

UNITED WAY OF MOWER COUNTY INC. FORM 990 INCOME TAX RETURN FOR YEAR ENDED MARCH 31, 2020

Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

or calendar year 2019, or fiscal year beginning	APR 1	, 2019, and ending	MAR 31	, 20 20

OMB No. 1545-1878

Department of the Treasury

Do not send to the IRS. Keep for your records. Internal Revenue Service Name of exempt organization

► Go to www.irs.gov/Form8879EO for the latest information.

Employer identification number

UNITED WAY OF MOWER COUNTY INC. Name and title of officer JENNIFER RIGGS

41-0831896

TREASURER

Type of Return and Return Information (Whole Dollars Only) Part I

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	1,949,929.
2a	Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b	
За	Form 1120-POL check here b Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a	Form 8868 check here b Balance Due (Form 8868, line 3c)	5b	

Part II **Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2019 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

X authorize CLIFTONLARSONALLEN LLP	to enter my PIN	84657
ERO firm name		Enter five numbers, l do not enter all zero
as my signature on the organization's tax year 2019 electronically filed return. If I have indicated within is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also a enter my PIN on the return's disclosure consent screen.		
As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 201 indicated within this return that a copy of the return is being filed with a state agency(ies) regulating ch program, I will enter my PIN on the return's disclosure consent screen.	•	
Officer's signature ▶ Date ▶		
Part III Certification and Authentication		

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

41312955902

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ► LINDSAY TWEETEN

Date > 02/11/21

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2019)

923051 10-03-19

Form **990** (Rev. January 2020)

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.

<u>A</u>	ror u	e 2019 calendar year, or tax year beginning A	PR 1, 2019 and	ending M	AR 31, 2020				
В	Check if applicat	C Name of organization			D Employer ident	ification number			
	Addr								
	Nam	Doing business as			41-083189	6			
	Initia returi	Number and street (or P.O. box if mail is not de	livered to street address)	Room/suite	E Telephone numb	per			
	Final retur	PO BOX 605	507-437-233	13					
	termi ated		G Gross receipts \$	2,211,384.					
	Amer returi	AUSIIN, MN 55912			H(a) Is this a group				
	Appli	F Name and address of principal officer: O ENIN	IFER RIGGS		for subordinat	es? Yes X No			
	pend	SAME AS C ABOVE			H(b) Are all subordinates	s included? Yes No			
1	Tax-ex	tempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1)	or 527	If "No," attach	a list. (see instructions)			
_		ite: WWW.UWMOWER.ORG			H(c) Group exempt	tion number			
			ssociation Other	L Year	of formation: 1958	M State of legal domicile: MN			
P	art I	Summary							
a)	1	Briefly describe the organization's mission or most	significant activities: TO IMP	ROVE LIVE	ES BY MOBILIZING				
Suc		THE CARING POWER OF COMMUNITIES.							
ž	2	Check this box if the organization disco	-	sed of more	1	1			
Š	3	Number of voting members of the governing body	, , , , , , , , , , , , , , , , , , , ,			3 11			
<u>ب</u> ق	4	Number of independent voting members of the go				11			
es	5	Total number of individuals employed in calendar				5 6			
Ξ	6	Total number of volunteers (estimate if necessary)				197			
Activities & Governance	7 a	Total unrelated business revenue from Part VIII, co							
_	<u> </u>	Net unrelated business taxable income from Form	990-T, line 39						
					Prior Year	Current Year			
e	8				1,924,001				
Revenue	9					0.			
Se.	10	Investment income (Part VIII, column (A), lines 3, 4		7,612 6,791					
	111		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)						
_	12	Total revenue - add lines 8 through 11 (must equal			1,938,404				
	13	Grants and similar amounts paid (Part IX, column			1,429,354				
	14	Benefits paid to or for members (Part IX, column (0.			
es	15	Salaries, other compensation, employee benefits (196,092	164,165.				
Expenses	16a		ofessional fundraising fees (Part IX, column (A), line 11e)						
ΩX	b	Total fundraising expenses (Part IX, column (D), lin	· · · · · · · · · · · · · · · · · · ·		224 165	250 202			
	''	Other expenses (Part IX, column (A), lines 11a-11d			234,165 1,859,611				
	18	Total expenses. Add lines 13-17 (must equal Part I			78,793				
	19	Revenue less expenses. Subtract line 18 from line	12						
Net Assets or	1	Total appare (Dark V. Page 40)		Ве	ginning of Current Yea 1,635,158	_			
\SSe	20	Total liabilities (Part X, line 16)			952,654				
let/	21	Total liabilities (Part X, line 26) Net assets or fund balances. Subtract line 21 from	lino 20		682,504				
	art II	Signature Block	IIIIe 20		002,001	733,301.			
		alties of perjury, I declare that I have examined this return	including accompanying schedule	s and stateme	ents, and to the hest of	my knowledge and helief it is			
		ct, and complete. Declaration of preparer (other than offic				my knowledge and belief, it is			
	, 00110	The second secon	or y to bacoa on an information of the	non propurer	That any information				
Sig	ın	Signature of officer			Date				
He		JENNIFER RIGGS, TREASURER							
		Type or print name and title							
		Print/Type preparer's name	Preparer's signature	[Date Check	PTIN			
Pai	d	LINDSAY TWEETEN	LINDSAY TWEETEN	0	2/11/21 if self-em	ployed P02266927			
	parer	Firm's name CLIFTONLARSONALLEN LLP	•	<u> </u>	Firm's EIN				
	Only	Firm's address 109 N MAIN STREET, SUITE	3 200						
_		AUSTIN, MN 55912			Phone no. 50	07-434-7000			
Ма	y the	RS discuss this return with the preparer shown abo	ove? (see instructions)			X Yes No			

	Check if Schedule O contains a response or note to any line in this Part III	X
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	
_		Yes X 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 X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expen-	ses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expense	s, and
	revenue, if any, for each program service reported.	
4a		<u> </u>
	THE UNITED WAY IMPROVES LIVES BY MOVING PEOPLE FORWARD TOWARDS	
	COMMUNITY GOALS WHILE PROVIDING FOR THEIR BASIC NEEDS AND CONNNECTING	
	COMMUNITY MEMBERS WITH UNITED WAY SUPPORTED COMMUNITY RESOURCES.	
4b	(Code:) (Expenses \$ 162,309. including grants of \$ 0.) (Revenue \$	0.)
1.0	THE SUCCESS BY 6 PROGRAM MAKES PRESCHOOL SCHOLARSHIPS AND	,
	TRANSPORTATION AVAILABLE TO FAMILIES IN OUR COMMUNITY WHO OTHERWISE MAY	
	NOT HAVE ACCESS TO EARLY LEARNING OPPORTUNITIES. THROUGH A GRANT FROM	
	THE HORMEL FOUNDATION, THE UNITED WAY ADMINISTERS THE PROGRAM BY	
	GRANTING SCHOLARSHIP FUNDS TO QUALITY PRESCHOOLS THROUGHOUT MOWER	
	COUNTY AND COORDINATING WITH SMART TRANSIT TO PROVIDE TRANSPORTATION TO	
	AND FROM AREA PRESCHOOLS. THE GRANT ALSO PROVIDES FOR AIDES TO RIDE	
	ALONG ON ALL ROUTES TO ENSURE THE SAFETY OF YOUNG RIDERS. BY REMOVING	
	THE BARRIERS OF COST AND TRANSPORTATION TO LOWER INCOME FAMILIES, THE	
	SB6 PROGRAM ALLOWS FAMILIES TO CHOOSE THE PRESCHOOL PROGRAM THAT BEST	
	SUITS THEIR NEEDS WHILE SETTING THEM ON A COURSE FOR BETTER ACADEMIC	
	ACHIEVEMENT. THIS PROGRAM WOULD NOT BE SUCCESSFUL WITHOUT THE STRONG	
4c		<u> </u>
	THE WOMENS LEADERSHIP INITIATIVE ALIGNS WOMEN'S LEADERSHIP PHILANTHROPY	
	WITH AN URGENT COMMUNITY NEED OF ENSURING CHILDRENS BASIC NEEDS WITH	
	PROGRAMS SUCH AS THE BACKPACK PROGRAM WHICH PROVIDES FOOD FOR LOCAL	
	CHILDREN. THE PERSONAL CARE CLOSET PROVIDES PERSONAL CARE ITEMS TO	
	CHILDREN WHOSE FAMILIES CANNOT AFFORD THEM.	
	Other program services (Describe on Schedule O.)	
··u	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses \(\bigsize \) 1,727,765.	
	<u> </u>	rm 990 (2019)
932002	02 01-20-20 SEE SCHEDULE O FOR CONTINUATION(S)	(· •)
	2	

41-0831896

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	Х	
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, or have a section 501(h) election in effect			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
•	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
Ū	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,	├		
′		7		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	-		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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 donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	110		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	- "		
10		16		x
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
17		47		x
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		v	
40	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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	Х	

41-0831896

Form 990 (2019)

UNITED WAY OF MOWER COUNTY

Part IV | Checklist of Required Schedules (continued)

	i (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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			ı
	Schedule J	23		Х
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			ı
	chedule K. If "No," go to line 25a			Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			ı
	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			ı
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			ı
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			ı
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			ı
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			ı
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			ı
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			v
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200	х	ı
20	"Yes," complete Schedule L, Part IV	28c 29		X
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30		30		Х
31	contributions? If "Yes," complete Schedule M	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	"		
UZ.	,	32		Х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 02		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		Х
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	-		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	
932004	91-20-20	Form	990 ((2019)

				Yes
Part V	Statements Regarding Other IRS Filings and Tax Compliance	e (continued)		
Form 990 (2			41-0831896	F

				Yes	No
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e -file (see instructions	s)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X
b	If "Yes," enter the name of the foreign country				
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad		_		
5a			<u>5a</u>		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.		5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the any contributions that were not tax deductible as charitable contributions?		6a		x
b	any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions.		Ua		
b	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a		х
b			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	to file Form 8282?		7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ontract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
			8		
9	Sponsoring organizations maintaining donor advised funds.				
a			9a		
10			9b		
10 a	Section 501(c)(7) organizations. Enter: 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	1		
11	Section 501(c)(12) organizations. Enter:	1.00			
		11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the	l I			
	organization is licensed to issue qualified health plans	13b	4		
	Enter the amount of reserves on hand	13c			v
			14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		45		x
	excess parachute payment(s) during the year?		15		
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		х
10	If "Yes," complete Form 4720, Schedule O.	IIIOUIIIC:	10		
	ii 100, Complete Form 7720, Contedute O.			200	

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 on Schedule O. See instructions.

<u>C</u>	· · · · · · · · · · · · · · · · · · ·					X				
Sec	tion A. Governing Body and Management									
		1 1	. 1		Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	11							
	If there are material differences in voting rights among members of the governing body, or if the governing									
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
b	Enter the number of voting members included on line 1a, above, who are independent	1b	11							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with any other								
	officer, director, trustee, or key employee?									
3										
	of officers, directors, trustees, or key employees to a management company or other person?			3		х				
4	Did the organization make any significant changes to its governing documents since the prior Form S			4		х				
5	Did the organization become aware during the year of a significant diversion of the organization's ass		[5		х				
6	Did the organization have members or stockholders?			6	Х					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a									
, ,	more members of the governing body?			7a	х					
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, s			r a						
ь				76		x				
	persons other than the governing body?			7b						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year.	-		C .	Х					
	The governing body?			8a	Λ	х				
b	Each committee with authority to act on behalf of the governing body?			8b		Λ.				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real			_						
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code.)								
			ı		Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?			10a		Х				
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	napters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y before filing the for	m?	11a	Х					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	Х					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? ff	Yes," describe								
	in Schedule O how this was done			12c	Х					
13	Did the organization have a written whistleblower policy?			13	Х					
14			l l	14	Х					
15	Did the process for determining compensation of the following persons include a review and approva									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	•								
а	The organization's CEO, Executive Director, or top management official			15a	Х					
	Other officers or key employees of the organization			15b		х				
_	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 arranger	ment with a								
	taxable entity during the year?			16a		х				
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua			104						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ									
	exempt status with respect to such arrangements?			16b						
Sec	tion C. Disclosure			100		l				
17 10	List the states with which a copy of this Form 990 is required to be filed MN	nd 000 T (00=±=== 50	1 (0)(0) -	onl: A	ove:le	blc				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	110 990-1 (Section 50	1 (C)(3)S	orny)	avalla	nie				
	for public inspection. Indicate how you made these available. Check all that apply.									
	· ,	n on Schedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of interest poli	cy, and	tinano	cial					
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks and records	·							
	MOLLY LANKE - 507-437-2313									
	PO BOX 605, AUSTIN, MN 55912									

Form **990** (2019)

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

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

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

• 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.

See instructions for the order in which to list the persons above.

(A)	(B)		(C)		(D)	(E)	(F)			
Name and title	Average hours per	(do	Position (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable compensation	Reportable compensation	Estimated amount of			
	week					from	from related	other		
	(list any	ctor						the	organizations	compensation
	hours for	or dire	ao			rted		organization	(W-2/1099-MISC)	from the
	related	istee (truste		90	beusa		(W-2/1099-MISC)		organization
	organizations below	ual tru	ional		ploye	t com				and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			Organizations
(1) MOLLY LANKE	40.00		_		<u> </u>	1 0	-			
EXECUTIVE DIRECTOR				х				54,711.	0.	0.
(2) DIANE BAKER	40.00									
EXECUTIVE DIRECTOR - PART YEAR				Х				28,587.	0.	0.
(3) TAMI YOKIEL	2.00									
PRESIDENT		Х		Х				0.	0.	0.
(4) TOM DANKERT	2.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(5) JENNIFER RIGGS	2.00									
TREASURER		Х		Х				0.	0.	0.
(6) KIM DUNCOMB	2.00									
SECRETARY		Х		Х				0.	0.	0.
(7) AMY BASKIN	1.00								_	_
BOARD MEMBER		Х	_			_		0.	0.	0.
(8) KATIE BASKIN	1.00								_	
BOARD MEMBER (9) JAYNE GIBSON	1.00	Х	_					0.	0.	0.
BOARD MEMBER	1.00	X						0.	0.	0.
(10) SARAH JOHNSON	1.00	Λ						0.	0.	<u> </u>
BOARD MEMBER	1.00	х						0.	0.	0.
(11) STEVE KING	1.00	21						· · ·		
BOARD MEMBER	1.00	х						0.	0.	0.
(12) DAMIEN LONDINO-GREEN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(13) GOUTHAM PUTTA	1.00									
BOARD MEMBER		Х						0.	0.	0.
(14) ANNEMARIE VAUPEL	1.00									
BOARD MEMBER		Х						0.	0.	0.
										- 000 (sa.ca)

Form 990 (2019)

Form 990 (2019) UNITED WAY OF	MOWER COU	NTY	IN	C.					41-08	3189	6	Pa	age 8
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A) Name and title	(B) Average hours per week				son is	than o s both or/trus	n an	(D) Reportable compensation from	(E) Reportable compensation from related	- 1	Est am	(F) imate ount o other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		orga and	ensatem the nizati relate nizatio	e on ed
										\dashv			
1b Subtotal								83,298.		0.			0.
c Total from continuation sheets to Part VII d Total (add lines 1b and 1c)							>	83,298.		0.			0.
2 Total number of individuals (including but no compensation from the organization							o re	· · · · · · · · · · · · · · · · · · ·	000 of reportable				0
 Did the organization list any former officer, 	director, truste	ee, k	еу е	empl	oye	e, or	hig	hest compensated emp	loyee on			Yes	No
line 1a? If "Yes," complete Schedule J for so 4 For any individual listed on line 1a, is the su											3		X
and related organizations greater than \$150Did any person listed on line 1a receive or a											4		Х
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedule	e J fo	or st	ıch r	oers	on .					5		Х
Complete this table for your five highest count the organization. Report compensation for the organization.	· ·	-							· · · · · · · · · · · · · · · · · · ·	ensat	ion froi	m	
(A) Name and business		NO		· y · ·				(B) Description of s		C	(C) ompen		1
2 Total number of independent contractors (in	acluding but a	at lin	niter	1 to t	thos	e lie	ted	above) who received me	ore than				
\$100,000 of compensation from the organiz	•	J. 1111)	icu	above, who received like	oro triall				

41-0831896

Form 990 (2019) UNITED WAY
Part VIII Statement of Revenue

		Check if Schedule O contains a re	sponse d	or note to any lin	e in this Part VIII			
				,	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
						function revenue	business revenue	sections 512 - 514
ω ω	1	a Federated campaigns1	la					
ant			lb					
S S			lc	11,320.				
fts,			ld	11,520.				
ij gi								
ons,		3 · · · · · · · · · · · · · · ·	le					
Contributions, Gifts, Grants and Other Similar Amounts		f All other contributions, gifts, grants, and	.	1 024 500				
			lf	1,924,598.				
ont		_	g \$	7,830.	1 025 010			
O g		h Total. Add lines 1a-1f			1,935,918.			
				Business Code				
ce	2	a						
ervi		b						
S		c						
ran Sev		d						
Program Service Revenue		e						
<u>-</u>		f All other program service revenue						
		g Total. Add lines 2a-2f						
	3	Investment income (including dividend	ls, intere	st, and				
		other similar amounts)			9,264.			9,264.
	4							
	5	Royalties						
		(i) F	Real	(ii) Personal				
	6	a Gross rents 6a						
		b Less: rental expenses 6b						
		c Rental income or (loss) 6c						
		A Not rental income or (less)		•				
		` '	urities	(ii) Other				
			6,000.	. ,				
		b Less: cost or other basis	,					
Φ			5,286.					
her Revenue		c Gain or (loss) 7c	714.					
ě		d Net gain or (loss)	-		714.			714.
푸		a Gross income from fundraising events (not						
Oth	0	including \$ 11,320.						
١		contributions reported on line 1c). See						
		·		10,197.				
		Part IV, line 18		6,169.				
		b Less: direct expenses		0,103.	4,028.			4,028.
		c Net income or (loss) from fundraising ea Gross income from gaming activities.		·····	2,020.			1,020.
	9							
		Part IV, line 19						
		b Less: direct expenses						
		c Net income or (loss) from gaming activ	rities	·····				
	10	a Gross sales of inventory, less returns						
		and allowances						
		b Less: cost of goods sold						
\rightarrow		c Net income or (loss) from sales of inve	ntory					
က္				Business Code	_			
e e	11	a MISCELLANEOUS INCOME		900099	5.	5.		
Miscellaneous Revenue		b						
cel.		c						
Mis		d All other revenue						
		e Total. Add lines 11a-11d			5.			
	12	Total revenue. See instructions	<u></u>		1,949,929.	5.	0.	14,006.

41-0831896

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).

_	Check if Schedule O contains a respons	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	1,414,774.	1,414,774.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	68,698.	20,609.	41,219.	6,870
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	83,904.	70,952.	7,614.	5,338
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	11,563.	6,938.	3,700.	925
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	8,880.		8,880.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion	2,310.		2,310.	
13	Office expenses	913.		378.	535
14	Information technology	8,425.	3,371.	2,527.	2,527
15	Royalties	16 704	5 500	5.045	5 04 5
16	Occupancy	16,724.	6,690.	5,017.	5,017
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	6 000	0.400	1 055	1 000
19	Conferences, conventions, and meetings	6,220.	2,488.	1,866.	1,866
20	Interest				
21	Payments to affiliates	1 216	406	265	2.05
22	Depreciation, depletion, and amortization	1,216.	486.	365.	365
23	Insurance	2,553.	1,021.	766.	766
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	SUCCESS BY SIX PROGRAM	162,309.	162,309.		
b	WOMENS LEADERSHIP INITI	16,036.	16,036.		
С	DUES AND SUBSCRIPTIONS	15,760.	15,107.		653
d	CAMPAIGN EXPENSE	5,257.			5,257
е	All other expenses	11,600.	6,984.	2,308.	2,308
25	Total functional expenses. Add lines 1 through 24e	1,837,142.	1,727,765.	76,950.	32,427
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form **990** (2019)

Form 990 (2019) Part X Balance Sheet

Pa	rt X	Check if Schedule O contains a response or	note to or	ny line in this Part V			
		Check if Schedule O contains a response or I	note to ar	y lifte in this Part X	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments	593,580.	2	660,212.		
	3	Pledges and grants receivable, net			1,026,065.	3	1,084,789.
	4	Accounts receivable, net			9,297.	4	0.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su	bstantial	contributor, or 35%			
		controlled entity or family member of any of the	hese pers	ons		5	
	6	Loans and other receivables from other disqu	ualified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describ	bed in sec	ction 4958(c)(3)(B)		6	
ι	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Description of the second seco			2,862.	9	2,831.
	10a	Land, buildings, and equipment: cost or othe	r				
		basis. Complete Part VI of Schedule D	10a	27,285.			
	b	Less: accumulated depreciation	10b	26,437.	2,064.	10c	848.
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, lin	ne 11			12	
	13	Investments - program-related. See Part IV, lir	ne 11			13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	1,290.	15	1,106.		
	16	Total assets. Add lines 1 through 15 (must e	qual line	33)	1,635,158.	16	1,749,786.
	17	Accounts payable and accrued expenses			27,767.	17	28,616.
	18	Grants payable			924,887.	18	925,186.
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple	te Part IV	of Schedule D		21	
Se	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, su	bstantial	contributor, or 35%			
iab		controlled entity or family member of any of the	hese pers	ons		22	
_	23	Secured mortgages and notes payable to unr				23	
	24	Unsecured notes and loans payable to unrela		ſ		24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lin	nes 17-24). Complete Part X			
		of Schedule D			050 654	25	052.000
	26	Total liabilities. Add lines 17 through 25	<u></u>	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	952,654.	26	953,802.
S		Organizations that follow FASB ASC 958, o	check he	e ▶ 🔼			
Š		and complete lines 27, 28, 32, and 33.			450 576		E4E C01
alar	27				459,576.	27	545,691.
Ä	28	Net assets with donor restrictions			222,928.	28	250,293.
Ĕ		Organizations that do not follow FASB ASC	C 958, ch	eck here 🕨 📖			
Ĕ		and complete lines 29 through 33.					
its (29	Capital stock or trust principal, or current fun				29	
SSe	30	Paid-in or capital surplus, or land, building, or		ſ		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			600 E04	31	705 004
ž	32	Total net assets or fund balances			682,504.	32	795,984.
	33	Total liabilities and net assets/fund balances			1,635,158.	33	1,749,786.

Form **990** (2019)

Form **990** (2019)

41-0831896

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,	949,	929.	
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,	837,	142.	
3						
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		682,	504.	
5	Net unrealized gains (losses) on investments	5			693.	
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10		795,	984.	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				X	
				Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	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	Х		
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit				
	Act and OMB Circular A-133?		За		х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b			

932012 01-20-20

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Nar	ne of	the organization							identification number		
Da			WAY OF MOWER C	•					41-0831896		
	ırt I	Reason for Public (e instructions	•			
	organ	nization is not a private found									
1	\vdash	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2	Щ	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)									
3	Ш	A hospital or a cooperative	hospital service orga	anization described in se	ection 170)(b)(1)(A)(ii	i).				
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 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 gov	•	nental unit described in	section 17	70(h)(1)(A)	(v)				
	Х	An organization that norma	_					e general r	oublic described in		
•		section 170(b)(1)(A)(vi). (C	•	ntial part of its support in	om a gove	or in the state of		o gonorai i			
8		A community trust describe		(1)(A)(vi) (Complete Ban	F II \						
	H	•				ad in aanii	nation with a	land arant	aallaga		
9		An agricultural research org				_		-	-		
		or university or a non-land-guniversity:	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of t	ne college	e Or		
10		An organization that norma activities related to its exem	*						•		
		income and unrelated busir	-	•					-		
		See section 509(a)(2). (Cor		(,,,,					,		
11		An organization organized a	•	vely to test for public sa	fety See	section 50)9(a)(4).				
12	Ħ	An organization organized a	· ·	•	•			rv out the	nurnoses of one or		
-		more publicly supported or	· ·	•	•			•			
		lines 12a through 12d that	-						SHOOK THO DOX III		
а		Type I. A supporting orga	• •			-		-	aivina		
	·	the supported organization	· · · · · · · · · · · · · · · · · · ·	•	•	-					
		organization. You must o			majority c	in the direc	nors or trastoc	0 01 110 00	аррогинд		
b		Type II. A supporting org			ion with it	e eunnorte	nd organization	o(e) by bay	vina.		
	, <u> </u>	control or management o	•				-	•	-		
		organization(s). You mus			arric perso	iis triat coi	Titlor or manag	ic the supp	Jorted		
_		Type III functionally inte	•		in connoct	tion with a	and functional	v intograta	od with		
C	·	its supported organization	= ::					y integrate	with,		
		¬ ''		·				od organi	zation(a)		
C	'		=					-	* *		
		that is not functionally int		• ,	•		•	an altentiv	/eriess		
		requirement (see instructi	•	-							
e	•	☐ Check this box if the orga					Type I, Type I	ı, туре ііі			
		functionally integrated, or	• •	nally integrated supporti	ng organiz	ation.					
		er the number of supported o	•								
Ç		vide the following information (i) Name of supported	about the supporte	d organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	monetary	(vi) Amount of other		
	,	organization	(11) 2.11	(described on lines 1-10	in your governi	ing document?	support (see in	-	support (see instructions)		
		<u> </u>		above (see instructions))	Yes	No			,		

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,618,545.	1,611,655.	1,772,923.	1,924,001.	1,935,918.	8,863,042.
2	Tax revenues levied for the organ-						
	ization'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	1,618,545.	1,611,655.	1,772,923.	1,924,001.	1,935,918.	8,863,042.
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)						4,451,113.
6	Public support. Subtract line 5 from line 4.						4,411,929.
	ction B. Total Support		•	•			
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	1,618,545.	1,611,655.	1,772,923.	1,924,001.	1,935,918.	8,863,042.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1,020.	-123.	7,736.	7,612.	9,978.	26,223.
9	Net income from unrelated business	,		, l		·	· ·
	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 VI.)	13,645.	1,680.	149.	8.	5.	15,487.
11	Total support. Add lines 7 through 10	,	,				8,904,752.
12	Gross receipts from related activities,	etc. (see instructio	ns)	'		12	31,066.
13		•	,			501(c)(3)	· ·
	organization, check this box and stor	_			-		
Sec	ction C. Computation of Publi		centage				,
14	Public support percentage for 2019 (I	ine 6, column (f) div	vided by line 11, co	lumn (f))		14	49.55 %
15	Public support percentage from 2018	Schedule A, Part I	I, line 14			15	52.12 %
16a	33 1/3% support test - 2019. If the o					ore, check this box	and
	stop here. The organization qualifies	as a publicly suppo	orted organization				▶ X
b	33 1/3% support test - 2018. If the o	organization did no	t check a box on lir				
	and stop here. The organization qual	ifies as a publicly s	upported organizat	tion			>
17a	10% -facts-and-circumstances test	- 2019. If the orga	anization did not cl				
	and if the organization meets the "fac	ts-and-circumstand	es" test, check this	s box and stop he	ere. Explain in Par	t VI how the organi	zation
	meets the "facts-and-circumstances"			-		-	
b	10% -facts-and-circumstances test						
	more, and if the organization meets the	ū				•	
	organization meets the "facts-and-circ		•				>
<u>1</u> 8	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	, <u>16b, 17a,</u> or 17b,	, check this box ar	nd see instructions	
					_		

Schedule A (Form 990 or 990-EZ) 2019

Page 3

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ļ					
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the	ļ					
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-	ļ					
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to	ļ					
	or expended on its behalf	ļ					
5	The value of services or facilities						
	furnished by a governmental unit to	ļ					
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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						
k	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	ļ					
	activities not included in line 10b, whether or not the business is	ļ					
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiza	ation,
_	check this box and stop here						>
	ction C. Computation of Publi					1 1	
	Public support percentage for 2019 (I			column (f))		15	%
	Public support percentage from 2018					16	<u>%</u>
	ction D. Computation of Inves					 	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from					18	%
19a	a 33 1/3% support tests - 2019. If the						7 is not
	more than 33 1/3%, check this box ar						▶□
k	o 33 1/3% support tests - 2018. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	nis box and see ins	tructions	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

_		Yes	No
	1		
	2		
1	_		
	За		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5с		
	6		
	7		
ļ	8		
	9a		
	9b		
	9с		
	10a		
	10b		

	Continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	•		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see institution)	ructions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2019

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

instructions)

Par	¹t V │ Type III Non-Functionally Integrated 50	9(a)(3) Supporting Orga	nizations (continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	xempt purposes		
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organizations	5	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	-	(i)	(ii)	(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
b	From 2015			
с	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i_	Carryover from 2014 not applied (see instructions)			
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greate	r		
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,
	Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
_	

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2019

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
HORMEL FOUNDATION	4,629,208.	4,451,113.
Total Excess Contributions to Schedule A, Part II, Line 5	•	4,451,113.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

2019

UNI	41-0831896						
Organization type (check o	granization type (check one):						
Filers of:	Section:						
Form 990 or 990-EZ	\overline{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						
•	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e. See instructions.					
General Rule							
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's						
Special Rules							
sections 509(a)(1) a any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support that 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount line 1. Complete Parts I and II.	or 16b, and that received from					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.							
year, contributions is checked, enter h purpose. Don't cor	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a exclusively for religious, charitable, etc., purposes, but no such contributions totaled material that were received during the year for an exclusively religious implete any of the parts unless the General Rule applies to this organization because it is e, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box s, charitable, etc., received <i>nonexclusively</i>					
but it must answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (For Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its For the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

LHA For Paperwork Reduction Act Notice, see the instructions for 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). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE HORMEL FOUNDATION 329 NORTH MAIN STREET, SUITE 102L AUSTIN, MN 55912	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Nume, address, and Zn + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occupation (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

UNITED WAY OF MOWER COUNTY INC.

41-0831896

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Employer identification number

Name of organization

	AY OF MOWER COUNTY INC.		41-0831896
t III			ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year.
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of \$1.000 or	less for the year. (Enter this info. once.)
	Use duplicate copies of Part III if additional	space is needed.	
No.	· · · · · · · · · · · · · · · · · · ·		
m rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
			<u> </u>
L			
		(e) Transfer of gift	t
	Transferee's name, address, a	nd 7 IP + 4	Relationship of transferor to transferee
	Transfer & Transe, adar 600) a		riolation of transfer to transfer to
			
			
+			
No. om	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
rt I	(b) Ful pose of gift	(c) Use of gift	(a) Description of now girt is field
-			
		-	
F		<u> </u>	
		(e) Transfer of gift	
L	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
No.		1	
om	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
rt I			
		-	
L			
		(e) Transfer of gift	t e e e e e e e e e e e e e e e e e e e
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
Na			
No.	(h) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
No. m t I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
No. om rt I	(b) Purpose of gift		
No. om rt I	(b) Purpose of gift	(c) Use of gift (e) Transfer of gift	
No. om rt I		(e) Transfer of gift	
No. om rt I	(b) Purpose of gift Transferee's name, address, a	(e) Transfer of gift	
No. m rt I		(e) Transfer of gift	
No. m tl		(e) Transfer of gift	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Inspection

Name of the organization

UNITED WAY OF MOWER COUNTY INC

Employer identification number

Pai	t I Organizations Maintaining Donor Advised		s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		o or recounter complete in the
	organization answered Tes Off Form 950, Fait IV, line	(a) Donor advised funds	(b) Funds and other accounts
4	Total number at and of year	(a) Bonor davised failed	(a) i and and cirio accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year	of the second se	
5	Did the organization inform all donors and donor advisors in wr	_	
_	are the organization's property, subject to the organization's ex		
6	Did the organization inform all grantees, donors, and donor adv		
	for charitable purposes and not for the benefit of the donor or		
Pai	impermissible private benefit?		Yes No
			l, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	`	
	Preservation of land for public use (for example, recreation	· —	of a historically important land area
	Protection of natural habitat	Preservation	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic struc	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired aft	ter 7/25/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by tl	ne organization during the tax
	year >		
4	Number of states where property subject to conservation ease	ement is located	_
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling o	f
	violations, and enforcement of the conservation easements it h	nolds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha	andling of violations, and enforcing co	nservation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, handling	ng of violations, and enforcing conserv	ation easements during the year
	> \$		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 17	0(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expens	e statement and
	balance sheet, and include, if applicable, the text of the footno	te to the organization's financial state	nents that describes the
	organization's accounting for conservation easements.		
Pai	t III Organizations Maintaining Collections of A		Other Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958,	, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for public	ic exhibition, education, or research in	furtherance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these ite	ms.
b	If the organization elected, as permitted under FASB ASC 958,	, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in fu	therance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$
2	If the organization received or held works of art, historical treas		
	the following amounts required to be reported under FASB AS	•	-
а	Revenue included on Form 990, Part VIII, line 1	-	> \$
	Assets included in Form 990, Part X		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2019

Par	t III	Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, o	r Other	Similar A	ssets _{(col}	ntinued)	
3		g the organization's acquisition, accession								ĺ	
	collec	ction items (check all that apply):									
а		Public exhibition	d	i 🔲 I	Loan or exc	hange progra	am				
b		Scholarly research	е	, 🗌	Other						
С		Preservation for future generations									
4	Provi	de a description of the organization's co	llections and explair	n how the	ey further th	ne organizatio	on's exem	pt purpose ir	n Part XIII.		
5	Durin	g the year, did the organization solicit or	r receive donations o	of art, his	storical treas	sures, or othe	er similar a	ssets			
		sold to raise funds rather than to be ma									No
Par	t IV	Escrow and Custodial Arrang		ete if the	organizatio	n answered '	"Yes" on F	Form 990, Pa	art IV, line 9,	or	
		reported an amount on Form 990, Par	t X, line 21.								
1a		e organization an agent, trustee, custodia								_	_
		orm 990, Part X?							X Yes		No
b	If "Ye	es," explain the arrangement in Part XIII a	and complete the fol	llowing ta	able:						
									Amo	unt	
С	-	nning balance						1c			0.
d		ions during the year									,412.
е		butions during the year						1 1		507	,412.
f		ng balance						1f			0.
		ne organization include an amount on Fo						y?	Yes	LX	No
Par		es," explain the arrangement in Part XIII.									
rai	LV	Endowment Funds. Complete in									
4.	D		(a) Current year	(b) P	rior year	(c) Two yea	rs dack (d) Three years	S Dack (e) F	our years	s dack
		nning of year balance									
b		ributions									
C		nvestment earnings, gains, and losses									
d		ts or scholarships									
е		r expenditures for facilities									
	-	programs									
		nistrative expenses									
g		of year balance	ant voor and balance) bold oo:					
2		de the estimated percentage of the curr	•	`	i, column (a)	neid as.					
a b		d designated or quasi-endowment anent endowment		_%							
			⁷⁰								
C		percentages on lines 2a, 2b, and 2c shou	, -								
32		nere endowment funds not in the posses	•	ation that	are held an	nd administer	red for the	organization	,		
ou	by:	Toro or downlork rained flot in the possess	solon of the organize	ation that	are ricia ar	ia aarriiriistoi	iod for the	organization	•	Yes	No
		Inrelated organizations							3a		110
		Related organizations									
b		es" on line 3a(ii), are the related organiza									
4		ribe in Part XIII the intended uses of the							<u>.</u>	<u> </u>	-
Par	t VI	Land, Buildings, and Equipm									
		Complete if the organization answered	d "Yes" on Form 990), Part IV	, line 11a. S	ee Form 990), Part X, li	ne 10.			
		Description of property	(a) Cost or o	other	(b) Cost	or other	(c) Ac	cumulated	(d) B	ook valı	ue
			basis (investr	nent)	basis	(other)	dep	reciation	_		
1a	Land										
b		ings									
С		ehold improvements									
d	Equip	oment				27,285.		26,437	·		848.
		r	•								0.4.5
Total	. Add	lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colum	n (B), line 1	0c.)		<u></u>	•		848.

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 UNITED WAY OF MOW.	ER COUNTY INC.	4	1-0831896 Page
Part VII Investments - Other Securities.			*
Complete if the organization answered "Yes" o (a) Description of security or category (including name of security)	n Form 990, Part IV, line (b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
(1) Financial derivatives			<u>, </u>
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" or			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) [Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
<u>(9)</u>			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	<u>15.)</u>		·
	n Form 000 Dort IV line	110 or 11f Con Form 000 Dort V line 25	:
Complete if the organization answered "Yes" o	ii Foiiii 990, Part IV, iiile	THE OF THE See FORTH 990, Part A, little 25	(b) Book value
(1) Federal income taxes			(b) Book value
(2)			
(3)			
(4)			
(6)			<u> </u>
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25)	b	
Colamin (s) mast equal 1 only 500, 1 art A, col. (b) line	<i>-</i>		

Schedule D (Form 990) 2019

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

41-0831896

1	Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total revenue, gains, and other support per audited financial statements			1	1,449,379.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				_,,
a	Net unrealized gains (losses) on investments	2a	693.		
b	Donated services and use of facilities				
C	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		6,169.		
e	ALLE ALL LOT			2e	6,862.
3	Subtract line 2e from line 1			3	1,442,517.
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 XIII.)		507,412.		
	Add lines 4a and 4b			4c	507,412.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,949,929.
Pa	t XII Reconciliation of Expenses per Audited Financial Stater	ments With E	xpenses per F	Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total expenses and losses per audited financial statements			1	1,335,899.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	6,169.		
е	Add lines 2a through 2d			2e	6,169.
3	Subtract line 2e from line 1			3	1,329,730.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b	507,412.		
С	Add lines 4a and 4b			4c	507,412.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) TXIII Supplemental Information.			5	1,837,142.
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac			; Part X, lir	ne 2; Part XI,
PART	'IV, LINE 2B:				
THE	ORGANIZATION IS CUSTODIAN OF FUNDS DISTRIBUTED BY THE HORMEI				
FOUN	DATION TO SPECIFIC APPROVED AGENCIES. THESE AMOUNTS ARE INCL	LUDED IN			
THE	REVENUE AND EXPENSES ON THE FORM 990.				
PART	X, LINE 2:				
THE	ORGANIZATION IS CLASSIFIED AS A TAX-EXEMPT ORGANIZATION UNDE	ER SECTION			
501(C)(3) OF THE INTERNAL REVENUE CODE AND, ACCORDINGLY, IS NOT	SUBJECT TO			
	RAL INCOME TAXES. AS SUCH, IT IS SUBJECT TO FEDERAL AND STAT				
FEDE	MIL THEOME TIMES. AS SEEN, IT IS SOCIET TO TESSIVE AND STATE	III INCOME			
	C ON NEW UNDER AMED DUCTNESS TASONE				
	S ON NET UNRELATED BUSINESS INCOME.				

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization							ntification number
	OF MOWER COUNTY INC.					41-083189	
Part I Fundraising Activities required to complete this par	 Complete if the organization answet. 	red "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
1 Indicate whether the organization rais	sed funds through any of the followin	g activ	rities. (Check all that apply.			
a Mail solicitations	e Solicitat	tion of	non-g	overnment grants			
b Internet and email solicitations	s f Solicitat	tion of	gover	nment grants			
c Phone solicitations	g Special	fundra	ising (events			
d In-person solicitations							
2 a Did the organization have a written of					tees,	or	
	art VII) or entity in connection with pr					Yes	
b If "Yes," list the 10 highest paid indi-		ant to	agreer	ments under which th	ne fur	ndraiser is to be)
compensated at least \$5,000 by the	organization.						
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	ustody itrol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total			•				
3 List all states in which the organization or licensing.		contrib	utions	or has been notified	it is e	exempt from re	gistration

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2019

Pá	art I	Fundraising Events. Complete if the of fundraising event contributions and great fundraising event contributions and great fundraising event contributions.				
		of randialong over the contributions and gr	(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
a)			(event type)	(event type)	(total number)	Coi. (C))
Revenue	1	Gross receipts	21,517.			21,517.
_	2	Less: Contributions	11,320.			11,320.
	3	Gross income (line 1 minus line 2)	10,197.			10,197.
	4	Cash prizes				
S	5	Noncash prizes	6,147.			6,147.
xpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				22.
	10	,			>	6,169.
_		Net income summary. Subtract line 10 from I				4,028.
Pa	art I		answered "Yes" on Form	1990, Part IV, line 19, o	or reported more than	
	_	\$15,000 on Form 990-EZ, line 6a.	T	(1.) Dull take (in atom)	<u> </u>	(N Tatal manais or /a dat
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Reve	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes9	% Yes %	
	6	Volunteer labor	No	No	☐ No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
9	En	ter the state(s) in which the organization condu	icte gaming activities:			
ā	alst	the organization licensed to conduct gaming a No," explain:	ctivities in each of these			Yes No
	_	· · —				
		ere any of the organization's gaming licenses re			x year?	Yes No
	_					
9320	82 09	9-11-19			Schedule G (Fo	rm 990 or 990-EZ) 2019

Sch	edule G (Form 990 or 990-EZ) 2019 UNITED WAY OF MOWER COUNTY INC.	41-0831896	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility		<u></u> %
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address >		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount	t	
	of gaming revenue retained by the third party \$\bigs\\$		
С	If "Yes," enter name and address of the third party:		
	Name		
	Address ▶		
16	Gaming manager information:		
	Name		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
<u> </u>	retain the state gaming license?	Yes	☐ No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
b	organization's own exempt activities during the tax year > \$	16	
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); an	d Dort III. lines 0. (0h 10h
· u		u Part III, IIIles 9, 8	90, 100,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	(Form 990 or 990-EZ) UNITED WAY OF MOWER COUNTY INC.	41-0831896	Page 4
Part IV	(Form 990 or 990-EZ) UNITED WAY OF MOWER COUNTY INC. Supplemental Information (continued)		
	· · · · · · · · · · · · · · · · · · ·		

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.

► Go to www.irs.gov/Form990 for the latest information.

2019
Open to Public Inspection

Name of the organization **Employer identification number** 41-0831896 UNITED WAY OF MOWER COUNTY INC. Part I **General Information on Grants and Assistance** 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 1 X Yes criteria used to award the grants or assistance? 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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) ADAMS AREA AMBULANCE SERVICE P.O. BOX 357 41-1822847 501(C)3 ADAMS, MN 55909 25,000. 0.N/A N/A EQUIT PMENT APPLE LANE COMMUNITY CHILD CARE CENTER - 1900 8TH AVE. - AUSTIN HOT LUNCH/CHILD CARE 41-1889518 501(C)3 0.N/A N/A SCHOLARSHIPS MN 55912 22,500 CEDAR BRANCH DEVELOPMENTAL THERAPY LIFE/SOCIAL ACHIEVEMENT CENTER - P.O. BOX 316 SKILLS, WORK PROGRAMS AND THRIFT STORE - ADAMS, MN 55909 41-1311051 501(C)3 42,500 0.N/A N/A CEDAR VALLEY SERVICES INC. COMMUNITY AND SUPPORTED 2111 4TH ST NW ЕМЪГОХМЕИТ 41-0870082 501(C)3 COMPETITIVE PLACEMENT AUSTIN MN 55912 35 000 0.N/A N/A CHILDREN'S DENTAL HEALTH SERVICES 903 W CENTER ST #130 ROCHESTER MN 55902 20-3677586 501(C)3 N/A DENTAL SERVICE 55 000 0.N/A CRIME VICTIMS RESOURCE CENTER VICTIM SERVICES 101 14TH ST NW CHILDREN'S SEXUAL ABUSE AUSTIN, MN 55912 41-1404075 501(C)3 35 000 0.N/A N/A PREVENTION 26. 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 0. Enter total number of other organizations listed in the line 1 table

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2019)

Part II Continuation of Grants and Other	Assistance to Gov	vernments and Organ	nizations in the Un	ited States (Sch	edule I (Form 990), Pa	art II.)	<u> </u>
(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
GIRL SCOUTS RIVER VALLEYS							
400 SOUTH ROBERT STREET							GIRL SCOUTS CONNECTZ
SAINT PAUL, MN 55107	41-0693910	501(C)3	30,000.	0.	N/A	N/A	PROGRAM
·			,				
HORMEL HISTORIC HOME							
208 4TH AVE NW							AUTISM FRIENDLY AUSTIN
AUSTIN, MN 55912	41-0705219	501(C)3	26,000.	0.	N/A	N/A	INITIATIVE
IMMIGRANT LAW CENTER OF MINNESOTA							
450 N SYNDICATE ST #200							
ST. PAUL, MN 55104	41-0909036	501 (C) 3	16,500.	0	N/A	N/A	RURAL IMMIGRATION PROJECT
51. Incl., in 55101	11 0303030	301(0/3	10,300.		-17.22	11,11	FINANCIAL COACHING
COMPREHENSIVE HUMAN SERVICES							PROGRAM
FOUNDATION (IMS) - 101 21ST ST SE							ADULT CHARITABLE FUNDING
- AUSTIN, MN 55912	81-4104822	501(C)3	80,500.	0.	N/A	N/A	CHILDREN'S MENTAL HEALTH
,			 				MOWER COUNTY SPECIAL
LIFE MOWER COUNTY							OLYMPICS
401 2ND AVE NE							OUR PLACE RECREATION
AUSTIN, MN 55912	41-0746994	501(C)3	42,000.	0.	N/A	N/A	CENTER
MOWER COUNCIL FOR THE HANDICAPPED,							MEDICAL EQUIPMENT LENDING
INC 2103 14TH ST NE SUITE A -							PROGRAM
AUSTIN, MN 55912	41-1505345	501(C)3	44,000.	0.	N/A	N/A	ADVOCACY
MOWER COUNTY SENIORS, INC.							CHORE
400 3RD AVE NE							TRANSPORTATION
AUSTIN, MN 55912	41-1267614	E01/G\2	41,600.		N/A	N/A	ADVOCACY
AUSIIN, MN 53512	41-120/014	501(0/3	41,000.	0.	N/A	N/A	ADVOCACI
NEXUS FOUNDATION - GERARD ACADEMY							
FUND - 505 HIGHWAY 169, N SUITE							COMMUNITY MENTAL HEALTH
500 - PLYMOUTH, MN 55441	85-2534015	501(C)3	25,000.	0.	N/A	N/A	OUTREACH
•			1				PARTNERING WITH PARENTS
PARENTING RESOURCE CENTER, INC.							HELPING HOMES
105 1ST ST SE SUITE A							SEIBEL EXCHANGE CENTER
AUSTIN, MN 55912	41-1307920	501(C)3	118,850.	0.	N/A	N/A	CATHERWOOD HOME CHILDCARE

Part II Continuation of Grants and Other	Assistance to Go	vernments and Organ	nizations in the Un	ited States (Sch	edule I (Form 990), Pa	ırt II.)	, ago i
(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
RECOVERY IS HAPPENING							
25 16TH ST NE							RECOVERY ON A MISSION
ROCHESTER, MN 55906	45-1259706	501(C)3	5,000.	0.	N/A	N/A	PROGRAM
SEMCAC							SENIOR NUTRITION
P.O. BOX 549	41-0907135	E01/G\2	35 000	0	NT / 2	AT / 3	HOUSING PAYMENT ASSISTANCE
RUSHFORD, MN 55971	41-090/135	501(C)3	35,000.	0.	N/A	N/A	ASSISTANCE
SERVEMINNESOTA							
120 S 6TH STREET SUITE 2260							
MINNEAPOLIS, MN 55402	41-2010058	501(C)3	6,500.	0.	N/A	N/A	MINNESOTA READING CORPS
,			,,,,,,				
SOUTHERN MN REGIONAL LEGAL							
SERVICES - 1000 ALLIANCE BANK							
CENTER - ST. PAUL, MN 55101	41-1316151	501(C)3	15,000.	0.	N/A	N/A	GOVERNMENT BENEFITS
THE SALVATION ARMY							BACKPACK PROGRAM
409 1ST AVE NE							EMERGENCY HOUSING
AUSTIN, MN 55912	41-0698597	501(C)3	93,000.	0.	N/A	N/A	COMMUNITY MEALS
THIN WALL BY DOY GOOVE							
TWIN VALLEY BOY SCOUTS 810 MADISON AVE							
MANKATO, MN 56001	41-6079300	501/0\3	8,000.	,	N/A	N/A	SCOUTREACH
MANKATO, MN 30001	41 0075300	501(0/5	0,000.	· ·	N/A	N/A	BCOOTREACH
WELCOME CENTER							
111 N MAIN ST, SUITE 101							
AUSTIN, MN 55912	41-1978031	501(C)3	65,000.	0.	N/A	N/A	SOCIAL SERVICES PROGRAM
SOUTHEASTERN MINNESOTA PRIVATE			,				
INDUSTRY COUNCIL DBA WORKFORCE							
DEVELOPMENT, - 1600 8TH AVE NW -							
AUSTIN, MN 55912	41-1484613	501(C)3	25,000.	0.	N/A	N/A	WORKFORCE SUCCESS PROGRAM
YMCA							
501 4TH AVE NE				_	L		
AUSTIN, MN 55912	41-0718359	501(C)3	15,000.	0.	N/A	N/A	AFTER SCHOOL PROGRAMMING

Part II Continuation of Grants and Other	Assistance to Gov	vernments and Organ	izations in the Un	ited States (Sch	edule I (Form 990), Pa	rt II.)	r ago r
(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
AUSTIN ASPIRES							
301 MAIN ST							HOMEL FOUNDATION GRANT -
AUSTIN, MN 55912	46-5424422	501(C)3	155,334.	0.	N/A	N/A	UW PASSES THROUGH GRANT
CHILDREN'S DENTAL HEALTH SERVICES 903 W CENTER ST #130 ROCHESTER, MN 55902	20-3677586	501(C)3	75,000.	0.	N/A	N/A	HOMEL FOUNDATION GRANT - UW PASSES THROUGH GRANT
	20 007,700		70,000.				
GIRL SCOUTS RIVER VALLEYS 400 SOUTH ROBERT STREET ST. PAUL, MN 55107	41-0693910	501(C)3	25,000.	0.	N/A	N/A	HOMEL FOUNDATION GRANT - UW PASSES THROUGH GRANT
NEXUS FOUNDATION - GERARD ACADEMY FUND - 505 HIGHWAY 169, N SUITE 500 - PLYMOUTH, MN 55441	85-2534015	501(C)3	20,000.	0.	N/A	N/A	HOMEL FOUNDATION GRANT - UW PASSES THROUGH GRANT
HABITAT FOR HUMANITY - MOWER COUNTY - P.O. BOX 28 - AUSTIN, MN 55912	41-1681709	501(C)3	30,000.	0.	N/A	N/A	HOMEL FOUNDATION GRANT - UW PASSES THROUGH GRANT
HORMEL HISTORIC HOME 208 4TH AVE NW AUSTIN, MN 55912	41-0705219	501(C)3	15,000.	0.	N/A	N/A	HOMEL FOUNDATION GRANT - UW PASSES THROUGH GRANT
MOWER COUNCIL FOR THE HANDICAPPED, INC 2103 14TH ST NE SUITE A - AUSTIN, MN 55912	41-1505345	501(C)3	12,505.	0.	N/A	N/A	HOMEL FOUNDATION GRANT - UW PASSES THROUGH GRANT
PACELLI CATHOLIC SCHOOLS 311 4TH ST NW AUSTIN, MN 55912	20-4023381	501(C)3	84,573.	0	N/A	N/A	HOMEL FOUNDATION GRANT - UW PASSES THROUGH GRANT
TWIN VALLEY BOY SCOUTS 810 MADISON AVE MANKATO, MN 56001	41-6079300		15,000.		N/A	N/A	HOMEL FOUNDATION GRANT - UW PASSES THROUGH GRANT

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government	(5) EIIV	if applicable	(d) Amount of cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
LCOME CENTER							
11 N MAIN ST, SUITE 101							HOMEL FOUNDATION GRANT
JSTIN, MN 55912	41-1978031	501(C)3	75,000.	0.	N/A	N/A	UW PASSES THROUGH GRAN
,			,				

Schedule I (Form 990) (2019) UNITED WAY OF MOWER CO	41-0831896	Page				
Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	e organization answe	ered "Yes" on Form 9	90, Part IV, line 22.		
(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 noncas	h assistance
Part IV Supplemental Information. Provide the information red	quired in Part I, lin	ne 2; Part III, column	(b); and any other ac	lditional information.		
PART I, LINE 2:						
IN ORDER TO BE CONSIDERED FOR FUNDING SUCH ORGANIZ	ATION SHALL I	PROVIDE				
UNITED WAY OF MOWER COUNTY, INC., WITH APPROPRIATE	CERTIFICATION	ONS AND OTHER				
DOCUMENTATION SHOWING ITS CONTINUED COMPLIANCE WIT	H THE NONPRO	?IT				
ORGANIZATION LAWS, TAX EXEMPT STATUS LAWS AND REGU	T.ATTONS AND	CHARTTARI.E				
ORGANIZATION LAWS AND REGULATIONS OF THE APPROPRIA	TE GOVERNMENT	TAL AGENCIES.				
PROGRAMS UNABLE TO FULFILL REQUIREMENTS OUTLINED I	N THE GRANT A	APPLICATION,				
INCLUDING THE SUBMISSION OF MID AND YEAREND REPORT	S, MUST RETUR	RN ANY AND				
ALL UNUSED FUNDS TO UWMC AND FURTHER ALLOCATION PA	YMENTS WILL E	BE				

932291

Schedule I (Form 990)

SCHEDULE L

Department of the Treasury

(Form 990 or 990-EZ)

Transactions With Interested Persons

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

➤ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open To Public Inspection

Internal Revenue Service	▶ Go	to www.irs.gov/Fo	orm99	0 for ir	nstructions and the	latest inform	ation.			In	spect	ion	
Name of the organization		Employer idea							ident	dentification number			
		OF MOWER COUNT								1896			
Part I Excess Bei	nefit Transad	ctions (section 5	01(c)(3), secti	ion 501(c)(4), and sec	ction 501(c)(2	9) orga	anizatio	ons on	ly).			
Complete if the	e organization a	nswered "Yes" on I	Form 9	90, Pa	art IV, line 25a or 25b	, or Form 990)-EZ, P	art V, I	ine 40	b.			
1 (a) Name of disqualified	d porson (I) Relationship bet			ified) Description	of tran	acactic	n.		(d) Corrected?		
(a) Name of disqualmed	u persori	person and or	rganiza	ation	tion (c) Description of tran			isaciic	,,,,		Yes No		No
											_	_	
											-	_	
											+	+	
											+	-	
											+	+	
2 Enter the amount of ta	y incurred by the	e organization man	aners	or disc	usalified persons duri	ing the year I	nder						
	•	•	•			•			S				
3 Enter the amount of ta									S				
	, , ,	_, ,	,		y				•				
Part II Loans to a	nd/or From I	nterested Pers	sons.	1									
Complete if the	e organization a	nswered "Yes" on I	Form 9	90-EZ	, Part V, line 38a or F	orm 990, Pai	t IV, lir	ne 26;	or if th	e orga	nizatio	on	
reported an an	mount on Form 9	990, Part X, line 5, 6	-							10. 1 4			
(a) Name of	(b) Relationsh			an to or	(e) Original				default? by boa		proved ard or	1 (1) **	/ritten
interested person	with organizat	ion of loan	organi	zation?	principal amount						nittee?		
			To	From				Yes	No	Yes	No	Yes	No
			-					-					
								\vdash					
			 					\vdash					
								 					
-													
Total		611 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			\$								
		enefiting Inter											
		nswered "Yes" on I				1 .							_
(a) Name of interested	d person	(b) Relationship interested pers			(c) Amount of assistance		d) Type ssistar) Purp assist	ose o	f
		the organiza	ation	u	acolotarios	assistance assistance		100		•	400101	41100	
									+				
									$\neg \uparrow$				
									\perp				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2019

Schedule L (Form 990 or 990-EZ) 2019 UNITE	ED WAY OF MOWER COUNTY INC.		41-08318	96	Page 2	
Part IV Business Transactions In		N 00				
	vered "Yes" on Form 990, Part IV, line 28a, 28		(d) Description of	(e) Sh	aring of	
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organization's revenues?		
				Yes	No	
TOM DANKERT	BOARD MEMBER OF UWM	569,130	TOM DANKERT	100	Х	
		,				
					<u> </u>	
Part V Supplemental Information	<u> </u>			1		
		actructions)				
Provide additional information for	responses to questions on Schedule L (see in	istructions).				
SCH L, PART IV, BUSINESS TRANSACTIO	ONS INVOLVING INTERESTED PERSONS:					
, ,						
(A) NAME OF PERSON: TOM DANKERT						
(B) RELATIONSHIP BETWEEN INTERESTED	PERSON AND ORGANIZATION:					
BOARD MEMBER OF UWMC & BOARD MEMBER	R OF HORMEL FOUNDATION					
,_,						
(D) DESCRIPTION OF TRANSACTION: TO	M DANKERT, A BOARD MEMBER OF THE					
INTER WAY OF MOMER COUNTY IS A DO	NADD MEMBED OF THE HODMEL FOLINDATI	ON				
UNITED WAY OF MOWER COUNTY, IS A BO	DARD MEMBER OF THE HORMEL FOUNDATI	LOIN .				
TOM'S WIFE, SHERI DANKERT, IS A KEY	/ EMPLOYEE OF THE HORMEL FOUNDATION	ON				
Ton b will, black blacker, 15 if ke		·-··				
THE HORMEL FOUNDATION ALLOCATED \$16	59.130 FOR SUCCESS BY SIX AND \$400	0.000				
· ·	,	,				
FOR THE COMMUNITY INVESTMENT TO THE	E UNITED WAY OF MOWER COUNTY DURIN	NG THE				
YEAR ENDED MARCH 31, 2020.						

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

2019 Open to Public

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** UNITED WAY OF MOWER COUNTY INC. 41-0831896 LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: COLLABORATION OF THE UNITED WAY, SMART, AND THE PARENTING RESOURCE CENTER. THROUGH CONTINUED PROCESS IMPROVEMENT, WE CONTINUE TO SERVE MORE AREA FAMILIES. PROVIDING BRIGHTER FUTURES FOR OUR YOUNGEST LEARNERS FORM 990, PART VI, SECTION A, LINE 2: AMY BASKIN - FAMILY RELATIONSHIP KATIE BASKIN - FAMILY RELATIONSHIP FORM 990, PART VI, SECTION A, LINE 6: CLASSES OF MEMBERS OR STOCKHOLDERS - 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: ELECTION OF MEMBERS AND THEIR RIGHTS - AS STATED IN THE BY-LAWS ANY INDIVIDUAL OR BUSINESS WHO MAKES A CONTRIBUTION FOR THE CURRENT YEAR SHALL BE INVITED TO THE ANNUAL MEETING. EACH MEMBER ATTENDING THE ANNUAL MEETING IS ENTITLED TO ONE VOTE ON MATTERS TO BE VOTED ON BY MEMBERS. THERE SHALL BE NO VOTING BY PROXY. A MAJORITY OF MEMBERS PRESENT AND VOTING ON ANY PARTICULAR ISSUE SHALL CONSTITUTE THE ACT OF THE MEMBERS. EXCEPT THAT A PLURALITY VOTE SHALL BE CONSIDERED SUFFICIENT TO ELECT PERSONS TO THE BOARD OF DIRECTORS IN CONTESTED ELECTIONS. THE ANNUAL MEETING OF THE UNITED WAY SHALL BE HELD WITHIN THIRTY DAYS OF FISCAL CLOSE. THE AGENDA INCLUDES THE ANNUAL REPORT AND ELECTION OF NEW BOARD MEMBERS.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization UNITED WAY OF MOWER COUNTY INC.	Employer identification number 41-0831896
	-
FORM 990, PART VI, SECTION A, LINE 8B:	
THE ORGANIZATION DOES NOT HAVE ANY COMMITTEES THAT HAVE AUTHORITY TO ACT ON	
BEHALF OF THE GOVERNING BODY.	
FORM 990, PART VI, SECTION B, LINE 11B:	
ORGANIZATION'S PROCESS TO REVIEW FORM 990 - 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:	
ENFORCEMENT OF CONFLICTS POLICY - 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 INTERST IS DECLARED IT IS ENTERED INTO THE BOARD	
MINUTES AND BOARD MEMBERS ABSTAIN FROM VOTING ON THE ISSUE WHERE THEY HAVE	
A CONFLICT OF INTEREST. THE ABSTENTION IS ALSO NOTED IN THE BOARD MINUTES.	
FORM 990, PART VI, SECTION B, LINE 15A:	
COMPENSATION PROCESS FOR TOP OFFICIAL - THE UNITED WAY KEEPS A POLICY ON	
THE PROCESS FOR DETERMINING COMPENSATION. A FORMAL PERFORMANCE EVALUATION	
IS CONDUCTED FOR ALL STAFF. THE EXECUTIVE DIRECTOR PERFORMS STAFF	
EVALUATIONS AND MAKES A RECOMENDATION TO THE EXECUTIVE COMMITTEE ON	
COMPENSATION. THE EXECUTIVE DIRECTOR USES THE PERFORMANCE EVALUATIONS AND	
DATA AS TO COMPARABLE COMPENSATION PROVIDED BY UNITED WAY WORLDWIDE AND	

Name of the organization UNITED WAY OF MOWER COUNTY INC.	Employer identification number 41-0831896
UNITED WAYS OF MN STATE ASSOCIATION TO FORM THE RECOMMENDATION ON	
COMPENSATIONS. THE EXECUTIVE COMMITTEE, LED BY THE BOARD PRESIDENT,	
CONDUCTS THE EXECUTIVE DIRECTOR'S PERFORMANCE EVALUATION. THE EXECUTIVE	
COMMITTEE USES THE PERFORMANCE EVALUATION AND COMPARABLE COMPENSATION	
PROVIDED BY UNITED WAY WORLDWIDE AND UNITED WAYS OF MN STATE ASSOCIATION TO	
FORM THE RECOMMENDATION ON COMPENSATION. 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. THIS IS CONDUCTED ANNUALLY WITH LAST TIME BEING FISCAL YEAR	
ENDED 2020.	
COMPENSATION PROCESS FOR OFFICERS - NO BOARD OFFICERS ARE PAID. THE	
EXECUTIVE DIRECTOR IS THE ONLY PAID OFFICER AS THE TOP MANAGEMENT OFFICIAL.	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION - THE CURRENT FORM 990 AND IRS	
EXEMPTION LETTER ARE AVAILABLE TO THE PUBLIC ON THE WEBSITE	
WWW.UWMOWER.ORG. FORM 990 IS ALSO AVAILABLE ON WWW.GUIDESTAR.ORG	
PAGE 12, PART XII, LINE 2C	
THE ORGANIZATION HAS A COMMITTEE WHO OVERSEES THE AUDIT OF THEIR	
FINANCIAL STATEMENTS AND SELECTS AN INDEPENDENT ACCOUNTANT. THE	
PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	