# TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

**FOR THE YEAR ENDING**

MARCH 31, 2010

| | |
|---|---|
| **Prepared for** | UNITED WAY OF MOWER COUNTY INC.<br>PO BOX 605<br>AUSTIN, MN 55912 |
| **Prepared by** | LARSONALLEN LLP<br>P.O. BOX 217<br>AUSTIN, MN 55912 |
| **Amount due or refund** | NOT APPLICABLE |
| **Make check payable to** | NOT APPLICABLE |
| **Mail tax return and check (if applicable) to** | NOT APPLICABLE |
| **Return must be mailed on or before** | NOT APPLICABLE |
| **Special Instructions** | THIS COPY OF THE RETURN IS PROVIDED ONLY FOR PUBLIC DISCLOSURE PURPOSES. ANY CONFIDENTIAL INFORMATION REGARDING LARGE DONORS HAS BEEN REMOVED. |

** PUBLIC DISCLOSURE COPY **

Form **990** — Department of the Treasury, Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047 — **2009** — Open to Public Inspection

**A** For the 2009 calendar year, or tax year beginning APR 1, 2009 and ending MAR 31, 2010

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

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization: UNITED WAY OF MOWER COUNTY INC.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address): PO BOX 605 — Room/suite

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

**D** Employer identification number: 41-0831896

**E** Telephone number: 507-437-2313

**G** Gross receipts $ 2,284,444.

**F** Name and address of principal officer: MANDI LIGHTHIZER-SCHMIDT, SAME AS C ABOVE

**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)

**I** Tax-exempt status: ☒ 501(c) ( 3 ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

**J** Website: ▶ WWW.UWMOWER.ORG

**H(c)** Group exemption number ▶

**K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

**L** Year of formation: 1958 **M** State of legal domicile: MN

## Part I Summary

**Activities & Governance**

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

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

| | | | |
|---|---|---|---|
| 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 15 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 15 |
| 5 | Total number of employees (Part V, line 2a) | 5 | 3 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 540 |
| 7a | Total gross 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) | 1,210,238. | 2,246,690. |
| | 9 | Program service revenue (Part VIII, line 2g) | | 5,350. |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 12,391. | 12,423. |
| | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 8,126. | 15,083. |
| | 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 1,230,755. | 2,279,546. |
| Expenses | 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 967,981. | 1,912,439. |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | |
| | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 98,821. | 114,970. |
| | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | |
| | b | Total fundraising expenses (Part IX, column (D), line 25) ▶ 35,705. | | |
| | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | 110,413. | 186,021. |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 1,177,215. | 2,213,430. |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | 53,540. | 66,116. |
| | | | **Beginning of Current Year** | **End of Year** |
| Net Assets or Fund Balances | 20 | Total assets (Part X, line 16) | 1,255,047. | 1,361,220. |
| | 21 | Total liabilities (Part X, line 26) | 508,757. | 548,814. |
| | 22 | Net assets or fund balances. Subtract line 21 from line 20 | 746,290. | 812,406. |

## 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** ▶ Signature of officer — Date

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

**Paid Preparer's Use Only**

Preparer's signature ▶ DALE BUYTAERT — Date — Check if self-employed ▶ ☐ — Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ LARSONALLEN LLP, P.O. BOX 217, AUSTIN, MN 55912

EIN ▶

Phone no. ▶ 507-434-7000

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

## Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:
TO IMPROVE LIVES BY MOBILIZING THE CARING POWER OF COMMUNITIES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses $ 2,038,426. including grants of $ 1,912,439. ) (Revenue $ )
UNITED WAY PROMOTES THE CARING POWER OF COMMUNITIES THROUGH THE FUNDING OF QUALITY LOCAL PROGRAMMING AND LOCAL INITIATIVES.

4b (Code: ) (Expenses $ 61,424. including grants of $ ) (Revenue $ )
THE SUCCESS BY 6 PROGRAM IS COMPRISED OF PRE-SCHOOL SCHOLARSHIPS AND TRANSPORTATION. UNITED WAY THROUGH A GRANT FROM THE HORMEL FOUNDATION GIVES SCHOLARSHIPS TO ATTEND PRE-SCHOOL TO CHILDREN WHOSE FAMILIES HOUSEHOLD INCOME IS LESS THAN 200% OF POVERTY. SCHOLARSHIPS INCLUDE A FULL YEAR OF TUITION TO A LOCAL PARTICIPATING PRE-SCHOOL PROGRAM AS WELL AS TRANSPORTATION. UNITED WAY ALSO PARTNERS WITH AMCAT TO PROVIDE TRANSPORTATION FOR SCHOLARSHIP CHILDREN AND NON-SCHOLARSHIP CHILDREN TO AND FROM PRE-SCHOOL PROGRAMS. UNITED WAY SUBCONTRACTS WITH THE PARENTING RESOURCE CENTER TO PROVIDE AIDES TO RIDE BUSES AND ENSURE THE SAFETY OF ALL CHILDREN. FOR THE YEAR ENDING MARCH 31, 2010 UNITED WAY PROVIDED FORTY-NINE SCHOLARSHIPS SO THAT CHILDREN COULD ENTER KINDERGARTEN READY TO SUCCEED.

4c (Code: ) (Expenses $ 9,893. including grants of $ ) (Revenue $ 5,350. )
THE GET FIT HEALTHY LIVING CHALLENGE IS UNITED WAY OF MOWER COUNTY'S HEALTHY LIVING INITIATIVE. PARTICIPANTS PAY A $10 FEE TO PARTICIPATE AND FORM TEAMS TO CHANGE UNHEALTHY BEHAVIORS. PARTICIPANTS ARE CHALLENGED TO LOSE WEIGHT, GET THEIR DAILY REQUIREMENTS OF FRUITS AND VEGETABLES AND EXERCISE ON A REGULAR BASIS. EDUCATIONAL AND FITNESS SEMINARS AND SPECIAL EVENTS AROUND HEALTHY LIFESTYLE TOPICS ARE PROVIDED TO PARTICIPANTS AND THE GENERAL PUBLIC. UNITED WAY'S WEBSITE IS A RESOURCE FOR INFORMATION, RECIPES, FITNESS TIPS, ETC. IN 2009 388 COMMUNITY MEMBERS PARTICIPATED IN THE GET FIT CHALLENGE AND LOST OVER 1,900 POUNDS.

4d Other program services. (Describe in Schedule O.)
(Expenses $ including grants of $ ) (Revenue $ )

4e **Total program service expenses ▶ $** 2,109,743.

## 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 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I* | 3 | | X |
| 4 | **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II* | 4 | | X |
| 5 | **Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III* | 5 | | |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I* | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II* | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III* | 8 | | X |
| 9 | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV* | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V* | 10 | | X |
| 11 | Is the organization's answer to any of the following questions "Yes"? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable* | 11 | X | |
| | • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.* | | | |
| | • 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.* | | | |
| | • 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.* | | | |
| | • 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.* | | | |
| | • Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.* | | | |
| | • 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? *If "Yes," complete Schedule D, Part X.* | | | |
| 12 | Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII.* | 12 | X | |
| 12A | Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* — 12A Yes: ; No: X | | | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E* | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I* | 14b | | X |
| 15 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II* | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III* | 16 | | X |
| 17 | Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* | 17 | | X |
| 18 | Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II* | 18 | | X |
| 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 | | X |
| 20 | Did the organization operate one or more hospitals? *If "Yes," complete Schedule H* | 20 | | X |

**Part IV Checklist of Required Schedules** *(continued)*

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

## Part V Statements Regarding Other IRS Filings and Tax Compliance

| | | | | | Yes | No |
|---|---|---|---|---|---|---|
| 1a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable | 1a | 0 | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 | | | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | | 1c | X | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 3 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | | | 2b | X | |
| | **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return. (see instructions) | | | | | |
| 3a | Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return? | | | 3a | | X |
| b | If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O* | | | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | | 4a | | X |
| b | If "Yes," enter the name of the foreign country: ▶ | | | | | |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | 5b | | X |
| c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? | | | 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 | | X |
| 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 | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | 7b | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | | 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | | |
| e | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | | 7e | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | 7f | | X |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | | | 7g | | |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | | | 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 | | | | |

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

**Section A. Governing Body and Management**

| | | | | Yes | No |
|---|---|---|---|---|---|
| 1a | Enter the number of voting members of the governing body | 1a | 15 | | |
| b | Enter the number of voting members that are independent | 1b | 15 | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | | 3 | | X |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | | 4 | | X |
| 5 | Did the organization become aware during the year of a material diversion of the organization's assets? | | 5 | | X |
| 6 | Does the organization have members or stockholders? | | 6 | X | |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | | 7a | X | |
| b | Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | | 7b | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | |
| a | The governing body? | | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | | 8b | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O* | | 9 | | X |

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

| | | | Yes | No |
|---|---|---|---|---|
| 10a | Does the organization have local chapters, branches, or affiliates? | 10a | | X |
| b | If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? | 10b | | |
| 11 | Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | 11 | X | |
| 11A | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | |
| 12a | Does the organization have a written conflict of interest policy? *If "No," go to line 13* | 12a | X | |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X | |
| c | Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done* | 12c | X | |
| 13 | Does the organization have a written whistleblower policy? | 13 | X | |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | |
| a | The organization's CEO, Executive Director, or top management official | 15a | X | |
| b | Other officers or key employees of the organization | 15b | X | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | X |
| b | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? | 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 Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

[X] Own website [X] Another's website [X] Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

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

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

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

☐ Check this box if the organization did not compensate any current officer, director, or trustee.

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply): Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| DIANE BAKER<br>PRESIDENT | 1.00 | X | | X | | | | 0. | 0. | 0. |
| CLAUDE PULLIAM<br>VICE PRESIDENT | 1.00 | X | | X | | | | 0. | 0. | 0. |
| CATHY HIRST<br>TREASURER | 1.00 | X | | X | | | | 0. | 0. | 0. |
| CHAD SAYLES<br>COMMUNITY INVESTMENT CHR | 1.00 | X | | X | | | | 0. | 0. | 0. |
| ANN HOKANSON<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| KELLY LADY<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| JEFF LINKOUS<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| MICHAEL SCHELLING<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| BECKY RECTOR<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| KRISTI STASI<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| TRISH WIECHMANN<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| SCOTT AAKRE<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| DR. DAVID AGERTER<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| DIDACUS GUZMAN<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| PAUL KUEHNEMAN<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| JAYNEE SHERMAN<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| ROBERT COOPER<br>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 | (C) Position: Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|---|---|---|---|---|---|---|---|---|---|
| JEN HAUGEN<br>DIRECTOR | 1.00 | X | | | | | | 0. | 0. | 0. |
| MANDI LIGHTHIZER-SCHMIDT<br>EXECUTIVE DIRECTOR | 40.00 | | | X | | | | 53,485. | 0. | 0. |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| **1b Total** ▶ | | | | | | | | 53,485. | 0. | 0. |

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

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

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. NONE

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

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

## Part VIII Statement of Revenue

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|---|---|---|---|---|---|---|
| **Contributions, gifts, grants and other similar amounts** | | | | | | |
| 1 a Federated campaigns | 1a | 955,891. | | | | |
| b Membership dues | 1b | | | | | |
| c Fundraising events | 1c | | | | | |
| d Related organizations | 1d | | | | | |
| e Government grants (contributions) | 1e | | | | | |
| f All other contributions, gifts, grants, and similar amounts not included above | 1f | 1290799. | | | | |
| g Noncash contributions included in lines 1a-1f: $ | | 13,429. | | | | |
| h **Total.** Add lines 1a-1f ▶ | | | 2246690. | | | |
| **Program Service Revenue** | | Business Code | | | | |
| 2 a GET FIT PROGRAM FEES | | 713940 | 5,350. | 5,350. | | |
| b | | | | | | |
| c | | | | | | |
| d | | | | | | |
| e | | | | | | |
| f All other program service revenue | | | | | | |
| g **Total.** Add lines 2a-2f ▶ | | | 5,350. | | | |
| **Other Revenue** | | | | | | |
| 3 Investment income (including dividends, interest, and other similar amounts) ▶ | | | 12,423. | | | 12,423. |
| 4 Income from investment of tax-exempt bond proceeds ▶ | | | | | | |
| 5 Royalties ▶ | | | | | | |
| | (i) Real | (ii) Personal | | | | |
| 6 a Gross Rents | | | | | | |
| b Less: rental expenses | | | | | | |
| c Rental income or (loss) | | | | | | |
| d Net rental income or (loss) ▶ | | | | | | |
| 7 a Gross amount from sales of assets other than inventory | (i) Securities | (ii) Other | | | | |
| b Less: cost or other basis and sales expenses | | | | | | |
| c Gain or (loss) | | | | | | |
| d Net gain or (loss) ▶ | | | | | | |
| 8 a Gross income from fundraising events (not including $ ______ of contributions reported on line 1c). See Part IV, line 18 | a | 11,171. | | | | |
| b Less: direct expenses | b | 4,898. | | | | |
| c Net income or (loss) from fundraising events ▶ | | | 6,273. | | | 6,273. |
| 9 a Gross income from gaming activities. See Part IV, line 19 | a | | | | | |
| b Less: direct expenses | b | | | | | |
| c Net income or (loss) from gaming activities ▶ | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | a | | | | | |
| b Less: cost of goods sold | b | | | | | |
| c Net income or (loss) from sales of inventory ▶ | | | | | | |
| Miscellaneous Revenue | | Business Code | | | | |
| 11 a DIRECTOR FEES | | 900099 | 8,800. | | | 8,800. |
| b OTHER REVENUE | | 900099 | 10. | | | 10. |
| c | | | | | | |
| d All other revenue | | | | | | |
| e **Total.** Add lines 11a-11d ▶ | | | 8,810. | | | |
| 12 **Total revenue.** See instructions. ▶ | | | 2279546. | 5,350. | 0. | 27,506. |

**Part IX Statement of Functional Expenses**

**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.**
**All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|---|---|---|---|---|
| 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 | 1,912,439. | 1,912,439. | | |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 54,225. | 27,655. | 22,232. | 4,338. |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 47,899. | 24,429. | 19,638. | 3,832. |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | | | | |
| 9 Other employee benefits | 4,498. | 2,294. | 1,844. | 360. |
| 10 Payroll taxes | 8,348. | 4,258. | 3,423. | 667. |
| 11 Fees for services (non-employees): | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 5,525. | | 5,525. | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other | | | | |
| 12 Advertising and promotion | 5,777. | 2,889. | | 2,888. |
| 13 Office expenses | 6,542. | 2,616. | 1,963. | 1,963. |
| 14 Information technology | | | | |
| 15 Royalties | | | | |
| 16 Occupancy | 17,422. | 6,968. | 5,227. | 5,227. |
| 17 Travel | | | | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 4,502. | 1,800. | 1,351. | 1,351. |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 3,743. | 1,497. | 1,123. | 1,123. |
| 23 Insurance | 2,459. | 983. | 738. | 738. |
| 24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) | | | | |
| a SUCCESS BY SIX PROGRAM | 61,424. | 61,424. | | |
| b COMMUNITY NEEDS ASSESSM | 37,101. | 37,101. | | |
| c GET FIT PROGRAM EXPENSE | 9,893. | 9,893. | | |
| d CAMPAIGN AND AWARDS | 8,300. | | | 8,300. |
| e COAT DRIVE EXPENSES | 4,645. | 4,645. | | |
| f All other expenses | 18,688. | 8,852. | 4,918. | 4,918. |
| 25 **Total functional expenses.** Add lines 1 through 24f | 2,213,430. | 2,109,743. | 67,982. | 35,705. |
| 26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

## Part X Balance Sheet

| | | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|
| Assets | 1 | Cash - non-interest-bearing | 14,580. | 1 | |
| | 2 | Savings and temporary cash investments | 577,295. | 2 | 602,062. |
| | 3 | Pledges and grants receivable, net | 657,672. | 3 | 757,401. |
| | 4 | Accounts receivable, net | | 4 | |
| | 5 | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under section 4958(f)(1)) 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 | | 9 | |
| | 10a | Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a 15,671. | | | |
| | b | Less: accumulated depreciation — 10b 13,914. | 5,500. | 10c | 1,757. |
| | 11 | Investments - publicly traded securities | | 11 | |
| | 12 | Investments - other securities. See Part IV, line 11 | | 12 | |
| | 13 | Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 | Intangible assets | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | 15 | |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 34) | 1,255,047. | 16 | 1,361,220. |
| Liabilities | 17 | Accounts payable and accrued expenses | | 17 | 2,998. |
| | 18 | Grants payable | 508,757. | 18 | 545,816. |
| | 19 | Deferred revenue | | 19 | |
| | 20 | Tax-exempt bond liabilities | | 20 | |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities. Complete Part X of Schedule D | | 25 | |
| | 26 | **Total liabilities.** Add lines 17 through 25 | 508,757. | 26 | 548,814. |
| Net Assets or Fund Balances | | **Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.** | | | |
| | 27 | Unrestricted net assets | 408,241. | 27 | 478,986. |
| | 28 | Temporarily restricted net assets | 338,049. | 28 | 333,420. |
| | 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 | 746,290. | 33 | 812,406. |
| | 34 | Total liabilities and net assets/fund balances | 1,255,047. | 34 | 1,361,220. |

## Part XI Financial Statements and Reporting

| | | | 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 | | X |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | X | |
| c | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | 2c | X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. | | | |
| d | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | 3a | | X |
| 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 | | |

**SCHEDULE A**
**(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

# Public Charity Status and Public Support

**Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.**
**▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No. 1545-0047
**2009**
**Open to Public Inspection**

**Name of the organization**
UNITED WAY OF MOWER COUNTY INC.

**Employer identification number**
41-0831896

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

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

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

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

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

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

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

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

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

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

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

## Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 1,047,659. | 1,068,513. | 1,186,846. | 1,201,540. | 2,246,690. | 6,751,248. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 **Total.** Add lines 1 through 3 | 1,047,659. | 1,068,513. | 1,186,846. | 1,201,540. | 2,246,690. | 6,751,248. |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | 3,291,794. |
| 6 **Public support.** Subtract line 5 from line 4. | | | | | | 3,459,454. |

## Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|---|---|---|---|---|---|
| 7 Amounts from line 4 | 1,047,659. | 1,068,513. | 1,186,846. | 1,201,540. | 2,246,690. | 6,751,248. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 7,663. | 17,068. | 22,810. | 12,391. | 12,423. | 72,355. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | 6,402. | 10,223. | 8,245. | 8,126. | 15,083. | 48,079. |
| 11 **Total support.** Add lines 7 through 10 | | | | | | 6,871,682. |

12 Gross receipts from related activities, etc. (see instructions) | 12 | 31,494.

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

## Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) | 14 | 50.34 %

15 Public support percentage from 2008 Schedule A, Part II, line 14 | 15 | 60.00 %

16a **33 1/3% support test - 2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test - 2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

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

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I.)

## Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 **Total.** Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 **Public support** (Subtract line 7c from line 6.) | | | | | | |

## Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|---|---|---|---|---|---|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 **Total support** (Add lines 9, 10c, 11, and 12.) | | | | | | |

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

## Section C. Computation of Public Support Percentage

| | | |
|---|---|---|
| 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2008 Schedule A, Part III, line 15 | 16 | % |

## Section D. Computation of Investment Income Percentage

| | | |
|---|---|---|
| 17 Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from **2008** Schedule A, Part III, line 17 | 18 | % |

19a **33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

# Schedule B
**(Form 990, 990-EZ, or 990-PF)**
Department of the Treasury
Internal Revenue Service

# Schedule of Contributors

▶ **Attach to Form 990, 990-EZ, or 990-PF.**

OMB No. 1545-0047

**2009**

| **Name of the organization** | **Employer identification number** |
|---|---|
| UNITED WAY OF MOWER COUNTY INC. | 41-0831896 |

**Organization type** (check one):

| **Filers of:** | **Section:** |
|---|---|
| Form 990 or 990-EZ | [X] 501(c)( 3 ) (enter number) organization |
| | [ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation |
| | [ ] 527 political organization |
| Form 990-PF | [ ] 501(c)(3) exempt private foundation |
| | [ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation |
| | [ ] 501(c)(3) taxable private foundation |

Check if your organization is covered by the **General Rule** or a **Special Rule.**
**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

[ ] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

[X] For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than $1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

[ ] For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of $5,000 or more during the year. .................................................. ▶ $ ____________

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

| Name of organization | Employer identification number |
|---|---|
| UNITED WAY OF MOWER COUNTY INC. | 41-0831896 |

**Part I** **Contributors** (see instructions)

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|---|---|---|---|
| 1 | | $ 1,495,560. | Person [X] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| | | $ | Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| | | $ | Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| | | $ | Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| | | $ | Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |
| | | $ | Person [ ] Payroll [ ] Noncash [ ] (Complete Part II if there is a noncash contribution.) |

**Schedule D** (Form 990)

Department of the Treasury
Internal Revenue Service

# Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047
**2009**
**Open to Public Inspection**

Name of the organization: UNITED WAY OF MOWER COUNTY INC.
Employer identification number: 41-0831896

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

LHA **For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule D (Form 990) 2009**

932051
02-01-10

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

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

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

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

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

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

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

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

| | | 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 Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |

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

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

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

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

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

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

| Description of investment | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|---|---|---|---|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | 15,671. | 13,914. | 1,757. |
| e Other | | | | |
| **Total.** Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶ | | | | 1,757. |

**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 |
|---|---|---|
| Financial derivatives | | |
| Closely-held equity interests | | |
| Other | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| **Total.** (Col (b) must 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.** (Col (b) must 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) must equal Form 990, Part X, col (B) line 15.)* ▶ | |

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

| 1. (a) Description of liability | (b) Amount |
|---|---|
| Federal income taxes | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| **Total.** *(Column (b) must equal Form 990, Part X, col (B) line 25.)* ▶ | |

**2.** FIN 48 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.

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

| | | | |
|---|---|---|---|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 2,279,546. |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 2,213,430. |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | 3 | 66,116. |
| 4 | Net unrealized gains (losses) on investments | 4 | |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV.) | 8 | |
| 9 | Total adjustments (net). Add lines 4 through 8 | 9 | 0. |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 10 | 66,116. |

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

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 1,083,579. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | |
| a | Net unrealized gains on investments | 2a | | | |
| b | Donated services and use of facilities | 2b | | | |
| c | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIV.) | 2d | 5,722. | | |
| e | Add lines **2a** through **2d** | | | 2e | 5,722. |
| 3 | Subtract line **2e** from line **1** | | | 3 | 1,077,857. |
| 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 | 1,201,689. | | |
| c | Add lines **4a** and **4b** | | | 4c | 1,201,689. |
| 5 | Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)* | | | 5 | 2,279,546. |

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

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total expenses and losses per audited financial statements | | | 1 | 1,017,463. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| a | Donated services and use of facilities | 2a | | | |
| b | Prior year adjustments | 2b | | | |
| c | Other losses | 2c | | | |
| d | Other (Describe in Part XIV.) | 2d | 5,722. | | |
| e | Add lines **2a** through **2d** | | | 2e | 5,722. |
| 3 | Subtract line **2e** from line **1** | | | 3 | 1,011,741. |
| 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 | 1,201,689. | | |
| c | Add lines **4a** and **4b** | | | 4c | 1,201,689. |
| 5 | Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)* | | | 5 | 2,213,430. |

**Part XIV Supplemental Information**

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

PART XII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES NETTED TO REVENUE ON FORM 990 $5,722

PART XII, LINE 4B - OTHER ADJUSTMENTS:

PASS-THROUGH GRANTS FROM THE HORMEL FOUNDATION $1,201,689

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

**Part XIV Supplemental Information** *(continued)*

EXPENSES NETTED TO REVENUE ON FORM 990 $5,722

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

PASS-THROUGH GRANTS FROM THE HORMEL FOUNDATION $1,201,689

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

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

**Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.**

**▶ Attach to Form 990.**

OMB No. 1545-0047

**2009**

**Open to Public Inspection**

Name of the organization: UNITED WAY OF MOWER COUNTY INC.

Employer identification number: 41-0831896

**Part I General Information on Grants and Assistance**

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

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

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ... ▶ [ ]

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| ADAMS AREA AMBULANCE SERVICE 16 EAST MAIN STREET, PO BOX 79 ADAMS, MN 55909 | 41-1822847 | 501(C)(3) | 5,000. | 0. | | | EMT TRAINING AND RE-CERTIFICATION |
| AMERICAN RED CROSS - MOWER COUNTY LOCATION - 305 4TH AVENUE NW - AUSTIN, MN 55912 | 41-0731419 | 501(C)(3) | 120,000. | 0. | | | HEALTH & SAFETY EDUCATION, ARMED FORCES EMERGENCY COMMUNICATION, BLOOD AND DISASTER |
| ARC MOWER COUNTY 709 N MAIN STREET AUSTIN, MN 55912 | 41-0746994 | 501(C)(3) | 63,550. | 0. | | | ADVOCACY, RECREATION, AND TRANSPORTATION FOR PEOPLE WITH DISABILITIES |
| CATHOLIC CHARITIES OF THE DIOCESE OF WINONA, INC. - 111 MARKET STREET, PO BOX 379 - WINONA, MN 55987 | 41-0721636 | 501(C)(3) | 18,850. | 0. | | | INDIVIDUAL AND FAMILY COUNSELING |
| CEDAR BRANCH DEVELOPMENTAL ACHIEVEMENT CENTER INC - PO BOX 316 - ADAMS, MN 55909 | 41-1311051 | 501(C)(3) | 26,425. | 0. | | | SOCIAL SKILLS, THERAPY AND WORK PROGRAMS FOR PEOPLE WITH DISABILITIES |
| CEDAR VALLEY SERVICES INC 2111 4TH STREET NW AUSTIN, MN 55912 | 41-0870082 | 501(C)(3) | 21,930. | 0. | | | COMMUNITY BASED EMPLOYMENT AND TRANSPORTATION FOR PEOPLE WITH DISABILITIES |

2 Enter total number of section 501(c)(3) and government organizations ▶ 25.

3 Enter total number of other organizations ▶ 0.



SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

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

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

THE HORMEL FOUNDATION APPROVES GRANTS TO ORGANIZATIONS ON AN ANNUAL BASIS. IN ORDER TO QUALIFY FOR FUNDING ORGANIZATIONS MUST RECEIVE FUNDING FROM THE UNITED WAY OF MOWER COUNTY AND BE IN GOOD STANDING. THE HORMEL FOUNDATION PASSES THESE GRANTS THROUGH THE UNITED WAY OF MOWER COUNTY. THE PROCEDURE IS AS FOLLOWS:

1. HORMEL FOUNDATION BOARD OF DIRECTORS APPROVE GRANT AWARDS.

2. GRANT AWARDS ARE SENT TO THE UNITED WAY OF MOWER COUNTY BOARD OF DIRECTORS FOR APPROVAL.

3. HORMEL FOUNDATION SENDS GRANT DOLLARS TO THE UNITED WAY OF MOWER

| SCHEDULE I-1 (Form 990) Department of the Treasury Internal Revenue Service | Continuation Sheet for Schedule I (Form 990) ▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III. | OMB No. 1545-0047 2009 Open to Public Inspection |
|---|---|---|

Name of the organization: UNITED WAY OF MOWER COUNTY INC.

Employer identification number: 41-0831896

**Part I** **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| CHILDRENS DENTAL HEALTH SERVICES 903 W CENTER STREET ROCHESTER, MN 55902 | 20-3677586 | 501(C)(3) | 17,500. | 0. | | | TEETH CLEANING FOR CHILDREN WITHOUT DENTAL INSURANCE |
| CRIME VICTIM'S RESOURCE CENTER - AUSTIN MEDICAL CENTER - 1000 FIRST DRIVE NW - AUSTIN, MN 55912 | 41-0695606 | 501(C)(3) | 27,000. | 0. | | | SEXUAL ASSAULT ADVOCACY, DOMESTIC VIOLENCE GENERAL CRIME SERVICES |
| HABITAT FOR HUMANITY, FREEBORN/MOWER INC - PO BOX 28 - AUSTIN, MN 55912 | 41-1681709 | 501(C)(3) | 500. | 0. | | | HOME BUILDING |
| HORMEL HISTORIC HOME INC 208 4TH AVENUE NW AUSTIN, MN 55912 | 41-0705219 | 501(C)(3) | 8,995. | 0. | | | EDUCATIONAL PROGRAMS |
| MEDIATION CENTER OF SOUTHERN MINNESOTA INCORPORATED - PO BOX 84 - AUSTIN, MN 55912 | 41-2034060 | 501(C)(3) | 5,700. | 0. | | | CIVIL AND FAMILY MEDIATION SERVICES |
| MOWER COUNCIL FOR THE HANDICAPPED 111 NORTH MAIN STREET AUSTIN, MN 55912 | 41-1505345 | 501(C)(3) | 46,000. | 0. | | | ADVOCACY, PEER SUPPORT GROUPS AND EQUIPMENT LENDING FOR PEOPLE WITH MENTAL HEALTH AND |
| MOWER COUNTY MENTORING 201 1ST STREET NE AUSTIN, MN 55912 | 41-6005848 | 501(C)(3) | 10,000. | 0. | | | MENTORING PROGRAM FOR CHILDREN |
| MOWER COUNTY SENIORS INC 400 3RD AVENUE NE AUSTIN, MN 55912 | 41-1267614 | 501(C)(3) | 44,800. | 0. | | | TRANSPORTATION TO MEDICAL APPOINTMENTS, EDUCATIONAL PROGRAMS, ADVOCACY AND CHORE SERVICES FOR |

SCHEDULE I-1 (Form 990)
Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)
▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No. 1545-0047
2009
Open to Public Inspection

Name of the organization: UNITED WAY OF MOWER COUNTY INC.

Employer identification number: 41-0831896

**Part I** **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| PARENTING RESOURCE CENTER INC 301 NORTH MAIN STREET AUSTIN, MN 55912 | 41-1307920 | 501(C)(3) | 47,000. | 0. | | | EMERGENCY AND SICK CHILD CARE, SPECIALTY LIBRARY, PARENT MENTOR PROGRAM AND HOTLINE FOR PARENTS |
| RIVER TRAILS GIRL SCOUT COUNCIL PO BOX 9338 ROCHESTER, MN 55903 | 41-0838819 | 501(C)(3) | 19,000. | 0. | | | LEADERSHIP AND EDUCATIONAL PROGRAMS FOR GIRLS |
| SALVATION ARMY 2445 PRIOR AVENUE N ROSEVILLE, MN 55113 | 41-0698597 | 501(C)(3) | 77,500. | 0. | | | COMMUNITY MEALS, EMERGENCY LODGING AND RENT/UTILITY ASSISTANCE |
| SEMCAC, INC. PO BOX 549 RUSHFORD, MN 55971 | 41-0907135 | 501(C)(3) | 500. | 0. | | | VOLUNTEER PROGRAM FOR SENIORS |
| SOUTHERN MINNESOTA REGIONAL LEGAL SERVICES, INC. - 55 5TH STREET E, STE. 1000 - ST PAUL, MN 55101 | 41-1316151 | 501(C)(3) | 10,000. | 0. | | | LEGAL SERVICES FOR LOW-INCOME PEOPLE TRYING TO ATTAIN GOVERNMENT BENEFITS |
| TWIN VALLEY BOY SCOUTS OF AMERICA COUNCIL - 724 MADISON AVENUE - MANKATO, MN 56001 | 41-6079300 | 501(C)(3) | 20,000. | 0. | | | EDUCATIONAL AND LEADERSHIP PROGRAMS FOR BOYS |
| WAPITI MEADOWS COMMUNITY TECHNOLOGIES & SERVICES - 1403 15TH AVENUE NW - AUSTIN, MN 55912 | 20-0058923 | 501(C)(3) | 28,500. | 0. | | | BUDGET COUNSELING AND MENTAL HEALTH SERVICES FOR CHILDREN AND ADULTS |
| WAPITI MEADOWS FAMILY SUPPORT CENTER - 1403 15TH AVENUE NW - AUSTIN, MN 55912 | 27-1632223 | 501(C)(3) | 6,000. | 0. | | | PROFESSIONAL COUNSELING, EDUCATION, & SERVICES FOR FAMILIES |

SCHEDULE I-1 (Form 990)
Department of the Treasury
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)**
**▶ Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047
**2009**
**Open to Public Inspection**

Name of the organization: UNITED WAY OF MOWER COUNTY INC.

**Employer identification number:** 41-0831896

**Part I** **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

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|---|---|---|---|---|---|---|---|
| WELCOME CENTER INC 308 4TH AVENUE NW, SUITE 100-2 AUSTIN, MN 55912 | 41-1978031 | 501(C)(3) | 25,500. | 0. | | | ADVOCACY, EDUCATION AND EMPLOYMENT PROGRAMS FOR NEW IMMIGRANTS |
| YMCA OF AUSTIN 704 1ST DRIVE NW AUSTIN, MN 55912 | 41-0718359 | 501(C)(3) | 61,500. | 0. | | | LOW-COST MEMBERSHIP FOR CHILDREN, FINANCIAL ASSISTANCE FOR FAMILIES AND AFTER-SCHOOL |
| AMERICAN RED CROSS - MOWER COUNTY LOCATION - 305 4TH AVENUE NW - AUSTIN, MN 55912 | 41-0731419 | 501(C)(3) | 3,648. | 0. | | | HORMEL FOUNDATION GRANT - UW PASSES THROUGH GRANT |
| CHILDREN'S DENTAL HEALTH SERVICES 903 W CENTER STREET ROCHESTER, MN 55902 | 20-3677586 | 501(C)(3) | 11,000. | 0. | | | HORMEL FOUNDATION GRANT - UW PASSES THROUGH GRANT |
| ARC MOWER COUNTY 709 N MAIN STREET AUSTIN, MN 55912 | 41-0746994 | 501(C)(3) | 13,679. | 0. | | | HORMEL FOUNDATION GRANT - UW PASSES THROUGH GRANT |
| HABITAT FOR HUMANITY, FREEBORN/MOWER INC - PO BOX 28 - AUSTIN, MN 55912 | 41-1681709 | 501(C)(3) | 11,000. | 0. | | | HORMEL FOUNDATION GRANT - UW PASSES THROUGH GRANT |
| HORMEL HISTORIC HOME INC 208 4TH AVENUE NW AUSTIN, MN 55912 | 41-0705219 | 501(C)(3) | 1,010,000. | 0. | | | HORMEL FOUNDATION GRANT - UW PASSES THROUGH GRANT |
| MEDIATION CENTER OF SOUTHERN MINNESOTA INCORPORATED - PO BOX 84 - AUSTIN, MN 55912 | 41-2034060 | 501(C)(3) | 1,500. | 0. | | | HORMEL FOUNDATION GRANT - UW PASSES THROUGH GRANT |

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(Form 990)
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OMB No. 1545-0047
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**Part I** **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II.)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|---|---|---|---|---|---|---|
| MOWER COUNCIL FOR THE HANDICAPPED<br>400 3RD AVENUE NE<br>AUSTIN, MN 55912 | 41-1267614 | 501(C)(3) | 2,819. | 0. | | | HORMEL FOUNDATION GRANT - UW PASSES THROUGH GRANT |
| MOWER COUNTY MENTORING<br>201 1ST STREET NE<br>AUSTIN, MN 55912 | 41-6005848 | 501(C)(3) | 2,000. | 0. | | | HORMEL FOUNDATION GRANT - UW PASSES THROUGH GRANT |
| PARENTING RESOURCE CENTER INC<br>301 NORTH MAIN STREET<br>AUSTIN, MN 55912 | 41-1307920 | 501(C)(3) | 58,843. | 0. | | | HORMEL FOUNDATION GRANT - UW PASSES THROUGH GRANT |
| RIVER TRAILS GIRL SCOUT COUNCIL<br>PO BOX 9338<br>ROCHESTER, MN 55903 | 41-0838819 | 501(C)(3) | 10,000. | 0. | | | HORMEL FOUNDATION GRANT - UW PASSES THROUGH GRANT |
| TWIN VALLEY BOY SCOUTS OF AMERICA<br>COUNCIL - 724 MADISON AVENUE -<br>MANKATO, MN 56001 | 41-6079300 | 501(C)(3) | 1,500. | 0. | | | HORMEL FOUNDATION GRANT - UW PASSES THROUGH GRANT |
| WAPITI MEADOWS COMMUNITY<br>TECHNOLOGIES & SERVICES - 1403<br>15TH AVENUE NW - AUSTIN, MN 55912 | 20-0058923 | 501(C)(3) | 10,700. | 0. | | | HORMEL FOUNDATION GRANT - UW PASSES THROUGH GRANT |
| WELCOME CENTER INC<br>308 4TH AVENUE NW, SUITE 100-2<br>AUSTIN, MN 55912 | 41-1978031 | 501(C)(3) | 65,000. | 0. | | | HORMEL FOUNDATION GRANT - UW PASSES THROUGH GRANT |
| CENTRO CAMPESINO<br>214 OAK AVE. NORTH<br>OWATONNA, MN 55060 | 41-1945775 | 501(C)(3) | -1,000. | 0. | | | FORFEITURE OF FISCAL YEAR 2009 GRANT |

**Part IV Supplemental Information**

COUNTY. UNITED WAY THEN DEPOSITS THE MONEY AND THEN IN TURN CUTS A CHECK TO THE ORGANIZATION. UNITED WAY RECORDS THESE PASS THROUGH GRANTS AS BOTH REVENUE AND EXPENSE ON FORM 990 AND THE PASS THROUGH GRANTS ARE INCLUDED IN SCHEDULE I AND FIGURED INTO THE PUBLIC SUPPORT TEST ON SCHEDULE A.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

AMERICAN RED CROSS - MOWER COUNTY LOCATION

(H) PURPOSE OF GRANT OR ASSISTANCE: HEALTH & SAFETY EDUCATION, ARMED FORCES EMERGENCY COMMUNICATION, BLOOD AND DISASTER SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: MOWER COUNCIL FOR THE HANDICAPPED

(H) PURPOSE OF GRANT OR ASSISTANCE: ADVOCACY, PEER SUPPORT GROUPS AND EQUIPMENT LENDING FOR PEOPLE WITH MENTAL HEALTH AND PHYSICAL DISABILITIES

NAME OF ORGANIZATION OR GOVERNMENT: MOWER COUNTY SENIORS INC

(H) PURPOSE OF GRANT OR ASSISTANCE: TRANSPORTATION TO MEDICAL APPOINTMENTS, EDUCATIONAL PROGRAMS, ADVOCACY AND CHORE SERVICES FOR SENIORS

NAME OF ORGANIZATION OR GOVERNMENT: YMCA OF AUSTIN

(H) PURPOSE OF GRANT OR ASSISTANCE: LOW-COST MEMBERSHIP FOR CHILDREN, FINANCIAL ASSISTANCE FOR FAMILIES AND AFTER-SCHOOL PROGRAMMING

# Supplemental Information to Form 990

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

OMB No. 1545-0047
2009
Open to Public Inspection

| Name of the organization | Employer identification number |
|---|---|
| UNITED WAY OF MOWER COUNTY INC. | 41-0831896 |

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

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

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

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

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

# Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public Inspection

| Name of the organization | Employer identification number |
|---|---|
| UNITED WAY OF MOWER COUNTY INC. | 41-0831896 |

MINUTES AND BOARD MEMBERS ABSTAIN FROM VOTING ON THE ISSUE WHERE THEY HAVE A CONFLICT OF INTEREST. THE ABSTENTION IS ALSO NOTED IN THE BOARD MINUTES.

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

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

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

# Supplemental Information to Form 990

**Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.**
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OMB No. 1545-0047
**2009**
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| Name of the organization | Employer identification number |
|---|---|
| UNITED WAY OF MOWER COUNTY INC. | 41-0831896 |

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

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

Form **8868** (Rev. April 2009) Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

## Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ▶ [ ]

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits.*

| Type or print | Name of Exempt Organization | Employer identification number |
|---|---|---|
| File by the due date for filing your return. See instructions. | UNITED WAY OF MOWER COUNTY INC. | 41-0831896 |
| | Number, street, and room or suite no. If a P.O. box, see instructions. PO BOX 605 | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. AUSTIN, MN 55912 | |

**Check type of return to be filed** (file a separate application for each return):

| | | |
|---|---|---|
| [X] Form 990 | [ ] Form 990-T (corporation) | [ ] Form 4720 |
| [ ] Form 990-BL | [ ] Form 990-T (sec. 401(a) or 408(a) trust) | [ ] Form 5227 |
| [ ] Form 990-EZ | [ ] Form 990-T (trust other than above) | [ ] Form 6069 |
| [ ] Form 990-PF | [ ] Form 1041-A | [ ] Form 8870 |

- The books are in the care of ▶ MANDI LIGHTHIZER-SCHMIDT PO BOX 605 - AUSTIN, MN 55912

  Telephone No. ▶ 507-437-2313 FAX No. ▶ 507-437-7392
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ______. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension will cover.

**1** I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until NOVEMBER 15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ [ ] calendar year ______ or

▶ [X] tax year beginning APR 1, 2009, and ending MAR 31, 2010.

**2** If this tax year is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

| | | | |
|---|---|---|---|
| **3a** | If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 3a | $ |
| **b** | If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | 3b | $ |
| **c** | **Balance Due.** Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 3c | $ N/A |

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.