, YOUTH AS RESOURCES OF MARSHALL PUBLIC SCHOOLS, AND STUDENT EMERGENCY FUNDS AT CANBY, CLARKFIELD AREA CHARTER, E C H O CHARTER, HOLY REDEEMER, LAKE BENTON, LAKEVIEW, HENDRICKS PUBLIC, LINCOLN HI HIGH SCHOOL, LYND, M I L R O Y CHARTER, MARSHALL, MARSHALL AREA CHRISTIAN SCHOOL, MILROY, MINNEOTA, MURRAY COUNTY CENTRAL, RUSSELL-TYLER-RUTHTON, ST EDWARD, ST MARY'S, SCHOOL OF ST PETER, TRACY AREA, WESTBROOK/WALNUT GROVE AND YELLOW MEDICINE EAST NOTE ALL SCHOOLS IN OUR SERVICE AREA ARE INVITED TO APPLY EACH SPRING FOR STUDENT EMERGENCY FUND GRANTS WHICH ARE AWARDED BASED UPON EACH SCHOOL'S NUMBER OF STUDENTS ELIGIBLE FOR FREE OR REDUCED LUNCH INCOME - PROMOTING FINANCIAL STABILITY AND INDEPENDENCE - GRANTS HAVE BEEN USED TO PROVIDE INFORMATION ABOUT ESSENTIAL SERVICES, FOOD AND BASIC SUPPLIES, ACCESS TO LEGAL SERVICES, HOUSING, INTEGRATION AND SELF-SUFFICIENCY, FOR VOCATIONAL TRAINING AND JOB SUPPORT, AND LEADERSHIP DEVELOPMENT GRANTS FOR THIS PURPOSE HAVE BEEN GIVEN TO FINANCIAL EMPOWERMENT COLLABORATIVE, FREE TAX PREPARATION CLINIC OF WESTERN COMMUNITY ACTION, KITCHEN TABLE FOOD SHELF, MARSHALL AND TRACY, OF WESTERN COMMUNITY ACTION, MARSHALL AREA MINISTERIAL ASSOCIATION - HUMAN COMPASSION FUND, SERVICE ENTERPRISES, INC , THE REFUGE - A FRESH START, AND WESTERN MINNESOTA LEGAL SERVICES VENTURE GRANTS ARE GIVEN OUT EACH YEAR FOR VARIOUS PURPOSES FUNDS ARE SET ASIDE FOR GRANTS TO LOCAL ORGANIZATIONS TO TRY NEW APPROACHES TO SOLVING COMMUNITY ISSUES OR TO PROVIDE COMMUNITY OR VOLUNTEER EDUCATION PROGRAMS DURING THIS FISCAL YEAR, GRANTS WERE AWARDED FOR THE FOLLOWING PURPOSES DEVELOPMENT OF A CRITICAL INCIDENT STRESS MANAGEMENT (CISM) TEAM TO BE ABLE TO RESPOND TO SCHOOL CRISES IN THIS REGION FUNDING WILL COVER COSTS OF BOOKS AND MATERIALS FOR TRAINING OF 38 PEOPLE AT THE SOUTHWEST/WEST CENTRAL SERVICE COOPERATIVE, DEVELOPMENT OF A YOUTH HOUSING CAREERS CAMP THIS SUMMER FOR 25 HIGH SCHOOL STUDENTS IN THIS AREA, EXPANSION OF WESTERN MENTAL HEALTH CENTER'S ONE-TO-ONE TRANSITION PROGRAM (THIS PROGRAM WILL COORDINATE VOLUNTEERS WHO ARE ABLE TO PROVIDE BASIC CHORE SERVICES, HOUSEKEEPING AND MEAL PREPARATION, ETC WHICH WILL ENABLE PARTICIPANTS TO REMAIN IN THEIR HOMES LONGER) TO HELP INDIVIDUALS DELAY ENTERING NURSING HOMES, DEVELOPMENT OF A MARKETING PLAN FOR PRAIRIE HOME HOSPICE TO STRENTHEN THE OVERALL MARKET POSITION OF THE ORGANIZATION, FUNDING TO MORE EFFECTIVELY MARKET AND BUILD CAPACITY OF ADVANCE OPPORTUNITIES' WEAR IT'S AT SOCIAL ENTERPRISE/RETAIL VENTURE THAT CREATES VIABLE EMPLOYMENT OPPORTUNITIES FOR ADULTS WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES LIVING IN THE MARSHALL AREA, START UP COSTS FOR THE YME COMMUNITY EDUCATION AND SENIOR ADVOCACY PROGRAMS OF GRANITE FALLS TO BEGIN A NEW MONTHLY SUPPORT GROUP FOR WIDOWS/WIDOWERS IN THE AREA THAT WILL OFFER EDUCATION TO DEAL WITH GRIEF, LONELINESS/DEPRESSION, SELF-CARE, COOKING FOR ONE, LEGAL ISSUES AND OTHER TOPICS OF INTEREST FOR THE GROUP, FUNDING FOR ADVERTISING AND MARKETING OF A NEW ONE-DAY PROJECT COMMUNITY CONNECT EVENT, WHICH WILL BE A ONE-STOP SHOP WHERE PEOPLE IN NEED OF SERVICES CAN CONVENIENTLY MAKE CONNECTS, GET SIGNED UP FOR VARIOUS TYPES OF ASSISTANCE, AND TAKE ADVANTAGE OF ON-SITE SERVICES, AND PURCHASE OF EQUIPMENT BY CANBY DEVELOPMENT ACHIEVEMENT CENTER TO START A NEW RECYCLING PROGRAM THAT COLLECTS AND BALES PLASTIC SHRINK FILM FROM LOCAL MANUFACTURING AND WHOLESALING INDUSTRIES THE PROGRAM WILL PROVIDE REWARDING AND INNOVATIVE EMPLOYMENT OPPORTUNITIES FOR THEIR CLIENTS, AS WELL AS REDUCE WASTE AND LANDFILL COSTS

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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 SOUTHWEST MINNESOTA

Employer identification number
41-6023143

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		FORM 990 REVIEWED BY EXECUTIVE DIRECTOR AND OFFICE STAFF

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	THE UNITED WAY OF SOUTHWEST MINNESOTA EMPLOYEES AND REPRESENTATIVES ARE ENCOURAGED TO PROMPTLY, OPENLY AND FORTHRIGHTLY DISCLOSE ANY PERCEIVED BREACH OF THE CODE OF ETHICS OR A REASONABLE BELIEF THAT THERE HAS BEEN FINANCIAL FRAUD OR A VIOLATION OF LAWS EACH MEMBER OF THE BOARD OF DIRECTORS OF THE UNITED WAY OF SOUTHWEST MINNESOTA, UPON COMMENCING EACH TERM AND ANNUALLY, THEREAFTER, SHALL DISCLOSE ANY AND ALL DUALITIES OF INTEREST THAT MAY BECOME A CONFLICT OF INTEREST SUCH DISCLOSURE SHALL INCLUDE PERSONAL OR FAMILY INTERESTS RELATED TO THE UNITED WAY OF SOUTHWEST MINNESOTA PARTNER AGENCIES OR ORGANIZATIONS THAT ARE OPERATED BY OR DIRECTLY RELATED TO THE PARTNER AGENCIES THE DISCLOSURE SHALL BE ON A FORM ADOPTED BY THE BOARD THE DUTY TO DISCLOSE IS AN ONGOING DUTY EACH MEMBER OF THE BOARD OF DIRECTORS SHALL IMMEDIATELY DISCLOSE NEW DUALITIES OF INTEREST AS THEY ARRIVE

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15A	EXECUTIVE DIRECTOR COMPENSATION ANNUALLY THE NOMINATING/PERSONNEL COMMITTEE OF THE UNITED WAY OF SOUTHWEST MINNESOTA BOARD OF DIRECTORS CONDUCTS A REVIEW OF COMPARABLE SALARIES FOR THE EXECUTIVE DIRECTOR AND STAFF AND RECOMMENDS A SALARY RANGE FOR EACH POSITION TO THE BOARD OF DIRECTORS THE COMPARABLE SALARY DATA INCLUDE COLLECTED INFORMATION FROM UNITED WAY OF AMERICA FOR SIMILAR POSITIONS IN SIMILAR SIZED ORGANIZATIONS, PUBLISHED COMPENSATION SURVEYS GATHERED AND COMPILED BY MINNESOTA COUNCIL OF NONPROFITS, RESULTS OF SURVEYS GATHERED BY THE LOCAL CHAMBER OF COMMERCE AND OTHER LOCAL INFORMATION THE EXECUTIVE DIRECTOR IS EVALUATED BY ALL BOARD MEMBERS AND THE INFORMATION IS COMPLIED BY THE CHAIR OF THE NOMINATING/PERSONNEL COMMITTEE AND IS DISCUSSED IN EXECUTIVE SESSION AT THE MAY BOARD MEETING AT THIS MEETING, INFORMATION REGARDING SALARY RESEARCH IS CONSIDERED, AS WELL AS PERFORMANCE EVALUATION INFORMATION, THEN SALARY AND BENEFITS ARE DETERMINED FOR THE FOLLOWING FISCAL YEAR

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	PUBLIC AVAILABILITY OF INFO THE IRS FORM 990 AND THE ANNUAL REPORT ARE AVAILABLE FOR REVIEW AT THE UNITED WAY OF SOUTHWEST MINNESOTA OFFICE IN ADDITION, SEVERAL KEY POLICY DOCUMENTS ARE AVAILABLE ON OUR WEBSITE WWW UNITEDWAYSWMN ORG, YOUR UNITED WAY TAB, PUBLIC ACCOUNTABILITY CODE OF ETHICS (WHICH INCLUDES CONFLICT OF INTEREST AND WHISTLE BLOWER POLICIES), BYLAWS, AND OUR ANNUAL REPORT (WHICH INCLUDES A GRAPH OF THE ANNUAL FINANCIAL STATEMENT) THE ANNUAL REPORT IS ALSO PRINTED AND IS AVAILABLE TO ANYONE REQUESTING A COPY

Identifier	Return Reference	Explanation
		FORM 990, PART XII, LINE 2B THIS IS THE SAME AS IT HAS BEEN IN PRIOR YEARS

Identifier	Return Reference	Explanation
		UNITED WAY OF SOUTHWEST MINNESOTA IS AN INDEPENDENT LOCAL, CHARITABLE ORGANIZATION WORKING TO CREATE LASTING CHANGES IN PEOPLE'S LIVES AND TO BUILD A STONGER COMMUNITY BY INSPIRING PEOPLE TO HELP OTHERS, INCREASING RESOURCES TO MEET CRITICAL COMMUNITY NEEDS, AND FOSTERING INNOVATIVE SOLUTIONS TO PROBLEMS WITHIN LYON, LINCOLN, MURRAY, YELLOW MEDICINE AND WESTERN REDWOOD COUNTIES OF MINNESOTA

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Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

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

OMB No 1545-0172

2010

Attachment Sequence No **67**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
UNITED WAY OF SOUTHWEST MINNESOTA	FORM 990 PAGE 10	41-6023143

Part I **Election To Expense Certain Property Under Section 179**

Note: *If you have any listed property, complete Part V before you complete Part I.*

1 Maximum amount See the instructions for a higher limit for certain businesses	1	500,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

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

7 Listed property Enter the amount from line 29	7		
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8		
9 Tentative deduction Enter the **smaller** of line 5 or line 8	9		
10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562	10		
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11		
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12		
13 Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12 ▶	13		

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

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

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

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

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2010	17	1,188
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		1,218	5 0	HY	S/L	30
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

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

Part IV **Summary** (see instructions)

21 Listed property Enter amount from line 28	21	
22 **Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	22	1,218
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

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

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

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

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

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

Section B—Information on Use of Vehicles

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

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

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

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

	Yes	**No**
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2010 tax year (see instructions)					
SOFTWARE UPDATE	2011-06-29	195		60M	
43 Amortization of costs that began before your 2010 tax year				**43**	
44 Total. Add amounts in column (f) See the instructions for where to report				**44**	

Additional Data

Software ID:
Software Version:
EIN: 41-6023143
Name: UNITED WAY OF SOUTHWEST MINNESOTA

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 4,911 including grants of $ 4,911) (Revenue $ 50,000)

THE GOAL OF THE MOBILE LEARNING EFFORTS IS THAT PARTICIPATING CHILDREN WILL ENTER SCHOOL WITH INCREASED SCHOOL READINESS SKILLS DURING SUMMER 2011, AN EXPANDED MOBILE LEARNING PROGRAM WILL BE PILOTED OVER A 10 WEEK PERIOD AT A TARGETED LOCATION TO PROVIDE A QUALITY EARLY LEARNING PROGRAM FOR YOUNG CHILDREN WHO OTHERWISE MIGHT NOT HAVE THE OPPORTUNITY TO BE INVOLVED THIS WILL BE A ONE-HOUR LONG, FOUR DAYS A WEEK PROGRAM THAT UTILIZES ALL COMPONENTS OF QUALITY EARLY CHILDHOOD EDUCATION INCLUDING READING, MATH, SOCIAL SKILLS, SCIENCE, PHYSICAL DEVELOPMENT, ARTS AND MUSIC DURING THE SCHOOL YEAR 2011-12 THE EXPANDED MOBILE LEARNING PROGRAM WILL OFFER BI-WEEKLY PRESCHOOL DAYCARE VISITS

Additional Data Return to Form

Software ID:
Software Version:
EIN: 41-6023143
Name: UNITED WAY OF SOUTHWEST MINNESOTA

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
AMERICAN RED CROSS-PRAIRIE WINDS CHAPTER 301 S 2ND STREET MARSHALL,MN 56258	41-1902535		8,000				HEALTH - IMPROVING PEOPLE'S HEALTH AND WELL-BEING
ARC SOUTHWEST-FAMILY CONNECTIONS709 SOUTH FRONT ST MANKATO,MN 56001	26-3919463		1,500				EDUCATION - HELPING CHILDREN AND YOUTH ACHIEVE THEIR POTENTIAL
ADULT COMMUNITY CENTER107 SOUTH 4TH ST MARSHALL,MN 56258	41-6005351		3,500				HEALTH - IMPROVING PEOPLE'S HEALTH AND WELL-BEING
WESTERN COMMUNITY ACTION - BIG BUDDIES 1400 S SARATOGA STREET MARSHALL,MN 56258	41-0888137		28,000				EDUCATION - HELPING CHILDREN AND YOUTH ACHIEVE THEIR POTENTIAL
SIOUX COUNCIL BOY SCOUTS800 N WEST AVE SIOUX FALLS,SD 57104	46-0224599		1,500				EDUCATION - HELPING CHILDREN AND YOUTH ACHIEVE THEIR POTENTIAL
WESTERN COMMUNITY ACTION - KITCHEN TABLE FOOD SHELF1400 S SARATOGA STREET MARSHALL,MN 56258	41-0888137		38,000				INCOME - PROMOTING FINANCIAL STABILITY AND INDEPENDENCE
GIRLS SCOUTS OF MINNESOTA AND WISCONSIN RIVER VALLEYS 5601 BROOKLYN BLVD BROOKLYN CENTER,MN 55429	41-0693910		2,000				EDUCATION - HELPING CHILDREN AND YOUTH ACHIEVE THEIR POTENTIAL
JUNIOR ACHIEVEMENT OF LYONMURRAY COUNTIES 1420 E COLLEGE DRIVE MARSHALL,MN 56258	41-1424988		6,800				EDUCATION - HELPING CHILDREN AND YOUTH ACHIEVE THEIR POTENTIAL
MARSHALL AREA YMCA200 SOUTH A STREET MARSHALL,MN 56258	41-1984589		15,000				HEALTH - IMPROVING PEOPLE'S HEALTH AND WELL-BEING
PEER HELPERSAMBASSADORS (MARSHALL PUBLIC SCHOOL)400 TIGER DRIVE MARSHALL,MN 56258	41-6002001		1,500				EDUCATION - HELPING CHILDREN AND YOUTH ACHIEVE THEIR POTENTIAL
SOUTHWEST ASSISTIVE TECHNOLOGY NETWORK 1420 EAST COLLEGE DR MARSHALL,MN 56258	41-6058410		7,000				HEALTH - IMPROVING PEOPLE'S HEALTH AND WELL-BEING
WESTERN MINNESOTA LEGAL SERVICESPO BOX 1866 WILLMAR,MN 562011866	41-1412710		4,000				INCOME - PROMOTING FINANCIAL STABILITY AND INDEPENDENCE

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WOMENS RURAL ADVOCACY PROGRAMPO BOX 1193 MARSHALL,MN 562581193	41-1831918		18,000				HEALTH - IMPROVING PEOPLE'S HEALTH AND WELL-BEING
THE CONNECTIONPO BOX 111 CANBY,MN 56220	41-2056876		5,600				EDUCATION - HELPING CHILDREN AND YOUTH ACHIEVE THEIR POTENTIAL
IFTIIN INC313 W MAIN ST MARSHALL,MN 56258	32-0032839		12,500				EDUCATION - HELPING CHILDREN AND YOUTH ACHIEVE THEIR POTENTIAL
CAMP LOVE'S EMBRACE 2827 MAPLE ROAD SLAYTON,MN 56172	54-2064385		1,000				EDUCATION - HELPING CHILDREN AND YOUTH ACHIEVE THEIR POTENTIAL
CANBY BLOODMOBILE414 3RD STREET WEST CANBY,MN 56220	41-0871454		600				HEALTH - IMPROVING PEOPLE'S HEALTH AND WELL-BEING
WESTERN COMMUNITY ACTION - FREE TAX PREPARATION CLINIC 1400 S SARATOGA STREET MARSHALL,MN 56258	41-0888137		7,500				INCOME - PROMOTING FINANCIAL STABILITY AND INDEPENDENCE
WILD ABOUT KINDERGARTEN109 S 5TH STREET MARSHALL,MN 56258	41-6023143		8,804				EDUCATION - HELPING CHILDREN AND YOUTH ACHIEVE THEIR POTENTIAL
IMAGINATION LIBRARY 109 S 5TH STREET MARSHALL,MN 56258	41-6023143		55,699				EDUCATION - HELPING CHILDREN AND YOUTH ACHIEVE THEIR POTENTIAL
BACK TO SCHOOL SUPPLIES109 S 5TH STREET MARSHALL,MN 56258	41-6023143		3,166				EDUCATION - HELPING CHILDREN AND YOUTH ACHIEVE THEIR POTENTIAL
SCHOOL EMERGENCY GRANTS109 S 5TH STREET MARSHALL,MN 56258			9,235				EDUCATION - HELPING CHILDREN AND YOUTH ACHIEVE THEIR POTENTIAL
LIVING AT HOMEBLOCK NURSING PROGRAMPO BOX 84 GRANITE FALLS,MN 56241	41-1971745		4,500				HEALTH - IMPROVING PEOPLE'S HEALTH AND WELL-BEING
FINANCIAL LITERACY - SW MN PRIVATE INDUSTRY COUNCILBREMER BANK 208 E COLLEGE DR MARSHALL,MN 56258	41-1487964		2,000				INCOME - PROMOTING FINANCIAL STABILITY AND INDEPENDENCE

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MARSHALL AREA MINISTERIAL ASSOCIATION1600 E COLLEGE DR MARSHALL, MN 56258	41-0888137		2,000				INCOME - PROMOTING FINANCIAL STABILITY AND INDEPENDENCE
NEW HORIZONS CRISIS CENTER109 S 5TH STREET MARSHALL, MN 56258	41-1404769		29,000				HEALTH - IMPROVING PEOPLE'S HEALTH AND WELL-BEING
PRAIRIE HOME HOSPICE 300 SOUTH BRUCE ST MARSHALL, MN 56258	41-1494079		13,000				HEALTH - IMPROVING PEOPLE'S HEALTH AND WELL-BEING
YOUTH AS RESOURCES (MARSHALL PUBLIC SCHOOL)400 TIGER DRIVE MARSHALL, MN 56258	41-6002001		2,000				EDUCATION - HELPING CHILDREN AND YOUTH ACHIEVE THEIR POTENTIAL
VENTURE GRANTS			10,000				VARIOUS PURPOSES
LUTHERAN SOCIAL SERVICES - SENIOR NUTRITION PROGRAM715 N 11TH ST 401C MOORHEAD, MN 56560	41-0872993		7,000				HEALTH - IMPROVING PEOPLE'S HEALTH AND WELL-BEING
MARSHALL UNITED SOCCER ASSOCIATION 422 LEGION FIELD ROAD MARSHALL, MN 56258	45-0462954		2,000				HEALTH - IMPROVING PEOPLE'S HEALTH AND WELL-BEING
SERVICE ENTERPRISESPO BOX 248 REDWOOD FALLS, MN 56283	41-0977256		2,000				INCOME - PROMOTING FINANCIAL STABILITY AND INDEPENDENCE
WESTERN COMMUNITY ACTION - HEAD START - COOKING MATTERS1400 S SARATOGA STREET MARSHALL, MN 56258	41-0888137		2,000				HEALTH - IMPROVING PEOPLE'S HEALTH AND WELL-BEING
WESTERN COMMUNITY ACTION - COMMUNITY CIRCLES1400 S SARATOGA STREET MARSHALL, MN 56258	41-0888137		2,000				EDUCATION - HELPING CHILDREN AND YOUTH ACHIEVE THEIR POTENTIAL
WESTERN COMMUNITY ACTION - ROCK1400 S SARATOGA STREET MARSHALL, MN 56258	41-0888137		500				EDUCATION - HELPING CHILDREN AND YOUTH ACHIEVE THEIR POTENTIAL
WESTERN COMMUNITY ACTION - PROJECT COMMUNITY CONNECT 1400 S SARATOGA STREET MARSHALL, MN 56258	41-0888137		1,000				EDUCATION - HELPING CHILDREN AND YOUTH ACHIEVE THEIR POTENTIAL

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HOUSE OF HOPE MINNESOTA - LOL CAMP PO BOX 26 MARSHALL,MN 56258	20-0652270		2,000				EDUCATION - HELPING CHILDREN AND YOUTH ACHIEVE THEIR POTENTIAL
MARSHALL SPECIAL OLYMPICSC/O SMSU 1501 STATE STREET MARSHALL,MN 56258	41-1228157		1,800				HEALTH - IMPROVING PEOPLE'S HEALTH AND WELL-BEING
SANFORD TRACY MEDICAL CENTER251 5TH STREET EAST TRACY,MN 56175	46-0388596		1,000				HEALTH - IMPROVING PEOPLE'S HEALTH AND WELL-BEING
THE REFUGE - A FRESH STARTPO BOX 106 MARSHALL,MN 56258	22-3969623		4,000				INCOME - PROMOTING FINANCIAL STABILITY AND INDEPENDENCE
WESTERN MENTAL HEALTH CENTER1212 EAST COLLEG DRIVE MARSHALL,MN 56258	41-0877940		24,446				HEALTH - IMPROVING PEOPLE'S HEALTH AND WELL-BEING
MOBILE LEARNING			2,222				EDUCATION - HELPING CHILDREN AND YOUTH ACHEIVE THEIR POTENTIAL