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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

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

C Name of organization
UNITED WAY OF OLMSTED COUNTY INC

Doing Business As

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

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

D Employer identification number
41-0695594

E Telephone number
(507) 287-2000

G Gross receipts $ 4,781,475

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

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW UWOLMSTED ORG

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

L Year of formation 1925

M State of legal domicile MN

Part I Summary

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

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	21
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	14
6	Total number of volunteers (estimate if necessary)	**6**	2,303
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	3,884,842	4,051,059
9	Program service revenue (Part VIII, line 2g)	160,788	253,480
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	81,475	75,512
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-14,787	-5,805
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,112,318	4,374,246
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,311,322	2,460,742
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)	913,916	923,945
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶394,708		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	712,657	904,132
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	3,937,895	4,288,819
19	Revenue less expenses Subtract line 18 from line 12	174,423	85,427

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	6,513,925	6,288,669
21	Total liabilities (Part X, line 26)	1,889,546	1,670,690
22	Net assets or fund balances Subtract line 21 from line 20	4,624,379	4,617,979

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

****** 2012-05-11
Signature of officer Date

RANDY CHAPMAN BOARD CHAIR
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: JASON P BOYNTON | Date: 2012-05-11 | Check if self-employed ☐ | Preparer's taxpayer identification number (see instructions): P00029979

Firm's name (or yours if self-employed), address, and ZIP + 4: SMITH SCHAFER AND ASSOC LTD, 220 SOUTH BROADWAY SUITE 102, ROCHESTER, MN 55904 | EIN ▶ 41-1489071 | Phone no ▶ (507) 288-3277

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 1,995,112 including grants of $ 1,995,112) (Revenue $)

STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTSCOMMUNITY PARTNER AWARDS ADVANCING THE COMMON GOOD THROUGH FOUR AREAS EDUCATION SUPPORTING LEARNING AND DEVELOPMENT OF CHILDREN AND YOUTH SO THEY BECOME RESPONSIBLE, CONTRIBUTING CITIZENS INCOME INCREASING INCOME ASSETS AND PROVIDING JOB TRAINING FOR IMPROVED EMPLOYABILITY HEALTH PEOPLE ACHIEVE OPTIMAL HEALTH THROUGH PROMOTING WELLNESS AND HEALTH CARE ACCESS COMMUNITY BASICS HELPING MEET THE BASIC NEEDS OF PEOPLE AND STABILIZING LIVES WITH A "SAFETY NET" SEE SCHEDULE I FOR COMPLETE LISTING OF AWARDS, AND SCHEDULE O FOR PROGRAM GOALS AND ACCOMPLISHMENTS

4b (Code) (Expenses $ 1,130,726 including grants of $) (Revenue $ 231,588)

COMMUNITY IMPACT LEADERSHIP AND INITIATIVES LEADERSHIP ENTAILS ADVOCATING, PLANNING AND INVESTING RESOURCES EFFECTIVELY TO ADDRESS CRITICAL COMMUNITY NEEDS COMMUNITY INITIATIVES DISTRIBUTE ESSENTIAL RESOURCES (BOOKS, SCHOOL SUPPLIES, WINTER COATS, AND OTHER OUTERWEAR) PROVIDED THROUGH PARTNERSHIPS AND DONATIONS COMMUNITY IMPACT LEADERSHIP THESE STAFF SUPPORTED ACTIVITIES ARE REQUIRED TO FACILITATE, SUPPORT, AND ADVOCATE THE WORK OF UNITED WAY VOLUNTEERS, WHICH INCLUDES NEEDS ASSESSMENTS, STRATEGIC PLANNING, OUTCOME MEASUREMENT, PROGRAM REVIEW, RESULT TRACKING, AND OTHER GOVERNANCE, GRANTING, AND DECISION-MAKING ACTIVITIES COST - $421,891 (CONTINUED ON SCHEDULE O)INTERNAL INITIATIVES ARE PROGRAMS AND PROJECTS MANAGED BY UNITED WAY OF OLMSTED COUNTY, WITH THE ASSISTANCE OF VOLUNTEERS AND PARTNERS THESE INCLUDE THE FOLLOWING RUNNING START FOR SCHOOL PROVIDES FREE SCHOOL SUPPLIES TO STUDENTS IN OLMSTED COUNTY ELIGIBLE FOR FREE OR REDUCED LUNCH IN 2011, UNITED WAY OF OLMSTED COUNTY DISTRIBUTED SCHOOL SUPPLIES TO 2,613 STUDENTS IN-KIND SUPPORT WAS $53,815 IN DONATED SCHOOL SUPPLIES COST INCLUDING DONATED SUPPLIES - $87,652 2-1-1 A THREE DIGIT PHONE NUMBER THAT CONNECTS YOU TO 24-HOUR COMMUNITY INFORMATION AND REFERRAL SERVICES AND ASSISTS INDIVIDUALS IN GETTING CONNECTED TO COMMUNITY SERVICES IN 2011, 4,284 INDIVIDUALS RECEIVED REFERRAL INFORMATION ABOUT A WIDE-RANGE OF HUMAN AND SOCIAL SERVICES AVAILABLE, INCLUDING DISASTER RELIEF, SENIOR SERVICES, EDUCATION, CHILDCARE, LEGAL ASSISTANCE, TRANSPORTATION, HOUSING, YOUTH SERVICES, EMPLOYMENT, FOOD, COUNSELING, FAMILY SERVICES, VOLUNTEERING, HEALTH SERVICES, AND MUCH MORE COST - $42,123 VOLUNTEER CENTER PROVIDES EASY ACCESS TO A WIDE RANGE OF VOLUNTEER OPPORTUNITIES AT NONPROFIT AGENCIES, LOCAL GOVERNMENT AND EDUCATIONAL AGENCIES SERVING SOUTHEASTERN MINNESOTA WE LINK PEOPLE WHO WANT TO HELP WITH PLACES OR ISSUES WHERE THEIR TIME, TALENT, AND INTERESTS CAN BE UTILIZED IN 2011, 92 AGENCIES RECEIVED 1,729 REFERRALS FROM 805 VOLUNTEERS ON UNITED WAY'S VOLUNTEER CENTER WEBSITE COST - $84,014 DISCHARGE PLANNER THIS INITIATIVE TOOL ASSISTS ACUTE AND POST-ACUTE CARE FAMILIES BY EXPEDITING COMMUNICATIONS AND PATIENT PLACEMENT IN 2011, 5 HOSPITALS AND 102 POST-ACUTE CARE FACILITIES SUBSCRIBED TO THIS INITIATIVE COST - $14,337 IMAGINATION LIBRARY THIS INITIATIVE SUPPORTS EVERY CHILD WHO RESIDES IN OLMSTED COUNTY AND IS UNDER THE AGE OF 5 AND IS ELIGIBLE FOR ONE BOOK PER MONTH DELIVERED TO THEIR HOME FOR FREE IN 2011, THROUGH PARTNERSHIPS WITH DOLLY PARTON IMAGINATION LIBRARY, WOMEN'S LEADERSHIP COUNCIL, AND THE US POSTAL SERVICE, BOOKS WERE DELIVERED TO 60% OF ELIGIBLE CHILDREN COST - $170,264 WINTER OUTERWEAR THIS INITIATIVE PROVIDES WINTER OUTERWEAR ITEMS, SUCH AS COATS, HATS, BOOTS AND MITTENS, TO OLMSTED COUNTY INDIVIDUALS AND FAMILIES IN NEED ANNUALLY IN 2011, 2,561 INDIVIDUALS RECEIVED WINTER OUTERWEAR IN-KIND SUPPORT WAS $17,927 IN DONATED COATS COST INCLUDING DONATED SUPPLIES - $34,994 FINANCIAL FREE TAX PREPARATION THIS INITIATIVE PROMOTES FREE TAX PREPARATION FOR MODERATE AND LOW-INCOME FAMILIES IN OLMSTED COUNTY THIS PROGRAM PARTNERS WITH AARP TAX-AIDE PROGRAM, THE SALVATION ARMY, SENIOR CITIZENS SERVICES INC , THE INTERNAL REVENUE SERVICE AND THE MINNESOTA DEPARTMENT OF REVENUE, AS WELL AS A GRANT FROM WAL-MART CORPORATION THERE ARE THREE AARP TAX-AIDE SITES IN OLMSTED COUNTY THAT PROVIDE FREE TAX PREPARATION THE FREE TAX PREPARATION PARTNERSHIP PROMOTES THE EARNED INCOME TAX CREDIT, AND DOES NOT PROMOTE EXPENSIVE REFUND LOANS IN 2011, 2,496 TAX RETURNS WERE FILED AT THE FREE TAX PREPARATION SITES 949 TAX RETURNS FILED QUALIFIED FOR THE EARNED INCOME TAX CREDIT (EITC) COST - $34,341 LONG-TERM FLOOD RECOVERY IN SEPTEMBER 2010, RAIN FELL ON SOUTHERN MINNESOTA THE UNITED WAY LONG-TERM FLOOD RECOVERY THIS PROGRAM SUPPORTED THOSE IMPACTED BY THE FALL 2010 FLOODING IN SE MINNESOTA THE UNITED WAY FLOOD RECOVERY FUND WAS ESTABLISHED IN 2010 TO SUPPORT PROGRAMS ASSISTING FLOOD VICTIMS WITH LONG-TERM NEEDS NOT COVERED OR UNDER-COVERED BY GOVERNMENT OR OTHER TRADITIONAL RELIEF SOURCES, AND WAS DISTRIBUTED IN 2011 VOLUNTARY AGENCIES AND LOCAL LONG-TERM RECOVERY GROUPS IDENTIFIED AND PRIORITIZED THOSE UNMET NEEDS, THEN DISTRIBUTED FUNDS TO THOSE ELIGIBLE FOR ASSISTANCE IN 2011, $179,240 WAS DISTRIBUTED FOR LONG-TERM FLOOD RECOVERY NOT ALL UNMET NEEDS RECEIVED FUNDING COST INCLUDING DISTRIBUTIONS - $184,832 COMMUNITY INFORMATION SHARING SYSTEM THIS INITIATIVE UTILIZED COMMUNITY NONPROFITS AND THE FAITH COMMUNITY TO ACHIEVE GREATER COMMUNITY IMPACT THROUGH INFORMATION SHARING USE OF SHARED INFORMATION INCREASES TIME FOR DIRECT SERVICE DELIVERY, REDUCES INTAKE TIME FOR PROGRAM PARTICIPANTS, PROVIDES HIGHER QUALITY REFERRALS, AND REDUCES INFORMATION TECHNOLOGY EXPENSES IN 2011, 12 LOCAL AGENCIES PARTICIPATED IN THIS INITIATIVE COST - $17,281COMMUNITY GANG INITIATIVE ADDRESSES YOUTH AND ADULT GANG ISSUES IN OLMSTED COUNTY UNITED WAY OF OLMSTED COUNTY CONVENES AND COORDINATES A COMMUNITY PLAN OF ACTION TO PREVENT, INTERVENE AND SUPPRESS GANG INVOLVEMENT TWENTY-FIVE NONPROFIT, BUSINESS AND GOVERNMENT PARTNERS SERVE AS THE GOVERNING BODY TO SUPPORT CASE MANAGEMENT, PRO-SOCIAL YOUTH ACTIVITIES, MENTORING AND INTERNSHIPS IN 2011, 447 HIGH-RISK AND GANG-INVOLVED YOUTH CONNECTED WITH PRO-SOCIAL ACTIVITIES AND COMMUNITY SUPPORT COST - $36,909

4c (Code) (Expenses $ 465,630 including grants of $ 465,630) (Revenue $ 55,882)

DONOR DESIGNATIONS AS A SERVICE TO OUR DONORS, AND COMPANIES THAT RUN CAMPAIGNS, UNITED WAY OF OLMSTED COUNTY WILL PROCESS CONTRIBUTIONS DESIGNATED BY THE DONOR TO A SPECIFIC AGENCY UNITED WAY OF OLMSTED COUNTY WILL FORWARD YOUR CONTRIBUTION TO THE CHOSEN ORGANIZATION

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ $ 3,591,468

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 instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	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, Part 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, Part 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*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	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 questions 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 owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**		No
b	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*	**35b**		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**	10		
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**	14		
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 or securities 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.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state		**13a**		
b	Enter the aggregate 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 aggregate 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	21		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	21		
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	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Did the organization have members or stockholders?		6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9	Yes	

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 made 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 made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

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

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

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CHRIS NELSON DIRECTOR	1 00	X						0	0	0
(2) MIKE WILLARD DIRECTOR	1 00	X						0	0	0
(3) PATRICIA BARRIER DIRECTOR	1 00	X						0	0	0
(4) TONI ADAFIN DIRECTOR	1 00	X						0	0	0
(5) RANDY CHAPMAN VICE CHAIR	5 00	X		X				0	0	0
(6) JOHN EDMONDS DIRECTOR	3 00	X						0	0	0
(7) SCOTT HECK DIRECTOR	2 00	X						0	0	0
(8) DONALD DECRAMER DIRECTOR	1 00	X						0	0	0
(9) DAVID THOMPSON DIRECTOR	2 00	X						0	0	0
(10) JOANNE ROSENER DIRECTOR	1 00	X						0	0	0
(11) MARILYN HANSMANN RESIGNED DIRECTOR	1 00	X						0	0	0
(12) STEVEN HILL DIRECTOR	1 00	X						0	0	0
(13) BETTY HUTCHINS DIRECTOR	1 50	X						0	0	0
(14) LARRY EDMONSON DIRECTOR	2 00	X						0	0	0
(15) KELLY MCDONOUGH DIRECTOR	3 00	X						0	0	0
(16) GAIL NELSON TREASURER	2 00	X		X				0	0	0
(17) JUDY WELLER DIRECTOR	1 00	X						0	0	0

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(18) JIM RUSTAD DIRECTOR	5 00	X						0	0	0
(19) WENDY SHANNON BOARD CHAIR	2 00	X		X				0	0	0
(20) DAVID STENHAUG DIRECTOR	1 00	X						0	0	0
(21) HEIDI MESTAD DIRECTOR	2 00	X						0	0	0
(22) MICHAEL MUNOZ DIRECTOR	1 00	X						0	0	0
(23) KAREN MATHISON PRESIDENT	37 50			X				103,030	0	22,144
(24) DALE O'GROSKE CHIEF FINANCIAL OFFICER	37 50			X				66,498	0	21,562

1b	**Sub-Total** . . . . . ▶			
c	**Total from continuation sheets to Part VII, Section A** . . . . ▶			
d	**Total (add lines 1b and 1c)** . . . . . ▶	169,528	0	43,706

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶1

			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 Report compensation for the calendar year ending with or within the organization's tax year

(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 of 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 5,827				
	b	Membership dues 1b				
	c	Fundraising events 1c 3,622				
	d	Related organizations 1d				
	e	Government grants (contributions) 1e 16,510				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 4,025,100				
	g	Noncash contributions included in lines 1a-1f $ 113,193				
	h	**Total.** Add lines 1a-1f	4,051,059			
Program Service Revenue		Business Code				
	2a	PROGRAM SERVICES 624100	197,598	197,598		
	b	COST RECOVERY FEES 624100	55,882	55,882		
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f	253,480			
	3	Investment income (including dividends, interest and other similar amounts)	37,596			37,596
	4	Income from investment of tax-exempt bond proceeds				
	5	Royalties				
		(i) Real / (ii) Personal				
	6a	Gross rents 168,303				
	b	Less rental expenses 174,108				
	c	Rental income or (loss) -5,805				
	d	Net rental income or (loss)	-5,805			-5,805
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory 207,179				
	b	Less cost or other basis and sales expenses 169,263				
	c	Gain or (loss) 37,916				
	d	Net gain or (loss)	37,916			37,916
Other Revenue	8a	Gross income from fundraising events (not including $ 3,622 of contributions reported on line 1c) See Part IV, line 18 a 63,858				
	b	Less direct expenses b 63,858				
	c	Net income or (loss) from fundraising events	0			
	9a	Gross income from gaming activities See Part IV, line 19 a				
	b	Less direct expenses b				
	c	Net income or (loss) from gaming activities				
	10a	Gross sales of inventory, less returns and allowances a				
	b	Less cost of goods sold b				
	c	Net income or (loss) from sales of inventory				
		Miscellaneous Revenue / Business Code				
	11a					
	b					
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d				
	12	**Total revenue.** See Instructions	4,374,246	253,480	0	69,707

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)

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

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 United States See Part IV, line 21	2,460,742	2,460,742		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	213,234	102,352	78,897	31,985
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	525,360	256,369	71,143	197,848
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	37,697	13,733	6,970	16,994
9	Other employee benefits	89,195	39,719	18,409	31,067
10	Payroll taxes	58,459	28,633	11,183	18,643
11	Fees for services (non-employees)				
a	Management				
b	Legal	225	225		
c	Accounting	20,107		20,107	
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees	23,918		23,918	
g	Other	32,762	32,762		
12	Advertising and promotion	100,817	69,482	416	30,919
13	Office expenses	22,144	12,623	4,673	4,848
14	Information technology	43,140	23,916	7,373	11,851
15	Royalties . .				
16	Occupancy	49,390	28,950	8,341	12,099
17	Travel	27,124	16,741	6,296	4,087
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	43,414	13,049	25,319	5,046
20	Interest				
21	Payments to affiliates	36,165	22,485	5,360	8,320
22	Depreciation, depletion, and amortization	23,688	13,885	4,000	5,803
23	Insurance	3,353		3,353	
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	SUPPLIES	308,484	290,096	6,539	11,849
b	EARLY EDUCATION BOOKS	143,491	143,491		
c	REPAIRS	14,553	14,553		
d	MEMBERSHIPS TO PROF ORG	9,922	6,828	100	2,994
e					
f	All other expenses	1,435	834	246	355
25	**Total functional expenses.** Add lines 1 through 24f	4,288,819	3,591,468	302,643	394,708
26	**Joint costs.** Check here ▶ ☑ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		300	1	300
	2	Savings and temporary cash investments		881,585	2	612,888
	3	Pledges and grants receivable, net		2,903,733	3	3,039,822
	4	Accounts receivable, net		93	4	3,601
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		91,472	9	29,340
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 1,819,737			
	b	Less accumulated depreciation	10b 1,040,898	834,380	10c	778,839
	11	Investments—publicly traded securities		1,802,362	11	1,823,879
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		6,513,925	16	6,288,669
Liabilities	17	Accounts payable and accrued expenses		36,122	17	30,194
	18	Grants payable		939,590	18	863,437
	19	Deferred revenue		34,232	19	11,557
	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		280,648	23	205,650
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		598,954	25	559,852
	26	**Total liabilities.** Add lines 17 through 25		1,889,546	26	1,670,690
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		1,536,964	27	1,505,095
	28	Temporarily restricted net assets		3,087,415	28	3,112,884
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		4,624,379	33	4,617,979
	34	Total liabilities and net assets/fund balances		6,513,925	34	6,288,669

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	4,374,246
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,288,819
3	Revenue less expenses Subtract line 2 from line 1	3	85,427
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	4,624,379
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-91,827
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	4,617,979

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

2011

Open to Public Inspection

Name of the organization
UNITED WAY OF OLMSTED COUNTY INC

Employer identification number
41-0695594

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

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

1 ☐ A church, convention of churches, or association of churches **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 IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	4,993,995	3,982,448	3,760,010	3,884,842	4,051,059	20,672,354
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	4,993,995	3,982,448	3,760,010	3,884,842	4,051,059	20,672,354
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)						484,043
6 **Public Support.** Subtract line 5 from line 4						20,188,311

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	4,993,995	3,982,448	3,760,010	3,884,842	4,051,059	20,672,354
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	223,461	212,489	206,572	258,012	205,899	1,106,433
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						21,778,787

12 Gross receipts from related activities, etc (See instructions)	12	708,180

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 2011 (line 6 column (f) divided by line 11 column (f))	14	92 700 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	93 140 %

16a **33 1/3% support test—2011.** 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—2010.** 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—2011.** 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—2010.** 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 IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** 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—2010.** 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

Additional Data

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

Form 990, Special Condition Description:

Special Condition Description

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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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
UNITED WAY OF OLMSTED COUNTY INC

Employer identification number
41-0695594

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

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

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

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

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

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

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

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

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

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		77,525		77,525
b Buildings		1,551,864	886,714	665,150
c Leasehold improvements				
d Equipment		190,348	154,184	36,164
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				778,839

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
DONOR DESIGNATIONS PAYABLE	559,852
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	559,852

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	4,374,246
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,288,819
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	85,427
4	Net unrealized gains (losses) on investments	4	-91,827
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	-91,827
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-6,400

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	3,890,708
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-91,827		
b	Donated services and use of facilities	2b	10,061		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	63,858		
e	Add lines **2a** through **2d**			2e	-17,908
3	Subtract line **2e** from line **1**			3	3,908,616
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	465,630		
c	Add lines **4a** and **4b**			4c	465,630
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	4,374,246

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

1	Total expenses and losses per audited financial statements			1	3,897,108
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	10,061		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	63,858		
e	Add lines **2a** through **2d**			2e	73,919
3	Subtract line **2e** from line **1**			3	3,823,189
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	465,630		
c	Add lines **4a** and **4b**			4c	465,630
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	4,288,819

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS		DIRECT EXPENSES RELATED TO SPECIAL EVENTS 63,858
PART XII, LINE 4B - OTHER ADJUSTMENTS		DONOR DESIGNATED PLEDGES 465,630
PART XIII, LINE 2D - OTHER ADJUSTMENTS		DIRECT EXPENSES RELATED TO SPECIAL EVENTS 63,858
PART XIII, LINE 4B - OTHER ADJUSTMENTS		DONOR DESIGNATED PLEDGES 465,630

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
UNITED WAY OF OLMSTED COUNTY INC

Employer identification number
41-0695594

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

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

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

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

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

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

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

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

Revenue / Direct Expenses		(a) Event #1 POWER OF THE PURSE (event type)	(b) Event #2 IBM 100 YEAR CELEBRATION (event type)	(c) Other Events 5 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	40,119	19,346	8,015	67,480
	2 Less Charitable contributions	6,720			6,720
	3 Gross income (line 1 minus line 2)	33,399	19,346	8,015	60,760
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs	1,800		796	2,596
	7 Food and beverages	11,105	10,837	7,046	28,988
	8 Entertainment	19,500		2,058	21,558
	9 Other direct expenses	994	8,509	1,212	10,715
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(63,857)
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				-3,097

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

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

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

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

b If "No," Explain _____

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

b If "Yes," Explain _____

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

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

13 Indicate the percentage of gaming activity operated in

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

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

Name ▶ ----------

Address ▶ ----------

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

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

c If "Yes," enter name and address

Name ▶ ----------

Address ▶ ----------

16 Gaming manager information

Name ▶ ----------

Gaming manager compensation ▶ $ ----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

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

Identifier	ReturnReference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
UNITED WAY OF OLMSTED COUNTY INC

Employer identification number
41-0695594

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(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 listed in the line 1 table . . . ▶ 42

3 Enter total number of other organizations listed in the line 1 table . . . ▶ 1

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

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

Additional Data

Return to Form

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS AND GIRLS CLUB OF ROCHESTER 930 40TH STREET NW ROCHESTER, MN 55901	41-1945875	501(C)(3)	112,836				PROGRAM OPERATING COST AND DONOR DESIGNATED FOR GENERAL SUPPORT
ABILITY BUILDING CENTER1911 14TH STREET NW ROCHESTER, MN 55901	41-0829178	501(C)(3)	85,380				PROGRAM OPERATING COST AND DONOR DESIGNATED FOR GENERAL SUPPORT
CATHOLIC CHARITIES903 W CENTER STREET STE 220 ROCHESTER, MN 55902	41-0721636	501(C)(3)	45,662				PROGRAM OPERATING COST AND DONOR DESIGNATED FOR GENERAL SUPPORT
CHANNEL ONE INC 131 35TH STREET SE ROCHESTER, MN 55904	41-1379713	501(C)(3)	120,372				PROGRAM OPERATING COST AND DONOR DESIGNATED FOR GENERAL SUPPORT
CHILD CARE RESOURCE AND REFERRAL126 WOODLAKE DR SE ROCHESTER, MN 55904	41-0987753	501(C)(3)	228,937				PROGRAM OPERATING COST AND DONOR DESIGNATED FOR GENERAL SUPPORT
CIVIC LEAGUE DAY NURSERY427 6TH AVENUE SW ROCHESTER, MN 55902	41-0721719	501(C)(3)	119,034				PROGRAM OPERATING COST AND DONOR DESIGNATED FOR GENERAL SUPPORT
ELDER NETWORK 1130 1/2 7TH STREET NW STE 205 ROCHESTER, MN 55901	41-1704390	501(C)(3)	21,168				PROGRAM OPERATING COST AND DONOR DESIGNATED FOR GENERAL SUPPORT
FAMILY SERVICE ROCHESTER INC1110 6TH STREET NW ROCHESTER, MN 55901	41-0883453	501(C)(3)	276,977				PROGRAM OPERATING COST AND DONOR DESIGNATED FOR GENERAL SUPPORT
FRIENDS OF QUARRY HILL NATURE CENTER701 SILVER CREEK ROAD NE ROCHESTER, MN 55906	36-3416399	501(C)(3)	35,588				PROGRAM OPERATING COST AND DONOR DESIGNATED FOR GENERAL SUPPORT
GIRL SCOUTS OF MN AND WI RIVER VALLEYS4228 8TH STREET SW ROCHESTER, MN 55902	41-0693910	501(C)(3)	69,523				PROGRAM OPERATING COST AND DONOR DESIGNATED FOR GENERAL SUPPORT
GOOD NEWS CHILDREN'S CENTER 2645 N BROADWAY ROCHESTER, MN 55906	41-2001068	501(C)(3)	20,882				PROGRAM OPERATING COST AND DONOR DESIGNATED FOR GENERAL SUPPORT
INTERCULTURAL MUTUAL ASSISTANCE ASSOCIATION2500 VALLEYHIGH DRIVE NW ROCHESTER, MN 55901	41-1497753	501(C)(3)	122,413				PROGRAM OPERATING COST AND DONOR DESIGNATED FOR GENERAL SUPPORT
INTERFAITH HOSPITALITY NETWORK811 7TH STREET NW ROCHESTER, MN 55901	41-1953191	501(C)(3)	29,384				PROGRAM OPERATING COST AND DONOR DESIGNATED FOR GENERAL SUPPORT
LEGAL ASSISTANCE OF OLMSTED COUNTY1136 7TH STREET NW ROCHESTER, MN 55901	41-0992471	501(C)(3)	35,076				PROGRAM OPERATING COST AND DONOR DESIGNATED FOR GENERAL SUPPORT
NAMI SE MN1700 N BROADWAY STE 104 ROCHESTER, MN 55906	36-3504277	501(C)(3)	36,424				PROGRAM OPERATING COST AND DONOR DESIGNATED FOR GENERAL SUPPORT
POSSABILITIES OF SOUTHERN MINNESOTA1808 3RD AVENUE SE ROCHESTER, MN 55904	41-0853397	501(C)(3)	34,217				PROGRAM OPERATING COST AND DONOR DESIGNATED FOR GENERAL SUPPORT
READING CENTERDYSLEXIA INSTITUTE OF AMERICA847 5TH STREET NW ROCHESTER, MN 55901	41-1633734	501(C)(3)	17,410				PROGRAM OPERATING COST AND DONOR DESIGNATED FOR GENERAL SUPPORT
ROCHESTER COMMUNITY AND TECHNICAL COLLEGE 851 30TH AVENUE SE ROCHESTER, MN 55904	41-1535213	501(C)(3)	58,000				PROGRAM OPERATING COST
ROCHESTER AREA FAMILY Y709 FIRST AVENUE SW ROCHESTER, MN 55902	41-0807581	501(C)(3)	108,689				PROGRAM OPERATING COST AND DONOR DESIGNATED FOR GENERAL SUPPORT
SALVATION ARMY20 FIRST AVENUE NE ROCHESTER, MN 55906	41-0698597	501(C)(3)	143,591				PROGRAM OPERATING COST AND DONOR DESIGNATED FOR GENERAL SUPPORT

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
BYRON COMMUNITY EDUCATION630 1ST AVENUE NW BRYON,MN 55920	41-6002825	170(B)(1)(A)(V)	10,002				PROGRAM OPERATING COST
TRI-VALLEY OPPORTUNITY COUNCIL INC2830 18TH AVENUE NW ROCHESTER,MN 55901	41-0088088	501(C)(3)	21,057				PROGRAM OPERATING COST
ZUMBRO VALLEY MENTAL HEALTH 343 WOODLAKE DRIVE SE ROCHESTER,MN 55904	41-6052022	501(C)(3)	83,685				PROGRAM OPERATING COST AND DONOR DESIGNATED FOR GENERAL SUPPORT
CHILDREN'S DENTAL HEALTH 903 W CENTER STREET STE 208 ROCHESTER,MN 55902	20-3677586	501(C)(3)	32,231				PROGRAM OPERATING COST AND DONOR DESIGNATED FOR GENERAL SUPPORT
CALVARY EVANGELICAL FREE CHURCH5500 25TH AVENUE NW ROCHESTER,MN 55901	41-0835191	501(C)(3)	74,870				PROGRAM OPERATING COST
AMERICAN RED CROSS310 14TH STREET SE ROCHESTER,MN 55904	03-0585610	501(C)(3)	10,761				DONOR DESIGNATED FOR GENERAL SUPPORT
BOY SCOUTS OF AMERICA GAMEHAVEN COUNCIL1124 11 1/2 STREET SE ROCHESTER,MN 55904	41-0698309	501(C)(3)	13,220				DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF DODGE COUNTYPO BOX 718 DODGE CENTER,MN 55927	41-1657224	501(C)(3)	59,145				DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF GREATER WINONA 902 E 2ND STREET SE STE 300 WINONA,MN 55987	41-0706134	501(C)(3)	10,766				DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF MOWER COUNTY 301 N MAIN STREET AUSTIN,MN 55912	41-0831896	501(C)(3)	20,333				DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF NORTH CENTRAL IOWA600 FIRST STREET NW STE 102 MASON CITY,IA 50401	42-0680413	501(C)(3)	6,635				DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF STEELE COUNTY INC110 N CEDAR AVENUE OWATONNA,MN 55060	23-7366680	501(C)(3)	5,931				DONOR DESIGNATED FOR GENERAL SUPPORT
WOMEN'S SHELTER PO BOX 457 ROCHESTER,MN 559030457	41-1316614	501(C)(3)	7,414				DONOR DESIGNATED FOR GENERAL SUPPORT
CENTER CITY HOUSING105 1/2 W FIRST STREET DULUTH,MN 55802	36-3485584	501(C)(3)	5,000				PROGRAM OPERATING COST
ROCHESTER CATHOLIC SCHOOLS621 W CENTER STREET ROCHESTER,MN 55902	41-0740119	501(C)(3)	5,119				DONOR DESIGNATED FOR GENERAL SUPPORT
SCHAEFFER ACADEMY2700 SCHAEFFER LANE NE ROCHESTER,MN 55906	41-1728882	501(C)(3)	5,459				DONOR DESIGNATED FOR GENERAL SUPPORT
CHILDREN OF DESTINY3270 19TH STREET NW STE 207 ROCHESTER,MN 55901	06-1777757	501(C)(3)	5,155				PROGRAM OPERATING COST
HAWTHORNE EDUCATION CENTER700 4TH AVENUE SE ROCHESTER,MN 55904	41-6002803	501(C)(3)	21,300				PROGRAM OPERATING COST AND DONOR DESIGNATED FOR GENERAL SUPPORT
LSSMN DISASTER SERVICES2400 PARK AVENUE MINNEAPOLIS,MN 55404	41-0872993	501(C)(3)	10,000				PROGRAM OPERATING COST
MN CHILD CARE RESOURCE & REFERRAL NETWORK380 LAFAYETTE ROAD STE 103 ST PAUL,MN 55107	41-1730422	501(C)(3)	6,000				PROGRAM OPERATING COST

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
UNITED WAY GOODHUE WABASHA & PIERCE CTYPO BOX 319 RED WING, MN 550660319	41-6043633	501(C)(3)	24,016				DONOR DESIGNATED FOR GENERAL SUPPORT
WORKFORCE DEVELOPMENT INC 1302 7TH STREET NW ROCHESTER, MN 55901	41-1484613	501(C)(3)	11,090				PROGRAM OPERATING COST AND DONOR DESIGNATED FOR GENERAL SUPPORT
ZUMBRO VALLEY DISASTER RECOVERY - MAZEPPA JAYCEES PO BOX 106 ZUMBRO FALLS, MN 55991	41-1645521	501(C)(3)	64,215				PROGRAM OPERATING COST

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
UNITED WAY OF OLMSTED COUNTY INC

Employer identification number
41-0695594

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

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

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

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

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

Part II Loans to and/or From Interested Persons.

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

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

Part III Grants or Assistance Benefitting Interested Persons.

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

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

Part IV Business Transactions Involving Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) FRIENDS OF QUARRY HILL NATURE CENTER	PATRICIA BARRIER, UWOC DIRECTOR, IS SPOUSE OF BOARD MEMBER	35,588	GRANT AWARDED IN 2011 FOR PROGRAM OPERATING COSTS AND DONOR DESIGNATED FOR GENERAL SUPPORT		No
(2) ABILITY BUILDING CENTER	STEVEN HILL, UWOC DIRECTOR, IS EXECUTIVE DIRECTOR OF ABILITY BUILDING CTR	85,380	GRANT AWARDED IN 2011 FOR PROGRAM OPERATING COSTS AND DONOR DESIGNATED FOR GENERAL SUPPORT		No
(3) RBC INVESTMENTS	SCOTT HECK, UWOC DIRECTOR, IS FINANCIAL ADVISOR	16,117	PROVIDED INVESTMENT ADVICE IN MANAGING INVESTMENT ASSETS		No
(4) BYRON COMMUNITY EDUCATION	WENDY SHANNON, UWOC BOARD CHAIR, IS SUPERINTENDENT OF SCHOOL DISTRICT	10,002	GRANT AWARDED IN 2011 FOR PROGRAM OPERATING COSTS		No
(5) MARCO INC	JUDY WELLER, UWOC DIRECTOR, IS TECHNOLOGY ADVISOR	12,775	PROVIDED TECHNOLOGY PRODUCTS AND COMPUTERIZED SERVICES		No

Part V Supplemental Information

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

Identifier	Return Reference	Explanation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
UNITED WAY OF OLMSTED COUNTY INC

Employer identification number
41-0695594

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		18,279	THRIFT VALUE
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	24	41,098	MARKET VALUE
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▸ (SCHOOL SUPPLIES)	X		53,816	MARKET VALUE
26	Other ▸ ( )				
27	Other ▸ ( )				
28	Other ▸ ( )				

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

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

Part II

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

Identifier	Return Reference	Explanation

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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

2011

Open to Public Inspection

Name of the organization
UNITED WAY OF OLMSTED COUNTY INC

Employer identification number
41-0695594

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION A, LINE 4	ORGANIZATION UPDATED THE BY-LAWS FOR CHANGING FROM CALENDAR YEAR TO FISCAL YEAR AFTER CALENDAR YEAR ENDING DECEMBER 31, 2011, THE ORGANIZATION WILL HAVE A SHORT YEAR FROM JANUARY 1, 2012 TO MARCH 31, 2012, THEN CHANGE TO A FISCAL YEAR ENDING MARCH 31 EACH YEAR

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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	THIS CONFLICT OF INTEREST POLICY IS DESIGNED TO HELP DIRECTORS, OFFICERS AND EMPLOYEES OF THE UNITED WAY OF OLMSTED COUNTY IDENTIFY SITUATIONS THAT PRESENT POTENTIAL CONFLICTS OF I NTEREST AND TO PROVIDE UNITED WAY OF OLMSTED COUNTY WITH A PROCEDURE WHICH, IF OBSERVED, W ILL ALLOW A TRANSACTION TO BE TREATED AS VALID AND BINDING EVEN THOUGH A DIRECTOR, OFFICER OR EMPLOYEE HAS OR MAY HAVE A CONFLICT OF INTEREST WITH RESPECT TO THE TRANSACTION THE P OLICY IS INTENDED TO COMPLY WITH THE PROCEDURE PRESCRIBED IN MINNESOTA STATUTES, SECTION 3 17A 255, GOVERNING CONFLICTS OF INTEREST FOR DIRECTORS OF NONPROFIT CORPORATIONS IN THE E VENT THERE IS AN INCONSISTENCY BETWEEN THE REQUIREMENTS AND PROCEDURES PRESCRIBED HEREIN A ND THOSE IN SECTION 317A 255, THE STATUTE SHALL CONTROL ALL CAPITALIZED TERMS ARE DEFINED IN PART 2 OF THIS POLICY 1 CONFLICT OF INTEREST DEFINED FOR PURPOSES OF THIS POLICY, TH E FOLLOWING CIRCUMSTANCES SHALL BE DEEMED TO CREATE CONFLICTS OF INTEREST A OUTSIDE INTE RESTS I A CONTRACT OR TRANSACTION BETWEEN UNITED WAY OF OLMSTED COUNTY AND A RESPONSIBLE PERSON OR FAMILY MEMBER II A CONTRACT OR TRANSACTION BETWEEN UNITED WAY OF OLMSTED COUN TY AND AN ENTITY IN WHICH A RESPONSIBLE PERSON OR FAMILY MEMBER HAS A MATERIAL FINANCIAL I NTEREST OR OF WHICH SUCH PERSON IS A DIRECTOR, OFFICER, AGENT, PARTNER, ASSOCIATE, TRUSTEE , PERSONAL REPRESENTATIVE, RECEIVER, GUARDIAN, CUSTODIAN, CONSERVATOR OR OTHER LEGAL REPRE SENTATIVE B OUTSIDE ACTIVITIES I A RESPONSIBLE PERSON COMPETING WITH UNITED WAY OF OLM STED COUNTY IN THE RENDERING OF SERVICES OR IN ANY OTHER CONTRACT OR TRANSACTION WITH A TH IRD PARTY II RESPONSIBLE PERSON'S HAVING A MATERIAL FINANCIAL INTEREST IN, OR SERVING AS A DIRECTOR, OFFICER, EMPLOYEE, AGENT, PARTNER, ASSOCIATE, TRUSTEE, PERSONAL REPRESENTATIV E, RECEIVER, GUARDIAN, CUSTODIAN, CONSERVATOR OR OTHER LEGAL REPRESENTATIVE OF, OR CONSULT ANT TO, AN ENTITY OR INDIVIDUAL THAT COMPETES WITH UNITED WAY OF OLMSTED COUNTY IN THE PRO VISION OF SERVICES OR IN ANY OTHER CONTRACT OR TRANSACTION WITH A THIRD PARTY C GIFTS, G RATUITIES AND ENTERTAINMENT A RESPONSIBLE PERSON ACCEPTING GIFTS, ENTERTAINMENT OR OTHER FAVORS FROM ANY INDIVIDUAL OR ENTITY THAT I DOES OR IS SEEKING TO DO BUSINESS WITH, OR I S A COMPETITOR OF UNITED WAY OF OLMSTED COUNTY, OR II HAS RECEIVED, IS RECEIVING OR IS SE EKING TO RECEIVE A LOAN OR GRANT, OR TO SECURE OTHER FINANCIAL COMMITMENTS FROM UNITED WAY OF OLMSTED COUNTY, III IS A CHARITABLE ORGANIZATION OPERATING IN MINNESOTA, IV UNDER CI RCUMSTANCES WHERE IT MIGHT BE INFERRED THAT SUCH ACTION WAS INTENDED TO INFLUENCE OR POSSI BLY WOULD INFLUENCE THE RESPONSIBLE PERSON IN THE PERFORMANCE OF HIS OR HER DUTIES THIS D OES NOT PRECLUDE THE ACCEPTANCE OF ITEMS OF NOMINAL OR INSIGNIFICANT VALUE OR ENTERTAINMEN T OF NOMINAL OR INSIGNIFICANT VALUE WHICH ARE NOT RELATED TO ANY PARTICULAR TRANSACTION OR ACTIVITY OF UNITED WAY OF OLMSTED COUNTY 2 DEFINITIONS A A "CONFLICT OF INTEREST" IS ANY CIRCUMSTANCE DESCRIBED IN PART 1 OF THIS POLICY B A "RESPONSIBLE PERSON" IS ANY PERS ON SERVING AS AN OFFICER, EMPLOYEE OR MEMBER OF THE BOARD OF DIRECTORS OF UNITED WAY OF OL MSTED COUNTY C A "FAMILY MEMBER" IS A SPOUSE, DOMESTIC PARTNER, PARENT, CHILD OR SPOUSE OF A CHILD, BROTHER, SISTER, OR SPOUSE OF A BROTHER OR SISTER, OF A RESPONSIBLE PERSON D A "MATERIAL FINANCIAL INTEREST" IN AN ENTITY IS A FINANCIAL INTEREST OF ANY KIND, WHICH, IN VIEW OF ALL THE CIRCUMSTANCES, IS SUBSTANTIAL ENOUGH THAT IT WOULD, OR REASONABLY COULD , AFFECT A RESPONSIBLE PERSON'S OR FAMILY MEMBER'S JUDGMENT WITH RESPECT TO TRANSACTIONS T O WHICH THE ENTITY IS A PARTY THIS INCLUDES ALL FORMS OF COMPENSATION E A "CONTRACT OR TRANSACTION" IS ANY AGREEMENT OR RELATIONSHIP INVOLVING THE SALE OR PURCHASE OF GOODS, SER VICES, OR RIGHTS OF ANY KIND, THE PROVIDING OR RECEIPT OF A LOAN OR GRANT, THE ESTABLISHME NT OF ANY OTHER TYPE OF PECUNIARY RELATIONSHIP, OR REVIEW OF A CHARITABLE ORGANIZATION BY UNITED WAY OF OLMSTED COUNTY THE MAKING OF A GIFT TO UNITED WAY OF OLMSTED COUNTY IS NOT A CONTRACT OR TRANSACTION 3 PROCEDURES A PRIOR TO BOARD OR COMMITTEE ACTION ON A CONTR ACT OR TRANSACTION INVOLVING A CONFLICT OF INTEREST, A DIRECTOR OR COMMITTEE MEMBER HAVING A CONFLICT OF INTEREST AND WHO IS IN ATTENDANCE AT THE MEETING SHALL DISCLOSE ALL FACTS M ATERIAL TO THE CONFLICT OF INTEREST SUCH DISCLOSURE SHALL BE REFLECTED IN THE MINUTES OF THE MEETING B A DIRECTOR OR COMMITTEE MEMBER WHO PLANS NOT TO ATTEND A MEETING AT WHICH HE OR SHE HAS REASON TO BELIEVE THAT THE BOARD OR COMMITTEE WILL ACT ON A MATTER IN WHICH THE PERSON HAS A CONFLICT OF INTEREST SHALL DISCLOSE TO THE CHAIR OF THE MEETING ALL FACTS MATERIAL TO THE CONFLICT OF INTEREST THE CHAIR SHALL REPORT THE DISCLOSURE AT THE MEETIN G AND THE DISCLOSURE SHALL BE REFLECTED IN THE MINUTES OF THE MEETING C A PERSON WHO HAS A CONFLICT OF INTEREST SHALL NOT PARTICIPATE IN OR BE PERMITTED TO HEAR THE BOARD'S OR CO MMITTEE'S DISCUSSION OF THE MATTER EXCEPT TO DISCL

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	OSE MATERIAL FACTS AND TO RESPOND TO QUESTIONS SUCH PERSON SHALL NOT ATTEMPT TO EXERT HIS OR HER PERSONAL INFLUENCE WITH RESPECT TO THE MATTER, EITHER AT OR OUTSIDE THE MEETING D A PERSON WHO HAS A CONFLICT OF INTEREST WITH RESPECT TO A CONTRACT OR TRANSACTION THAT W ILL BE VOTED ON AT A MEETING SHALL NOT BE COUNTED IN DETERMINING THE PRESENCE OF A QUORUM FOR PURPOSES OF THE VOTE THE PERSON HAVING A CONFLICT OF INTEREST MAY NOT VOTE ON THE CON TRACT OR TRANSACTION AND SHALL NOT BE PRESENT IN THE MEETING ROOM WHEN THE VOTE IS TAKEN, UNLESS THE VOTE IS BY SECRET BALLOT SUCH PERSON'S INELIGIBILITY TO VOTE SHALL BE REFLECTE D IN THE MINUTES OF THE MEETING FOR PURPOSES OF THIS PARAGRAPH, A MEMBER OF THE BOARD OF DIRECTORS OF UNITED WAY OF OLMSTED COUNTY HAS A CONFLICT OF INTEREST WHEN HE OR SHE STANDS FOR ELECTION AS AN OFFICER OR FOR RE-ELECTION AS A MEMBER OF THE BOARD OF DIRECTORS E R ESPONSIBLE PERSONS WHO ARE NOT MEMBERS OF THE BOARD OF DIRECTORS OF UNITED WAY OF OLMSTED COUNTY, OR WHO HAVE A CONFLICT OF INTEREST WITH RESPECT TO A CONTRACT OR TRANSACTION THAT IS NOT THE SUBJECT OF BOARD OR COMMITTEE ACTION, SHALL DISCLOSE TO THE CHAIR OR THE CHAIR' S DESIGNEE ANY CONFLICT OF INTEREST THAT SUCH RESPONSIBLE PERSON HAS WITH RESPECT TO A CON TRACT OR TRANSACTION SUCH DISCLOSURE SHALL BE MADE AS SOON AS THE CONFLICT OF INTEREST IS KNOWN TO THE RESPONSIBLE PERSON THE RESPONSIBLE PERSON SHALL REFRAIN FROM ANY ACTION THA T MAY AFFECT UNITED WAY OF OLMSTED COUNTY'S PARTICIPATION IN SUCH CONTRACT OR TRANSACTION IN THE EVENT IT IS NOT ENTIRELY CLEAR THAT A CONFLICT OF INTEREST EXISTS, THE INDIVIDUAL WITH THE POTENTIAL CONFLICT SHALL DISCLOSE THE CIRCUMSTANCES TO THE CHAIR OR THE CHAIR'S D ESIGNEE, WHO SHALL DETERMINE WHETHER THERE EXISTS A CONFLICT OF INTEREST THAT IS SUBJECT T O THIS POLICY 4 CONFIDENTIALITY EACH RESPONSIBLE PERSON SHALL EXERCISE CARE NOT TO DISC LOSE CONFIDENTIAL INFORMATION ACQUIRED IN CONNECTION WITH SUCH STATUS OR INFORMATION THE D ISCLOSURE OF WHICH MIGHT BE ADVERSE TO THE INTERESTS OF UNITED WAY OF OLMSTED COUNTY FURT HERMORE, A RESPONSIBLE PERSON SHALL NOT DISCLOSE OR USE INFORMATION RELATING TO THE BUSINE SS OF UNITED WAY OF OLMSTED COUNTY FOR THE PERSONAL PROFIT OR ADVANTAGE OF THE RESPONSIBLE PERSON OR A FAMILY MEMBER 5 REVIEW OF POLICY A EACH NEW RESPONSIBLE PERSON SHALL BE R EQUIRED TO REVIEW A COPY OF THIS POLICY AND TO ACKNOWLEDGE IN WRITING THAT HE OR SHE HAS D ONE SO B EACH RESPONSIBLE PERSON SHALL ANNUALLY COMPLETE A DISCLOSURE FORM IDENTIFY ING A NY RELATIONSHIPS, POSITIONS OR CIRCUMSTANCES IN WHICH THE RESPONSIBLE PERSON IS INVOLVED T HAT HE OR SHE BELIEVES COULD CONTRIBUTE TO A CONFLICT OF INTEREST ARISING SUCH RELATIONSH IPS, POSITIONS OR CIRCUMSTANCES MIGHT INCLUDE SERVICE AS A DIRECTOR OF OR CONSULTANT TO A NONPROFIT ORGANIZATION, OR OWNERSHIP OF A BUSINESS THAT MIGHT PROVIDE GOODS OR SERVICES TO UNITED WAY OF OLMSTED COUNTY ANY SUCH INFORMATION REGARDING BUSINESS INTERESTS OF A RESP ONSIBLE PERSON OR A FAMILY MEMBER SHALL BE TREATED AS CONFIDENTIAL AND SHALL GENERALLY BE MADE AVAILABLE ONLY TO THE CHAIR, THE EXECUTIVE DIRECTOR, AND ANY COMMITTEE APPOINTED TO A DDRESS CONFLICTS OF INTEREST, EXCEPT TO THE EXTENT ADDITIONAL DISCLOSURE IS NECESSARY IN C ONNECTION WITH THE IMPLEMENTATION OF THIS POLICY C THIS POLICY SHALL BE REVIEWED ANNUALL Y BY EACH MEMBER OF THE BOARD OF DIRECTORS ANY CHANGES TO THE POLICY SHALL BE COMMUNICATE D IMMEDIATELY TO ALL RESPONSIBLE PERSONS

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

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

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -91,827

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

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

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

Identifier	Return Reference	Explanation
ADDRESSES OF BOARD MEMBERS	FORM 990, PART VI, SECTION A, LINE 11	TONI ADAFIN 1090 CHIPPEWA DR NW ROCHESTER, MN 55901 PATRICIA BARRIER 1010 SKYLINE DR SW ROCHESTER, MN 55902 RANDY CHAPMAN 18 FIRST AVENUE SE ROCHESTER, MN 55904 DONALD DECRAMER 200 FIRST ST SW ROCHESTER, MN 55905 JOHN EDMONDS 911 19TH ST NE ROCHESTER, MN 55906 LARRY EDMONSON 5448 15TH ST SE ROCHESTER, MN 55904 SCOTT HECK 2064 SUPERIOR DR NW ROCHESTER, MN 55901 STEVEN HILL 1210 21ST ST NE ROCHESTER, MN 55906 BETTY HUTCHINS 3430 LIMERICK LN NE ROCHESTER, MN 55906 KELLY MCDONOUGH 4201 ARBOR LN NW ROCHESTER, MN 55901 HEIDI MESTAD 10009 CTY RD 81 NW ORONOCO, MN 55960 MICHAEL MUNOZ 615 7TH ST SW ROCHESTER, MN 55902 CHRISTOPHER NELSON 206 S BROADWAY STE 505 ROCHESTER, MN 55904 GAIL NELSON 704 3RD AVE NW BYRON, MN 55920 JOANNE ROSENER 4130 57TH LN NW ROCHESTER, MN 55901 JIM RUSTAD 2001 FOLWELL DR SW ROCHESTER, MN 55902 WENDY SHANNON 5236 ROSELEE CIRCLE NW BYRON, MN 55920 DAVE STENHAUG 7005 HALIFAX LN NW ROCHESTER, MN 55901 DAVID THOMPSON 102 5TH AVE NE STEWARTVILLE, MN 55976 JUDY WELLER 3416 LAKERIDGE PL NW ROCHESTER, MN 55901 MIKE WILLARD 2123 BAIHLY HILLS DR SW ROCHESTER, MN 55902

Identifier	Return Reference	Explanation
OVERHEAD RATIO	FORM 990, PART IX, LINE 25	THE STANDARD FORMULA FOR CALCULATING THE OVERHEAD RATIO AMONG UNITED WAY ORGANIZATIONS IS AS FOLLOWS 990 FORM, PART IX, LINE 25, COLUMN C (M&G EXP) + COLUMN D (FUNDRAISING EXP) DIVIDED BY 990 FORM, PART VIII, LINE 12, COLUMN A (TOTAL REVENUE) THE UNITED WAY OF OLMSTED COUNTY, INC OVERHEAD RATIO IS 16%

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

Identifier	Return Reference	Explanation
INFORMATION ABOUT GRANTS	FORM 990, SCHEDULE I, PART 1	PROGRAM OPERATING COST A RESTRICTED GRANT MADE TO AN AGENCY IN SUPPORT OF THE COSTS ASSOC IATED WITH A SPECIFIC PROGRAM OR INITIATIVE THAT IT OPERATES ON JULY OF 2009 UNITED WAY O F OLMSTED COUNTY VOLUNTEERS IDENTIFIED COMMUNITY GOALS AND ESTABLISHED A SIX-YEAR PLAN FOR ADVANCING THE COMMON GOOD THESE GRANTS WERE GIVEN IN THE FOLLOWING FOCUS AREAS OF EDUCAT ION, INCOME, HEALTH, AND COMMUNITY BASICS EDUCATION GOAL SUPPORTING LEARNING AND DEVELOP MENT OF CHILDREN AND YOUTH SO THEY BECOME RESPONSIBLE, CONTRIBUTING CITIZENS THREE INDICA TORS MEASURE THE PROGRESS TOWARDS THIS GOAL PARTNERS FUNDED IN 2011 INCLUDE BOYS AND GIR LS CLUB OF ROCHESTER, BYRON COMMUNITY EDUCATION, CHILD CARE RESOURCE AND REFERRAL, CIVIC L EAGUE DAY NURSERY, FAMILY AND CHILDREN CENTER, FRIENDS OF QUARRY HILL NATURE CENTER, GIRL SCOUTS OF MINNESOTA AND WISCONSIN RIVER VALLEYS, GOOD NEWS CHILDREN'S CENTER, ROCHESTER AR EA FAMILY Y, THE READING CENTER, TRI VALLEY OPPORTUNITY COUNCIL EDUCATION INDICATOR ONE BY 2015, 75% OF OLMSTED COUNTY CHILDREN ACHIEVE DEVELOPMENT MILESTONES AND PASS KINDERGART EN ASSESSMENT IN 2011, 54% OF OLMSTED COUNTY ACHIEVED DEVELOPMENT MILESTONES AND PASSED K INDERGARTEN ASSESSMENT EDUCATION INDICATOR TWO BY 2015, 3,330 LOW-INCOME YOUTH CONNECT T O CARING ADULT AND COMMUNITY BY THE END OF 2011, 1,405 LOW INCOME YOUTH CONNECTED TO CARI NG ADULT AND COMMUNITY EDUCATION INDICATOR THREE BY 2015, 3,330 LOW-INCOME YOUTH DEMONST RATE LEADERSHIP IN THE COMMUNITY BY THE END OF 2011, 256 LOW-INCOME YOUTH DEMONSTRATED LE ADERSHIP IN THE COMMUNITY INCOME GOAL INCREASING INCOME ASSETS AND PROVIDING JOB TRAININ G FOR IMPROVED EMPLOY ABILITY FOUR INDICATORS MEASURE THE PROGRESS TOWARDS THIS GOAL PART NERS FUNDED IN 2011 INCLUDE CATHOLIC CHARITIES OF THE DIOCESE OF WINONA, CENTER CITY HOUS ING CORPORATION, INTERCULTURAL MUTUAL ASSISTANCE ASSOCIATION, INTERFAITH HOSPITALITY NETWO RK OF GREATER ROCHESTER, ROCHESTER COMMUNITY AND TECHNICAL COLLEGE, ROCHESTER AREA FAMILY Y INCOME INDICATOR ONE BY 2015, 400 PEOPLE COMPLETE JOB TRAINING AND GAIN EMPLOY MENT AT >$10/HR BY THE END OF 2011, 122 PEOPLE COMPLETED JOB TRAINING AND GAINED EMPLOY MENT AT >$ 10/HR INCOME INDICATOR TWO IN THIS YEAR, 65 FAMILIES ACHIEVE STABILIZATION AND BUILD ASS ETS IN 2011, 112 FAMILIES ACHIEVED STABILIZATION AND BUILT ASSETS INCOME INDICATOR THREE IN THIS YEAR, EITC REFUNDS OF $1,547,745 TO WORKING INDIVIDUALS IN 2011, $1,415,975 WAS REFUNDED THROUGH EITC INCOME INDICATOR FOUR BY 2015, 790 PEOPLE GAIN FINANCIAL LITERACY SKILLS BY THE END OF 2011, 454 PEOPLE GAINED FINANCIAL LITERACY SKILLS HEALTH GOAL PEO PLE ACHIEVE OPTIMAL HEALTH THROUGH PROMOTING WELLNESS AND HEALTH CARE ACCESS FOUR INDICAT ORS MEASURE THE PROGRESS TOWARDS THIS GOAL PARTNERS FUNDED IN 2011 INCLUDE CHILDREN'S DE NTAL HEALTH SERVICES, FAMILY SERVICES ROCHESTER, INTERCULTURAL MUTUAL ASSISTANCE ASSOCIATI ON, NAMI SOUTHEAST MINNESOTA, THE SALVATION ARMY, ZUMBRO VALLEY MENTAL HEALTH HEALTH INDI CATOR ONE IN THIS YEAR, 3,520 UNINSURED 3-14 YEAR OLDS RECEIVE PREVENTIVE DENTAL CARE AND EDUCATION IN 2011, 2,075 RECEIVED PREVENTIVE DENTAL CARE AND EDUCATION HEALTH INDICATOR TWO IN THIS YEAR, 3,700 UNINSURED RESIDENTS RECEIVE BASIC HEALTH CARE IN 2011, 4,642 UN INSURED RESIDENTS RECEIVED BASIC HEALTH CARE HEALTH INDICATOR THREE IN THIS YEAR, UNINSU RED PEOPLE RECEIVE EARLY INTERVENTIONS FOR MENTAL ILLNESS IN A COMMUNITY SETTING IN 2011, 4,104 UNINSURED PEOPLE RECEIVED EARLY INTERVENTIONS FOR MENTAL ILLNESS IN A COMMUNITY SET TING HEALTH INDICATOR FOUR IN THIS YEAR, PEOPLE OBTAIN OR RETAIN HEALTH INSURANCE THROUG H PARTNER INTERVENTIONS IN 2011, 2,245 PEOPLE GAINED FINANCIAL LITERACY SKILLS COMMUNITY BASICS GOAL HELPING MEET THE BASIC NEEDS OF PEOPLE AND STABILIZING LIVES WITH A SAFETY NE T SEVEN INDICATORS MEASURE THE PROGRESS TOWARDS THIS GOAL PARTNERS FUNDED IN 2011 INCLUD E ABILITY BUILDING CENTER, CHANNEL ONE, CHILD CARE RESOURCE AND REFERRAL, CHILDREN OF DES TINY, ELDER NETWORK, FAMILY SERVICES ROCHESTER, JUSTICE & OPPORTUNITY FOR YOUTH (JOY), LEG AL ASSISTANCE OF OLMSTED COUNTY, NEW SUDAN AMERICAN HOPE, POSSABILITIES OF SOUTHERN MINNES OTA, THE SALVATION ARMY, WORD OF LIFE CHURCH OF GOD IN CHRIST~SEEDS OF WISDOM COMMUNITY B ASICS INDICATOR ONE PEOPLE ACCESS NUTRITIOUS MEALS IN 2011, 932,908 NUTRITIOUS MEALS PRO VIDED TO THOSE IN NEED COMMUNITY BASICS INDICATOR TWO CHILDREN EXPERIENCE SAFE INTERACTI ONS WITH CAREGIVERS IN 2011, 611 CHILDREN EXPERIENCED SAFE INTERACTION WITH CAREGIVERS C OMMUNITY BASICS INDICATOR THREE 890 LOW INCOME RESIDENTS HAVE ACCESS TO BASIC LEGAL REPRE SENTATION AND EDUCATION IN 2011, 1202 LOW INCOME RESIDENTS ACCESSED BASIC LEGAL REPRESENT ATION AND EDUCATION COMMUNITY BASICS INDICATOR FOUR BY 2012, 50% OF SERVICE HOURS HELPING SENIORS REMAIN IN THEIR HOMES AND INDEPENDENT LIVING AS PROVIDED BY VOLUNTEERS IN 2011, 30% OF SERVICE HOURS HELPED SENIORS REMAIN IN THEIR HOMES AND LIVE INDEPENDENTLY AS PROVID ED BY VOLUNTEERS COMMUNITY BASICS INDICATOR FIVE

Identifier	Return Reference	Explanation
INFORMATION ABOUT GRANTS	FORM 990, SCHEDULE I, PART 1	ANNUALLY, 1,068 PEOPLE WITH DISABILITIES INTEGRATE THROUGH EMPLOYMENT AND LIFE SKILLS IN 2011, 625 PEOPLE WITH DISABILITIES INTEGRATED THROUGH EMPLOYMENT AND LIFE SKILLS COMMUNITY BASICS INDICATOR SIX ANNUALLY, 315 HOMELESS OR NEAR HOMELESS PEOPLE ACCESS IMMEDIATE SHELTER IN 2011, 271 HOMELESS OR NEAR HOMELESS PEOPLE ACCESSED IMMEDIATE SHELTER COMMUNITY BASICS INDICATOR SEVEN PEOPLE IN THE SAFETY NET ACCESS ADDITIONAL PUBLIC BENEFITS IN 2011, 2003 PEOPLE IN THE SAFETY NET ACCESSED ADDITIONAL PUBLIC BENEFITS DONOR DESIGNATED FOR GENERAL SUPPORT AN UNRESTRICTED GRANT MADE TO AN AGENCY AT THE DIRECTION OF THE DONOR(S) IN SUPPORT OF ITS GENERAL OPERATING COSTS AND PROGRAMS GRANTS ARE LISTED NET OF THE FUNDRAISING AND ADMINISTRATIVE FEE COLLECTED, AND ARE PAID OUT AFTER RECEIPT, ACCORDING TO THE DESIGNATION PAYOUT SCHEDULE.