**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

Inspection

Department of the Treasury Internal Revenue Service

A For the 2021 calendar year, or tax year beginning

▶ 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. and ending JUN 30,

JUL 1, 2021

Open to Public

<b>B</b> c	heck if pplicable	C Name of organization		D Employer identific	cation number				
	Addres								
	Change Name change			41-60231	43				
	Initial return	•	Room/suite	E Telephone numbe					
	Final return/	P.O. BOX 41	1100III/Suito	(507) 929-2273					
	termin- ated			G Gross receipts \$	496,703.				
	Amend	ed MARSHALL, MN 56258	H(a) Is this a group re						
	Applica			for subordinates					
	pendin	9 800 E MAIN ST, MARSHALL, MN 56258		H(b) Are all subordinates included? Yes No					
ΙT	ax-exe	mpt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) c	or 527	1	list. See instructions				
J۷	Vebsit	e: WWW.UNITEDWAYSWMN.ORG		H(c) Group exemptio	n number 🕨				
<b>K</b> F	orm of	organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 1962 N	A State of legal domicile: MN				
Pa		Summary							
ø	1 1	Briefly describe the organization's mission or most significant activities: ${f SEE}$	SCHEDU	LE O.					
Activities & Governance	.								
ern		Check this box 🕨 📖 if the organization discontinued its operations or dispos							
રેજ		Number of voting members of the governing body (Part VI, line 1a)			15				
8		Number of independent voting members of the governing body (Part VI, line 1b)			15				
ies		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			2				
tivi		Total number of volunteers (estimate if necessary)			111				
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.				
	ומ	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u> </u>						
	。 ,	Contributions and grants (Part VIII line 1b)		Prior Year 523,539.	Current Year 487,449.				
ne		Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)		585.	0.				
Revenue		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		3,469.	1,096.				
Re		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		6,800.	1,157.				
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		534,393.	489,702.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		368,795.	299,115.				
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
S		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		124,936.	122,367.				
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
bei	b	Total fundraising expenses (Part IX, column (D), line 25)   63,93	14.						
ũ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		56,444.	55,596.				
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		550,175.	477,078.				
		Revenue less expenses. Subtract line 18 from line 12		-15,782.	12,624.				
or		·		ginning of Current Year	End of Year				
Assets ( d Balanc	20	Total assets (Part X, line 16)		840,720.	830,695.				
t As Id B	21	Total liabilities (Part X, line 26)		249,632.	226,983.				
Net Func		Net assets or fund balances. Subtract line 21 from line 20		591,088.	603,712.				
	rt II	Signature Block							
		ties of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is				
true,	correct	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	iich preparer	has any knowledge.					
		Signature of officer		l Date					
Sigr	1	•		Date					
Her	e	MEG LOUWAGIE, CEO Type or print name and title							
				Date Check	TI PTIN				
Paid		Print/Type preparer's name  NATALIE MCHUGH  Preparer's signature		if	D01311057				
		Firm's name DANA F COLE & COMPANY, LLP		self-employ	47-0526649				
		Firm's address 310 WEST COLLEGE DRIVE		I IIIII 3 LIIV					
	J <b>,</b>	MARSHALL, MN 56258		Phone no (5	07)532-2295				
May	the IF	IS discuss this return with the preparer shown above? See instructions		11 110110 110. ( 3	X Yes No				
·viay	u io ii	a disease and retain with the property shown above: Oce mandened a			103 140				

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	UNITING PEOPLE AND RESOURCES TO IMPROVE LIVES AND STRENGTHEN
	COMMUNITIES IN SOUTHWEST MINNESOTA.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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 expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$306,791. including grants of \$24,217. ) (Revenue \$)
	COMMUNITY IMPACT: UNITED WAY OF SOUTHWEST MINNESOTA IS A MINNESOTA
	NONPROFIT CORPORATION. IT IS A LOCAL AUTONOMOUS 501(C)(3) ORGANIZATION
	WORKING TO CREATE LASTING CHANGES IN PEOPLE'S LIVES AND THE COMMUNITIES
	IN LINCOLN, LYON, MURRAY, YELLOW MEDICINE AND PORTIONS OF COTTONWOOD,
	LAC QUI PARLE, NOBLES AND REDWOOD COUNTIES OF MINNESOTA.
	WE ACCOMPLISH THIS BY PARTNERING WITH NON-PROFIT AGENCIES, SCHOOLS
	OR LOCAL UNITS OF GOVERNMENT THAT SERVE PEOPLE IN THIS AREA OF THE
	STATE OF MINNESOTA AND BY TARGETING GRANTS FOR SPECIFIC PROGRAMS THAT
	PRODUCE OUTCOMES WITHIN THE AREAS OF HEALTH, EDUCATION, FINANCIAL
	STABILITY, HUNGER, AND SAFETY & WELL-BEING.
	ANNUALLY, THE UNITED WAY OF SOUTHWEST MINNESOTA BOARD OF DIRECTORS
	DETERMINES THE OVERALL FUNDING LEVEL FOR COMMUNITY IMPACT GRANTS BASED
4b	(Code: ) (Expenses \$ 74,898. including grants of \$ 74,898.) (Revenue \$ )
	INTERNAL PROGRAMS: UNITED WAY OF SOUTHWEST MINNESOTA FOCUSES ON
	HEALTH, EDUCATION, FINANCIAL STABILITY, HUNGER, AND SAFETY &
	WELL-BEING. THE UNITED WAY SUCCESS BY 6 INITIATIVE STRIVES TO MAKE SURE
	THAT ALL CHILDREN ARE READY TO SUCCEED WHEN THEY ENTER KINDERGARTEN.
	CHILDREN WHO START BEHIND, STAY BEHIND. KEY STRATEGIES INCLUDE
	SPONSORSHOP OF THE DOLLY PARTON IMAGINATION LIBRARY PROGRAM WHICH PUTS QUALITY, AGE APPROPRIATE BOOKS INTO THE HANDS OF CHILDREN (BIRTH - AGE
	5) EACH MONTH AT NO COST TO THEIR FAMILIES; PREPARATION AND
	DISTRIBUTION OF SCHOOL READINESS KITS FOR ALL CHILDREN PRIOR TO
	ENTERING KINDERGARTEN; AND PLANNING AND IMPLEMENTATION OF LITERACY
	BUILDING AND ENHANCEMENT PROGRAMS.
	OTHER INITIATIVES EXAMPLES: ANNUAL BACK-TO-SCHOOL SUPPLY DRIVES
40	(Code:) (Expenses \$
70	SMALL GRANTS PROGRAM: IS TO PROVIDE SUPPORT FOR COMMUNITY PROJECTS,
	PROGRAMS OR INITIATIVES IN NEED OF A SMALL, ONE-TIME GRANT FOR WORK
	THAT ALIGNS WITH UWSWMN GOALS FOR THE COMMON GOOD. UWSWMN SMALL GRANTS
	GRANTS CAN BE USED FOR PROJECTS SUCH AS: PROGRAM WORK INCLUDING
	PLANNING, TRAINING AND/OR DEVELOPMENT; ORGANIZATIONAL CAPACITY BUILDING
	INCLUDING STRATEGIC PLANNING, GOVERNANCE AND OTHER TYPES OF
	ORGANIZATIONAL PLANNING AND/OR DEVELOPMENT ACTIVITIES; COMMUNITY AND/OR
	HUMAN SERVICE WORK THAT INCLUDES VOLUNTEER PARTICIPATION OR EMERGING OR
	UNMET NEEDS; AND/OR TO SUPPORT INNOVATIVE SOLUTIONS TO LOCAL ISSUES.
	THERE WERE NO GRANTS PROVIDED OUT OF THE SMALL GRANTS PROGRAM IN THE
	CURRENT YEAR.
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ▶ 381,689.
	Form <b>990</b> (2021)

# 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	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			3,7
	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	_		x
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		122
′	the any irrepresent historic land areas or historic structures? If "Voc." complete School u. D. Bort II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
Ü	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
Ŭ	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		х
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		Х
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	Х	
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		X
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		X
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			3,7
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	446	Х	
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X  Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		
ıza	Och ed to D. De to West 1911	12a	Х	
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
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				
	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			
	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			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	ا مد ا	v	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		Х
20-	complete Schedule G, Part III  Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		<del>  *</del>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		$\vdash$
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
	G contract and a second of About a contract of the contract of			

# Part IV Checklist of Required Schedules (continued)

	<del></del>		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			.,
0.4	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			
	Schedule K. If "No," go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			x
07	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	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? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21		
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			3,
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		х
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		21
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35 a	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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			.,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38	х	
Pa	Note: All Form 990 filers are required to complete Schedule O  rt V Statements Regarding Other IRS Filings and Tax Compliance	38	22	
_ u	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 3			- 10
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

# Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			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 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			۱
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	_		v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
оа	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6-		X
h	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 or gifts	6a		25
D		6b		
7	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).	OD		
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
Ĭ	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders   11a			
a	Gross income from members or shareholders  Gross income from other sources. (Do not net amounts due or paid to other sources against			
b	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
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			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.			77
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any	4-		
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes," complete Form 6069.			

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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.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1!	5		
	If there are material differences in voting rights among members of the governing body, or if the governing	1		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b		5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	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 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a				
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
		8a	Х	
b		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
-	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b				
12a	and the second s	12a	Х	
b		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
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 on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►MN			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	3)s only	) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.	,		
	X Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd fina	ncial	
	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 books and records			
	MEG LOUWAGIE - 507-929-2273			
	800 E MAIN ST, MARSHALL, MN 56258			

# 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)		(C)		(D)	(E)	(F)			
Name and title	Average	(do	Position (do not check more than one box, unless person is both an officer and a director/trustee)		Reportable	Reportable	Estimated			
	hours per	box			compensation	compensation	amount of			
	week	-	cer an	lu a u	recio	)r/trus	lee)	from	from related	other
	(list any hours for	irecto						the	organizations	compensation from the
	related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	organization
	organizations	truste	al trus		yee	mper		1099-NEC)	10001120)	and related
	below	Individual trustee or director	Institutional trustee	 	Key employee	Highest compensated employee	le.	,		organizations
	line)	Indiv	Instit	Officer	Keye	High empl	Former			
(1) SARAH KICMAL	40.00									_
PREVIOUS CEO				Х				51,971.	0.	0.
(2) AL CASTOR	3.00									_
RESOURCE DEVELOPMENT		Х		Х				0.	0.	0.
(3) MICHELLE WARME	3.00									_
TREASURER		Х		Х				0.	0.	0.
(4) SHAWNA CHRISTIANSON	3.00									_
DIRECTOR		Х						0.	0.	0.
(5) BRIAN JEREMIASON	3.00									_
COMMUNITY IMPACT		Х		Х				0.	0.	0.
(6) HANS ZAHRBOCK	3.00									
DIRECTOR		Х						0.	0.	0.
(7) JOSEPH KARANJA	3.00									
DIRECTOR		Х						0.	0.	0.
(8) TERRY KRIZ	3.00									
CHAIR		Х		Х				0.	0.	0.
(9) KEVIN VELDHUISEN	3.00									
DIRECTOR		Х						0.	0.	0.
(10) CURT SCHAKE	3.00									
DIRECTOR		Х						0.	0.	0.
(11) RACHEL NUESE	3.00									
VICE CHAIR		Х		Х				0.	0.	0.
(12) HAYLEY FRUIN	3.00									
DIRECTOR		Х						0.	0.	0.
(13) KRISTA KOPPERUD	3.00									
DIRECTOR		Х						0.	0.	0.
(14) SEE MOUA-LESKE	3.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(15) MELANIE PEDERSEN	3.00							_	_	_
PAST CHAIR		Х		Х				0.	0.	0.
(16) MOLLY PETERSON	3.00	ļ						_	_	_
DIRECTOR	1	Х						0.	0.	0.
(17) MEG LOUWAGIE	40.00	]		l						_
CEO				X				0.	0.	0.

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	t VII Section A. Officers, Directors, Tru (A)	(B)			((				(D)	(E)			(F)	
	Name and title	Average			Posi	•	1		Reportable	Reportable		E	timate	, d
	Name and title	hours per	(do not check more than one box, unless person is both ar						compensation	compensation			nount (	
		week					or/trus		from	from related			other	Ji
		(list any	rot						the	organizations			pensa	tion
		hours for	direct				Ļ		organization	(W-2/1099-MISC	·/		om the	
		related	e or	stee			sate		(W-2/1099-MISC/	1099-NEC)	,		anizati	
		organizations	ruste	l ta		9 9	mper		1099-NEC)			•	d relate	
		below	dualt	nijons	L	nploy	st co	<u></u>	1555 1.125,				anizatio	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				Ū		
				_	Ü	×								
				_										
		<u> </u>												
		1												
		1												
1b	Subtotal	1						<u> </u>	51,971.		0.			0.
	Total from continuation sheets to Part \								0.		0.			0.
	Total (add lines 1b and 1c)								51,971.		0.			0.
2	Total number of individuals (including but								eceived more than \$100	0,000 of reportable				
	compensation from the organization						,		·					0
													Yes	No
3	Did the organization list any former officer			key e	empl	loye	e, o	hig	ghest compensated emp	oloyee on				37
	line 1a? If "Yes," complete Schedule J for	such individual										3		X
4	For any individual listed on line 1a, is the s	•							•	•				
	and related organizations greater than \$15	50,000? If "Yes,	" co	mple	ete S	Sche	edule	e J t	for such individual		[	4		X
5	Did any person listed on line 1a receive or	accrue compe	nsat	ion f	rom	any	/ unr	elat	ted organization or indiv	idual for services				
	rendered to the organization? If "Yes," cor	mplete Schedul	e J t	or s	uch <sub>I</sub>	pers	son .					5		X
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest c the organization. Report compensation for										ensa	ation f	rom	
	(A)	the calendar y	Cai	criui	ng v	VILII	OI W	<u> </u>	(B)	year.		(0	<u>.,</u>	
	Name and busines	s address	N	INC	₹.				Description of s	ervices	С		<b>")</b> nsatio	n
					_			$\dashv$	· · · · · · · · · · · · · · · · · · ·			<u> </u>		
								_						
								_						
	Total number of independent and in	(in almer to a		m!J ·	4 ± -	41	os "		d about of the man after the	novo there				
2	Total number of independent contractors \$100,000 of compensation from the organ		IOT II	ııııte	น เ0		se II: 0	siec	abovej wno received n	iore man				
_												Form	990 (2	2021)

Pa	rt V	1111			a in this Dort VIII			
			Check if Schedule O contains a response	e or note to any iin	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
Sis	1	_	Federated campaigns 1a					
ran			Membership dues 1b					
Contributions, Gifts, Grants and Other Similar Amounts			Fundraising events 1c	15,766.				
ifts ar A			Related organizations 1d	,				
s, G mila			Government grants (contributions) 1e					
ion r Si			All other contributions, gifts, grants, and					
but			similar amounts not included above 1f	471,683.				
ntri d O		g	Noncash contributions included in lines 1a-1f					
a Co		h	Total. Add lines 1a-1f		487,449.			
				Business Code				
မွ	2	а						
e vic		b						
Se nue		С						
ran }ev		d						
Program Service Revenue		е						
Ъ			All other program service revenue					
		g	Total. Add lines 2a-2f					
	3		Investment income (including dividends, inte		1 006			1 006
			other similar amounts)		1,096.			1,096.
	4		Income from investment of tax-exempt bond					
	5		Royalties	(ii) Personal				
	_	_		(II) Fersonal				
			Gross rents 6a					
			Less: rental expenses 6b  Rental income or (loss) 6c					
			Not worth in a constant in a c					
			Gross amount from sales of (i) Securities	(ii) Other				
	•	u	assets other than inventory 7a	(-,				
		b	Less: cost or other basis					
ne		_	and sales expenses					
Revenue		С	Gain or (loss) 7c					
Re			Net gain or (loss)	<b></b>				
her			Gross income from fundraising events (not					
Oth			including \$ 15,766. of					
			contributions reported on line 1c). See					
			Part IV, line 18	-				
		b	Less: direct expenses 8	7,001.				
			Net income or (loss) from fundraising events	<b>&gt;</b>	0.			
	9	а	Gross income from gaming activities. See					
			Part IV, line 19					
			Less: direct expenses 9t	)				
			Net income or (loss) from gaming activities	······				
	10	а	Gross sales of inventory, less returns					
		<b>L</b>	and allowances					
			•					
_		U	Net income or (loss) from sales of inventory	Business Code				
sno	11	а	REIMBURSEMENTS	900099	1,157.	1,157.		
nue		b			= , = = , •			
Miscellaneous Revenue		c						
Alisc			All other revenue					
_			Total. Add lines 11a-11d		1,157.			
	12		Total revenue. See instructions		489,702.	1,157.	0.	1,096.

# 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).

D-	Check if Schedule O contains a respons	(A)	this Part IX	(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	000 115	000 115		
	and domestic governments. See Part IV, line 21	299,115.	299,115.		
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	50,717.	21,569.	9,597.	19,551
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	48,720.	23,932.	9,113.	15,675
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	15,576.	7,405.	3,143.	5,028
10	Payroll taxes	7,354.	3,383.	1,397.	2,574
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting	5,594.	2,806.	1,011.	1,777
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	/// / I				
	column (A), amount, list line 11g expenses on Sch O.)	1,966.	110.	1,029.	827
12	Advertising and promotion				
13	Office expenses	2,227.	1,511.	284.	432
14	Information technology	4,044.	1,480.	275.	2,289
15	Royalties	-	-		-
16	Occupancy	18,000.	12,190.	2,033.	3,777
17	Travel	,	•		·
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,149.	762.	526.	861
20	Interest	, -	-		
21	Payments to affiliates	8,181.	3,764.	1,554.	2,863
22	Depreciation, depletion, and amortization	704.	324.	134.	246
23		2,151.	990.	409.	752
.s 24	Other expenses. Itemize expenses not covered	=,===	2200	2031	, 32
	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 O.)				
а	PROMOTION	5,475.			5,475
a b	TELEPHONE	2,131.	980.	405.	746
C	MEMBERSHIPS AND DUES	1,754.	807.	333.	614
d	EQUIPMENT LEASE	1,220.	561.	232.	427
	A.II I	1,220	301.	2524	
	Total functional expenses. Add lines 1 through 24e	477,078.	381,689.	31,475.	63,914
25 26	Joint costs. Complete this line only if the organization	±11,010•	301,009.	31,7130	00,014
26	· · · · · · · · · · · · · · · · · · ·				
	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 <b>990</b> (202

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Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or r	note to a	ny line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	15,067.	1	9,652.		
	2	Savings and temporary cash investments	736,125.	2	731,618.		
	3	Pledges and grants receivable, net			82,985.	3	82,273.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sul					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqu	alified pe	ersons (as defined			
		under section 4958(f)(1)), and persons describ	bed in se	ction 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			104.	8	
Ř	9	Prepaid expenses and deferred charges			5,649.	9	6,406.
	10a	Land, buildings, and equipment: cost or other	r				
		basis. Complete Part VI of Schedule D	10a	18,450. 17,704.			
	b	Less: accumulated depreciation	765.	10c	746.		
	11	Investments - publicly traded securities		11			
	12	Investments - other securities. See Part IV, lin		12			
	13	Investments - program-related. See Part IV, lir		13			
	14	Intangible assets	25.	14	0.		
	15	Other assets. See Part IV, line 11			15		
	16	Total assets. Add lines 1 through 15 (must e		840,720.	16	830,695.	
	17	Accounts payable and accrued expenses			1,982.	17	2,766.
	18	Grants payable	247,650.	18	224,217.		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet	te Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or fo	ormer offi	cer, director,			
≣		trustee, key employee, creator or founder, sul	bstantial	contributor, or 35%			
Liabilities		controlled entity or family member of any of the	nese pers	sons		22	
_	23	Secured mortgages and notes payable to unr	elated th	ird parties		23	
	24	Unsecured notes and loans payable to unrela	ted third	parties		24	
	25	Other liabilities (including federal income tax,	payables	to related third			
		parties, and other liabilities not included on lin	nes 17-24	). Complete Part X			
		of Schedule D			0.40 620	25	006 003
	26	Total liabilities. Add lines 17 through 25			249,632.	26	226,983.
S		Organizations that follow FASB ASC 958, c	heck he	re 🕨 🔼			
nce		and complete lines 27, 28, 32, and 33.			F00 100		F01 420
ala	27	Net assets without donor restrictions			508,103.	27	521,439.
ф	28	Net assets with donor restrictions			82,985.	28	82,273.
Ë		Organizations that do not follow FASB ASC	958, ch	eck here 🕨 📖			
P		and complete lines 29 through 33.					
ţ	29	Capital stock or trust principal, or current fund				29	
SSE	30	Paid-in or capital surplus, or land, building, or				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated			E01 000	31	CO 2 710
ž	32	Total net assets or fund balances			591,088.	32	603,712.
	33	Total liabilities and net assets/fund balances			840,720.	33	830,695.

orm	1 990 (2021) UNITED WAY OF SOUTHWEST MINNESOTA	41-602	3143	Pa	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
				_	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			02.
2	Total expenses (must equal Part IX, column (A), line 25)	2			78.
3	Revenue less expenses. Subtract line 2 from line 1	3			24.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	591	L,0	88.
5	Net unrealized gains (losses) on investments	5			
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	600	3,7	12.
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 on Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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 separat	e 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	e 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 Sch	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		. 3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit			

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form **990** (2021)

# **SCHEDULE A**

(Form 990)

Total

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

Open to Public Inspection

**Employer identification number** Name of the organization UNITED WAY OF SOUTHWEST MINNESOTA 41-6023143 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

# 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) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and		` '	, ,	, ,	` '	.,
	membership fees received. (Do not						
	include any "unusual grants.")	610,794.	635,481.	561,211.	534,393.	487,449.	2829328.
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	64.0 50.4	605 404	564 044	504 000	405 440	000000
4	Total. Add lines 1 through 3	610,794.	635,481.	561,211.	534,393.	487,449.	2829328.
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)						1245863.
	Public support. Subtract line 5 from line 4.						1583465.
	ction B. Total Support					· · · · · · · · · · · · · · · · · · ·	
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018 635, 481.	(c) 2019 561, 211.	(d) 2020 534,393.	(e) 2021 487, 449.	(f) Total 2829328.
	Amounts from line 4	610,794.	635,481.	561,211.	534,393.	487,449.	2829328.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	4 650	0 161	14 400	2 460	1 006	21 000
	and income from similar sources	4,659.	8,161.	14,423.	3,469.	1,096.	31,808.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						2861136.
	Total support. Add lines 7 through 10		,				54,535.
12	Gross receipts from related activities,	· · · · · · · · · · · · · · · · · · ·				12	34,333.
13	First 5 years. If the Form 990 is for the						. □
Sec	organization, check this box and stop ction C. Computation of Publ		rcentage				<u></u>
	Public support percentage for 2021 (I			column (f))		14	55.34 %
	Public support percentage from 2020					15	54.03 %
						L L	
	16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization						
b	33 1/3% support test - 2020. If the o						
	and <b>stop here.</b> The organization qual	-					
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	_					
	meets the facts-and-circumstances te						
b	10% -facts-and-circumstances tes	t - 2020. If the org	anization did not c	heck a box on line			
	more, and if the organization meets th	ne facts-and-circun	nstances test, che	ck this box and <b>st</b>	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	ne organization qu	alifies as a publicly	y supported organ	ization	▶□
18	18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						

Schedule A (Form 990) 2021

# 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	siow, picase com	piete i dit ii.)				
	endar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and		` ,	` ,	<u> </u>	, ,	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ-						
7	ization's benefit and either paid to or expended on its behalf						
_	The value of services or facilities						
5	furnished by a governmental unit to						
_	the organization without charge						
	Total. Add lines 1 through 5		-	-	-		
	a Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	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						
8	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) ►	<b>(a)</b> 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6  Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
(	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		<u> </u>	L	L	1	<u> </u>
14	First 5 years. If the Form 990 is for th	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
<del>-</del>	check this box and stop here						<b></b>
	ction C. Computation of Publ					1 1	
	Public support percentage for 2021 (I						%
	Public support percentage from 2020 ction D. Computation of Inves					16	%
						47	0/
17							%
18	Investment income percentage from 2					18	%
198	a 33 1/3% support tests - 2021. If the						i / is not
ŀ	more than 33 1/3%, check this box at 33 1/3% support tests - 2020. If the	organization did ı	not check a box or	n line 14 or line 19a	a, and line 16 is m	nore than 33 1/3%,	
	line 18 is not more than 33 1/3%, che	ck this box and st	<b>top here.</b> The orga	anization qualifies a	as a publicly supp	orted organization	▶□
20	Private foundation. If the organizatio	n did not check a	hox on line 14 10	a or 19h check t	his hox and see ir	nstructions	

# Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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 on 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 on 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 line 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		
3a		
3b		
0-		
3с		
4a		
та		
4b		
4c		
5a		
5b		
5c		
33		
6		
7		
8		
9a		
04		
9b		
9c		
30		
10a		
10b		

Par	t IV   Supporting Organizations (continued)			
	, territoria, terr		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations	•		
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers	,		
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> 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 officers, 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		
Sect	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		
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
	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		
	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		
	By reason of the relationship described on line 2, above, 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	_		
	tion E. Type III Functionally Integrated Supporting Organizations	3		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction	ne)		
' a	The organization satisfied the Activities Test. Complete line 2 below.	113).		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instructio	ns).	
	Activities Test. Answer lines 2a and 2b below.		Yes	No
	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 on line 2a, above, 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 lines 3a and 3b 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? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

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Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on I	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu-	st complete	Sections A through E.	
Sect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting ord	anization (see
	instructions)	, 5		•

Schedule A (Form 990) 2021

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continu</sub>	ued)	
Secti	on D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	S	3	
4	Amounts paid to acquire exempt-use assets			4	
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
_6_	Other distributions (describe in Part VI). See instructions.			6	
_7_	<b>Total annual distributions.</b> Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
_9_	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	ns	(iii) Distributable Amount for 2021
_1_	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
_3_	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
	From 2018				
	From 2019				
	From 2020				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
<u> </u>	Carryover from 2016 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D, line 7:				
	line 7: \$ Applied to underdistributions of prior years				
	Applied to 2021 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
-	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
_	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2017				
b	Excess from 2018				
С	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				
	·				lll - A /F 000\ 0004

Schedule A (Form 990) 2021

# Schedule A

# Identification of Excess Contributions Included on Part II, Line 5

2021

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Total Contributions	Excess Contributions
BREMER BANK	85,866.	28,643.
NORTH STAR MUTUAL INSURANCE	289,665.	232,442.
SCHWAN'S COMPANY	584,971.	527,748.
US BANK FOUNDATION	514,253.	457,030.
Total Excess Contributions to Schedule A, Part II, Line 5		1,245,863.

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

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

2021

OMB No. 1545-0047

Name of the organization

Employer identification number

Schedule B (Form 990) (2021)

UNITED WAY OF SOUTHWEST MINNESOTA

41-6023143

Organization type (check one):						
Filers of	:	Section:				
Form 99	0 or 990-EZ	$\boxed{X}$ 501(c)( $3$ ) (enter number) organization				
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
		527 political organization				
Form 99	0-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 <b>General Rule</b> or a <b>Special Rule.</b> (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
	-	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special	Rules					
X	sections 509(a)(1) a contributor, during	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.				
	contributor, during literary, or education	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, onal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering ) instead of the contributor name and address), II, and III.				
	year, contributions is checked, enter he purpose. Don't com	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., mplete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year \ \rightarrow \\$				
answer "	No" on Part IV, line	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b> 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify g requirements of Schedule B (Form 990).				

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 SOUTHWEST MINNESOTA

41-6023143

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BREMER BANK  208 E COLLEGE DRIVE  MARSHALL, MN 56258	\$12,049.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	NORTH STAR MUTUAL INSURANCE  269 BARSTAD RD SOUTH  COTTONWOOD, MN 56229	\$62,047.	Person Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	SCHWAN'S CORPORATE GIVING FOUNDATION  115 W COLLEGE DRIVE  MARSHALL, MN 56258	\$	Person Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	US BANK FOUNDATION  1310 MADRID ST  MARSHALL, MN 56258	\$81,789.	Person Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	RUNNINGS 901 N HIGHWAY 59 MARSHALL, MN 56258	\$ 11,532.	Person Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	AVERA MARSHALL REGIONAL MEDICAL CENTER  300 S BRUCE ST  MARSHALL, MN 56258	\$ 14,531.	Person Payroll X Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

Name of organization Employer identification number

### UNITED WAY OF SOUTHWEST MINNESOTA

41-6023143

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	CARR FAMILY FOUNDATION PO BOX 1215 MARSHALL, MN 56258	\$ 20,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (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
		\$	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.)

Name of organization Employer identification number

# UNITED WAY OF SOUTHWEST MINNESOTA

41-6023143

Part II	Noncash Property (see instructions). Use duplicate copies of Part 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 41-6023143 UNITED WAY OF SOUTHWEST MINNESOTA Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations 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. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

# **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 SOUTHWEST MINNESOTA

**Employer identification number** 41-6023143

Par	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		or Accounts. Complete if the
	organization answered fes on Form 990, Part IV, III	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) Deliver delivered relivere	(2) ( 2) ( 2) ( 2) ( 2) ( 2) ( 2) ( 2)
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	L	ad funds
3	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor a		
Ü	for charitable purposes and not for the benefit of the donor of		
	• •		
Par		ganization answered "Yes" on Form 990. Pa	
1	Purpose(s) of conservation easements held by the organizat		
·	Preservation of land for public use (for example, recrea		historically important land area
	Protection of natural habitat		certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form o	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		
	Number of conservation easements included in (c) acquired		
	listed in the National Register		I I
3	Number of conservation easements modified, transferred, re		
	year▶	,	
4	Number of states where property subject to conservation ea	sement is located	
5	Does the organization have a written policy regarding the pe		
	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservati	on easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footi	note to the organization's financial stateme	nts that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections o		her Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95	•	
	of art, historical treasures, or other similar assets held for pul	· · · · · · · · · · · · · · · · · · ·	•
	service, provide in Part XIII the text of the footnote to its final		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in further	erance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		· · · · · · · · · · · · · · · · · · ·
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre		gain, provide
	the following amounts required to be reported under FASB A		
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2021

132051 10-28-21

Sche	edule D (Form 990) 2021 UNITED 1	VAY OF SOUTHWE	ST MINNESO	ГА	41-6	023143	Pa	ae <b>2</b>
	rt III Organizations Maintaining C	ollections of Art, His	torical Treasure	s, or Othe				
3	Using the organization's acquisition, accession	on, and other records, che	ck any of the following	that make si	gnificant use of i	ts		
	collection items (check all that apply):							
а	Public exhibition	d 🗌	Loan or exchange pr	ogram				
b	Scholarly research	е 🗌	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	llections and explain how	hey further the organ	ization's exen	npt purpose in P	art XIII.		
5	During the year, did the organization solicit or							
	to be sold to raise funds rather than to be ma	intained as part of the org	anization's collection?		[	Yes		No
Pai	rt IV Escrow and Custodial Arran					V, line 9, or		
	reported an amount on Form 990, Par							
1a	Is the organization an agent, trustee, custodia	an or other intermediary fo	contributions or othe	er assets not i	included			
	on Form 990, Part X?					Yes		No
b	If "Yes," explain the arrangement in Part XIII a							
						Amount		
С	Beginning balance				1c			
d	Additions during the year							
е	Distributions during the year							
f	Ending balance							
2a	Did the organization include an amount on Fo					Yes		No
	If "Yes," explain the arrangement in Part XIII.							ı
Pai	rt V Endowment Funds. Complete if	the organization answered	l "Yes" on Form 990,	Part IV, line 1	0.			
	·	(a) Current year (b)	Prior year (c) Two	years back (	d) Three years bac	k (e) Four y	years b	ack
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the curr	ent vear end balance (line	1g. column (a)) held a			I		
а	Board designated or quasi-endowment	%	J, ( ),					
b	Permanent endowment	%						
C	. · · · · · · · · · · · · · · · · · · ·	<u></u>						
	The percentages on lines 2a, 2b, and 2c show							
За	Are there endowment funds not in the posses		at are held and admir	nistered for th	e organization			
	by:	<b>-</b>			g	Г	Yes	No
	(i) Unrelated organizations					3a(i)		
	(ii) Related organizations							
b	If "Yes" on line 3a(ii), are the related organization	ions listed as required on	Schedule R?			3b	$\dashv$	
4	Describe in Part XIII the intended uses of the					00		
	rt VI Land, Buildings, and Equipm		Tarido.					
	Complete if the organization answered		V, line 11a. See Form	990, Part X,	line 10.			
	Description of property	(a) Cost or other	(b) Cost or other		cumulated	(d) Book	value	
	<del></del>	basis (investment)	basis (other)		reciation	(=, ====		
		<u>'</u>	<del>  ` `                                 </del>	<del> </del>				

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land				
b	Buildings				
С	Leasehold improvements				
	Equipment		18,450.	17,704.	746.
e	Other				
Tota	I. Add lines 1a through 1e. (Column (d) must equa	ıl Form 990, Part X, colur	mn (B), line 10c.)	<b>)</b>	746.

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 UNITED WAY	OF SOUTHWEST	T MINNESOTA	41-6023143 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(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	on Form 990, Part IV, li	ne 11c. See Form 990, Part X,	line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation	: Cost or end-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	" on Form 990, Part IV, li	ne 11d. See Form 990, Part X,	line 15.
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)		<b>•</b>
Part X Other Liabilities.	,		
Complete if the organization answered "Yes	on Form 990, Part IV, li	ne 11e or 11f. See Form 990, F	Part X, line 25.
1. (a) Description of liability	, ,	,	(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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... 

X

Schedule D (Form 990) 2021

(7) (8)

Pa	rt XI	Reconciliation of Revenue per Audited Financial Stat	ements With	Revenue per R	eturn.	<u> </u>
		Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total re	evenue, gains, and other support per audited financial statements			1	501,497.
2		nts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net un	realized gains (losses) on investments	2a			
b	Donate	ed services and use of facilities	2b	11,578.		
С	Recov	eries of prior year grants	2c			
d		Describe in Part XIII.)		217.		
е		nes <b>2a</b> through <b>2d</b>			2e	11,795.
3	Subtra	ct line <b>2e</b> from line <b>1</b>			3	489,702.
4		nts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investr	ment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (	Describe in Part XIII.)	4b			
С	Add lin	es <b>4a</b> and <b>4b</b>			4c	0.
5		evenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	489,702.
Pa		Reconciliation of Expenses per Audited Financial Sta		Expenses per	Retur	n.
		Complete if the organization answered "Yes" on Form 990, Part IV, line				
1	Total e	xpenses and losses per audited financial statements			1	488,873.
2	Amour	nts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donate	ed services and use of facilities	2a	11,578.		
b	Prior y	ear adjustments	2b			
С	Other I	osses	2c			
d	Other (	Describe in Part XIII.)	2d	217.		
е	Add lin	es 2a through 2d			2e	11,795.
3	Subtra	ct line <b>2e</b> from line <b>1</b>			3	477,078.
4	Amour	nts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investr					
		ment expenses not included on Form 990, Part VIII, line 7b				
b	Other (	ment expenses not included on Form 990, Part VIII, line 7b  [Describe in Part XIII.]				
			4b		4c	0. 477,078.

#### | Part XIII| Supplemental Information.

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

#### PART X, LINE 2:

THE ORGANIZATION HAS ADOPTED THE PROVISION OF FASB ASC 740-10 "ACCOUNTING FOR UNCERTAIN TAX POSITIONS". THE ORGANIZATION CONTINUALLY EVALUATES EXPIRING STATUTES OF LIMITATIONS, AUDITS AND PREPARED SETTLEMENTS, CHANGES IN TAX LAW AND NEW AUTHORITATIVE RULINGS. MANAGEMENT DOES NOT EXPECT THE INTERPRETATION WILL HAVE A MATERIAL IMPACT (IF ANY) ON ITS RESULTS FROM OPERATION OR FINANCIAL POSITION.

# PART XI, LINE 2D - OTHER ADJUSTMENTS:

WOMEN UNITED EVENT EXPENSE (POWER OF THE PURSE), NET WITH

**EVENT** 

Schedule D (Form 990) 2021

### **SCHEDULE G** (Form 990)

Department of the Treasury

Internal Revenue Service

#### 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

Open to Public Inspection

Name of the organization

UNITED WAY OF SOUTHWEST MINNESOTA

Employer identification number

Schedule G (Form 990) 2021

41-6023143 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants ☐ Phone solicitations ☐ Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or No Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

132081 10-21-21

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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000

		of fundraising event contributions and gr	oss income on Form 990	-EZ, lines 1 and 6b. List	events with gross receip	ots greater than \$5,000.
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events
			POWER OF THE			(add col. (a) through
				BEER DINNER	2	col. <b>(c)</b> )
e			(event type)	(event type)	(total number)	. "
Revenue			11,921.	7,503.	3,343.	22,767.
Be	1	Gross receipts	11,941.	7,303.	3,343.	22,707.
	,	Less: Contributions	8,563.	4,460.	2,743.	15,766.
		Less. Contributions	2,3331	2,1000	2,7131	2377333
	3	Gross income (line 1 minus line 2)	3,358.	3,043.	600.	7,001.
	4	Cash prizes				
"	5	Noncash prizes	171.			171.
nse		D 1/6 39	500.	400.		900.
xpe	6	Rent/facility costs	500.	400.		900.
Direct Expenses	7	Food and beverages	2,470.	2,643.	600.	5,713.
)ire	<b>'</b>	1 ood and beverages	2,2,00	2,0130	0001	37,230
_	8	Entertainment				
	9	Other direct expenses	015			217.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)		<b>&gt;</b>	7,001.
_		Net income summary. Subtract line 10 from li				0.
Pa	ırt I		answered "Yes" on Form	1990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	1	#-> Dull tabe/instant		(-1) T-1-1 (1-1
ne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue						(-) (-)
ď	1	Gross revenue				
SS	2	Cash prizes				
ense						
Direct Expenses	3	Noncash prizes				
əct	١,	Dont/facility agets				
Ë	4	Rent/facility costs				
	5	Other direct expenses				
	Ť		Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No	No No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		<b>&gt;</b>	
					_	
_	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<b>&gt;</b>	
9	Ent	ter the state(s) in which the organization condu	icte gaming activities:			
		the organization licensed to conduct gaming a	· · · · —	states?		Yes No
		No," explain:				
-		· · · · · · · · · · · · · · · · · · ·				
		ere any of the organization's gaming licenses re	· · · · · · · · · · · · · · · · · · ·	-	•	Yes No
b	lf "	Yes," explain:				

Schedule G (Form 990) 2021

132082 10-21-21

Schedule G (Form 990) 2021 UNITED WAT OF SOUTHWEST MINNESOTA	41-0023143 Page 3
11 Does the organization conduct gaming activities with nonmembers?	Yes No
12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity for	
to administer charitable gaming?	
13 Indicate the percentage of gaming activity conducted in:	
a The organization's facility	<b>13a</b>   %
b An outside facility	
14 Enter the name and address of the person who prepares the organization's gaming/special events books at	na recoras:
Name	
Address >	
15a Does the organization have a contract with a third party from whom the organization receives gaming reven	nue? Yes No
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and	the amount
of gaming revenue retained by the third party  \$\bigs\sum_{	
c If "Yes," enter name and address of the third party:	
C in Tes, entername and address of the third party.	
<b>.</b>	
Name	
Address >	
<b>16</b> Gaming manager information:	
Name	
Gaming manager compensation ▶ \$	
Gaming manager compensation > \$	
Description of services provided	
Director/officer Employee Independent contractor	
17 Mandatory distributions:	
a Is the organization required under state law to make charitable distributions from the gaming proceeds to	
rotain the state gaming license?	Yes No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations of	or spent in the
	a spent in the
organization's own exempt activities during the tax year ▶ \$  Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii)	) and (v); and Dart III, lines 0, 0h, 10h
	) and (v); and Part III, lines 9, 9b, 10b,
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	

Schedule G	G (Form 990)	UNITED WAY	OF	SOUTHWEST	MINNESOTA	41-6023143	Page 4
Part IV	(Form 990) Supplemental Infor	<b>mation</b> (continued)					

#### SCHEDULE I (Form 990)

**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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

#### INTTED WAY OF SOUTHWEST MINNESOTA

Employer identification number 11 - 6023113

UNITED WA	Y OF SOUT	HWEST MINNE	ESOTA				41-6023143
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records	to substantiate th	e amount of the grants	s or assistance, the	grantees' eligibilit	y for the grants or ass	sistance, and the selec	
criteria used to award the grants or assis	stance?						X Yes No
2 Describe in Part IV the organization's pro	ocedures for mon	toring the use of grant	t funds in the United	d States.			
Part II Grants and Other Assistance to					anization answered "\	es" on Form 990, Parl	t IV, line 21, for any
recipient that received more than	\$5,000. Part II car	n be duplicated if addit	tional space is need	ded.	(8.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1		
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
MARSHALL FOOD4KIDS							
PO BOX 771							
MARSHALL, MN 56258	83-0865066	501(C)(3)	7,500.	0.			HUNGER
UNITED COMMUNITY ACTION							
PARTNERSHIP - KITCHEN TABLE FOOD							
SHELF - 1400 S SARATOGA STREET -							
MARSHALL, MN 56258	41-0904860	501(C)(3)	40,822.	0.			HUNGER
LUTHERAN SOCIAL SERVICES OF							
MINNESOTA - 715 N 11TH ST #401C -							
MOORHEAD, MN 56560	41-0872993	501(C)(3)	16,500.	0.			HEALTH
WOMEN'S RURAL ADVOCACY PROGRAM							
PO BOX 1193							
MARSHALL, MN 56258-1193	41-1831918	501(C)(3)	27,500.	0.			SAFETY & WELL-BEING
UNITED COMMUNITY ACTION							
PARTNERSHIP - VOLUNTEER INCOME TAX							
ASSISTANCE PROG - 1400 S SARATOGA							
STREET - MARSHALL, MN 56258	41-0904860	501(C)(3)	12,000.	0.			FINANCIAL STABILITY
IMAGINATION LIBRARY							
800 E MAIN STREET	41 6002142	E01/G)/3)	F0 173				EDVIGN MI ON
MARSHALL, MN 56258	41-6023143	1	58,173.	0.		<u> </u>	EDUCATION 11.
2 Enter total number of section 501(c)(3) a							·········· <u> </u>
3 Enter total number of other organizations	s listed in the line	1 table					<b>&gt;</b> 0•

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

Schedule I (Form 990) 2021

Part II Continuation of Grants and Other	Assistance to Do	omestic Organization	s and Domestic G	overnments (Sch	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW HORIZONS CRISIS CENTER - CRIME							
VICTIMS SERVICES - 109 S 5TH							
STREET - MARSHALL, MN 56258 UNITED COMMUNITY ACTION	41-1404769	501(C)(3)	32,500.	0.			SAFETY & WELL-BEING
PARTNERSHIP - THE REFUGE - 1400 S							
SARATOGA STREET - MARSHALL, MN							
56258	41-0904860	501(C)(3)	19,500.	0.			FINANCIAL STABILITY
NEW HORIZONS CRISIS CENTER -							
PARENTING TIME PROGRAM - 109 S 5TH							
STREET - MARSHALL, MN 56258	41-1404769	501(C)(3)	15,000.	0.			SAFETY AND WELL-BEING
·			,				
PRAIRIE FIVE MEALS - PRAIRIE FIVE							
COMMUNITY ACTION COUNCIL - PO BOX							
159 - MONTEVIDEO, MN 56265	41-0904802	501(C)(3)	8,000.	0.			HUNGER
SERVEMINNESOTA							
120 SOUTH 6TH ST, SUITE 2260							
MINNEAPOLIS, MN 55402	41-2010058	501(C)(3)	23,500.	0.			EDUCATION
							Schedule I (Form

(a) Type of grant or assistance	<b>(b)</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 noncash assistance
Part IV Supplemental Information. Provide the information	equired in Part I, lir	ie 2; Part III, columi	n (b); and any other a	dditional information.	
PART I, LINE 2:					
GRANT AWARDS AND ALLOCATIONS - WI	E VERIFY N	ONPROFIT S	STATUS, COM	PLIANCE WITH	
THE PATRIOT ACT, AND ADHERENCE TO	REGULATI	ONS TO OPI	ERATE ON A		
NON-DISCRIMINATORY BASIS. TO ASS	SURE EFFEC	TIVE PROGE	RAM PERFORM	ANCES AND	
FINANCIAL RESPONSIBILITY AND ACCO	OUNTABILIT	Y, WE ALSO	O REVIEW AU	DIT AND	
FINANCIAL INFORMATION, AS WELL AS	S PROGRAM	OUTCOME EX	KPECTATIONS	(PROGRAM	
RESOURCES, ACTIVITIES, OUTPUTS, (	OUTCOMES,	INDICATORS	S AND PROGR	AM TARGETS).	
ALL GRANT APPLICATIONS ARE REVIEW	VED TO ASS	URE THAT T	THEY ALIGN	WITH THE	
UNITED WAY OF SOUTHWEST MINNESOTA	A GOALS FO	R THE COM	MON GOOD.	EACH AGENCY	
132102 10-26-21		37			Schedule I (Form 990) 202

Part IV | Supplemental Information

APPLYING FOR A COMMUNITY IMPACT GRANT MUST MEET WITH A PANEL OF VOLUNTEERS
THAT REVIEWS HOW UNITED WAY RESOURCES ARE INVESTED AND MAKES SURE THAT
THERE ARE POSITIVE RESULTS ACHIEVED WITH CONTRIBUTIONS GIVEN TO UNITED WAY
OF SOUTHWEST MINNESOTA. THESE PANELS THEN MAKE RECOMMENDATIONS TO THE
BOARD OF DIRECTORS OF UNITED WAY OF SOUTHWEST MINNESOTA FOR ANNUAL
COMMUNITY IMPACT AND SMALL PROJECTS GRANT FUNDING BASED ON THESE REVIEWS.

#### PART II, LINE 1:

HEALTH - INCREASE THE NUMBER OF YOUTH AND ADULTS WHO ARE HEALTHY AND

AVOID RISKY BEHAVIORS - GRANTS HAVE BEEN USED: TO ACHIEVE A HEALTHIER

START TO LIFE; TO INCREASE COMMUNITY CONDITIONS THAT SUPPORT HEALTHY

BEHAVIORS; TO PROMOTE HEALTHY EATING AND PHYSICAL ACTIVITY; FOR SENIORS

AND PEOPLE WITH DISABILITIES TO MAXIMIZE THEIR SELF-SUFFICIENCY. A

GRANT FOR THIS PURPOSE HAS BEEN GIVEN TO: LUTHERAN SOCIAL SERVICE OF

MINNESOTA.

EDUCATION - HELP CHILDREN AND YOUTH ACHIEVE THEIR POTENTIAL - GRANTS

HAVE BEEN USED: TO HELP CHILDREN ENTER KINDERGARTEN DEVELOPMENTALLY ON

TRACK IN THE AREAS OF LITERACY AND IN SOCIAL, EMOTIONAL AND COGNITIVE

SKILLS; FOR ACADEMIC ACHIEVEMENT WHICH MEANS ELEMENTARY-AGE STUDENTS

ARE PREPARED TO SUCCEED IN LATER GRADES AND TO GRADUATE FROM HIGH

SCHOOL; TO HELP YOUNG ADULTS (18-24) MAKE THE TRANSITION FROM HIGH

SCHOOL TO THE WORKING WORLD. GRANTS FOR THIS PURPOSE HAVE BEEN GIVEN

TO: SUCCESS BY 6 INCLUDING FUNDS FOR IMAGINATION LIBRARY, STUFF THE

BUS SCHOOL SUPPLY INITIATIVE, READ FOR THE RECORD, SUMMER PROGRAM, AND

STUDENT EMERGENCY FUNDS; AND SERVEMINNESOTA. NOTE: ALL SCHOOLS IN OUR

SERVICE AREA ARE INVITED TO APPLY EACH SPRING FOR STUDENT EMERGENCY

FUND GRANTS WHICH ARE AWARDED BASED UPON EACH SCHOOL'S NUMBER OF

Schedule I (Form 990)

Part IV | Supplemental Information

STUDENTS ELIGIBLE FOR FREE OR REDUCED LUNCH.

FINANCIAL STABILITY GRANTS HAVE BEEN USED FOR: YOUTH DEVELOPMENT OF

FINANCIAL LITERACY SKILLS; LOWER-INCOME INDIVIDUALS AND FAMILIES TO

MOVE TOWARD FINANCIAL STABILITY; COMMUNITY MEMBERS TO HAVE RESOURCES TO

OVERCOME DISASTERS AND EMOTIONAL OR FINANCIAL CRISES. GRANTS FOR THIS

PURPOSE HAVE BEEN GIVEN TO: VOLUNTEER INCOME TAX ASSISTANCE PROGRAM OF

UNITED COMMUNITY ACTION PARTNERSHIP AND THE REFUGE OF UNITED COMMUNITY

ACTION PARTNERSHIP.

HUNGER GRANTS HAVE BEEN USED: TO INCREASE NUTRITION AWARENESS AND

OUTREACH; TO CONNECT WITH VULNERABLE SENIORS, DISADVANTAGED OR PERSONS

WITH DISABILITIES; TO INCREASE ACCESS TO FOOD. GRANTS FOR THIS PURPOSE

HAVE BEEN GIVEN TO: MARSHALL FOOD4KIDS; PRAIRIE FIVE COMMUNITY ACTION

- PRAIRIE FIVE MEALS; AND KITCHEN TABLE FOOD SHELVES OF UNITED

COMMUNITY ACTION PARTNERSHIP.

SAFETY & WELL-BEING GRANTS HAVE BEEN USED: TO BUILD AWARENESS,

EDUCATION AND RESPECT FOR THE CONSEQUENCES OF BULLYING; TO INCREASE

SUICIDE PREVENTION AND AWARENESS; TO STRENGTHEN SUPPORT AND PREVENTION

PROGRAMS. GRANTS FOR THIS PURPOSE HAVE BEEN GIVEN TO: CRIME VICTIMS

SERVICES OF NEW HORIZONS CRISIS CENTER; PARENTING TIME PROGRAM OF NEW

HORIZONS CRISIS CENTER; AND WOMEN'S RURAL ADVOCACY PROGRAM (WRAP).

SMALL GRANTS ARE GIVEN OUT EACH YEAR FOR VARIOUS PURPOSES. FUNDS ARE

SET ASIDE FOR GRANTS TO PROVIDE SUPPORT TO NETWORKS OR PROJECTS OF

NON-PROFIT AND/OR CHARITABLE ORGANIZATIONS THAT MEET ONE OF THE

FOLLOWING: 1) STRENGTHEN OUR COMMITMENT TO NEW ACTIVITIES OR PROGRAMS

Schedule I (Form 990)

Part IV Supplemental Information					
THAT ARE DIRECTED AT DEVELOPMENT AND SUPPORT FOR AREA RESIDENTS. 2)					
SUPPORT PROGRAMS THAT PROVIDE NONPROFIT ORGANIZATIONS' BOARD AND STAFF					
DEVELOPMENT OF LEADERSHIP SKILLS, MANAGEMENT SKILLS, TECHNICAL					
ASSISTANCE AND TRAINING OF VOLUNTEERS. IN THE CURRENT FISCAL YEAR NONE					
OF THESE GRANTS WERE GIVEN OUT.					

#### SCHEDULE O (Form 990)

Internal Revenue Service

Department of the Treasury

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 Form 990-EZ.

► Attach to Form 990 or Form 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. 2021
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

UNITED WAY OF SOUTHWEST MINNESOTA

Employer identification number 41-6023143

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

UNITED WAY OF SOUTHWEST MINNESOTA IS AN INDEPENDENT LOCAL, AUTONOMOUS

501(C)(3) ORGANIZATION WORKING TO CREATE LASTING CHANGES IN PEOPLE'S

LIVES AND THE COMMUNITIES IN LINCOLN, LYON, MURRAY, YELLOW MEDICINE AND

PORTIONS OF COTTONWOOD, LAC QUI PARLE, NOBLES AND REDWOOD COUNTIES OF

MINNESOTA. UNITING PEOPLE AND RESOURCES TO IMPROVE LIVES AND

STRENGTHEN COMMUNITIES IN SOUTHWEST MINNESOTA.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

UPON RESOURCES GATHERED DURING THE PRECEDING FUND-RAISING CAMPAIGN.

QUALIFYING ORGANIZATIONS THAT SERVE LOCAL PEOPLE ARE INVITED TO PREPARE

GRANT PROPOSALS THAT ADDRESS STRATEGIES WITHIN THE ABOVE LISTED

PRIORITY AREAS. GRANT APPLICATIONS UNDERGO REVIEW THOUGH AN ORGANIZED

CITIZEN REVIEW PROCESS (OUTLINED IN PART IV, SCHEDULE I, PART 1, LINE

2). RECOMMENDATIONS ARE THEN PRESENTED TO THE UNITED WAY OF SOUTHWEST

MINNESOTA BOARD OF DIRECTORS FOR FINAL REVIEW AND APPROVAL. APPROVED

GRANTS BECOME AVAILABLE JULY 1 OF EACH YEAR. ALL COMMUNITY IMPACT

GRANTS ARE PAID OUT IN QUARTERLY INSTALLMENTS.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

WHERE UNITED WAY OF SOUTHWEST MINNESOTA PROVIDES STAFF SUPPORT,

VOLUNTEERS, PUBLICITY, AND SERVES AS FISCAL AGENT; SUMMER PROGRAMS; AND

UNITED WAY STAFF ORGANIZE AND RECRUIT VOLUNTEERS FOR TARGETED COMMUNITY

PROJECTS, I.E. DAYS OF ACTION, FOOD COLLECTION, VOLUNTEER READING

EFFORTS; DISTRIBUTION OF PRESCRIPTION DRUG DISCOUNT CARDS TO PHARMACIES

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

Schedule O (Form 990) 2021

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Name of the organization

UNITED WAY OF SOUTHWEST MINNESOTA

Employer identification number 41-6023143

AND PLACES WHERE PEOPLE WHO NEED THEM WILL BE ABLE TO ACCESS THE CARDS;

ANNUAL PREPARATION, PRINTING AND DISTRIBUTION OF COMMUNITY RESOURCE

GUIDES, A PRINTED SUPPLEMENT TO THE UNITED WAY 211 INFORMATION AND

REFERRAL SERVICE IS DONE BY UNITED WAY OF SOUTHWEST MINNESOTA STAFF AND

VOLUNTEERS. INITIATIVES ARE DEVELOPED OR SUPPORTED WHEN UNITED WAY OF

SOUTHWEST MINNESOTA IDENTIFIES A GAP OR A NEED THAT IS SIGNIFICANT

ENOUGH TO TAKE ACTION.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 REVIEWED BY CEO AND OFFICE STAFF. ALSO, AVAILABLE IN OFFICE FOR GOVERNING BODY TO VIEW.

FORM 990, PART VI, SECTION B, LINE 12C:

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

FORM 990, PART VI, SECTION B, LINE 15A:

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UNITED WAY OF SOUTHWEST MINNESOTA

Name of the organization Employer identification number

CEO COMPENSATION: ANNUALLY THE NOMINATING/PERSONNEL COMMITTEE OF THE UNITED WAY OF SOUTHWEST MINNESOTA BOARD OF DIRECTORS CONDUCTS A REVIEW OF COMPARABLE SALARIES FOR THE CEO AND STAFF AND RECOMMENDS A SALARY RANGE FOR EACH POSITION TO THE BOARD OF DIRECTORS. THE COMPARABLE SALARY DATA INCLUDE COLLECTED INFORMATION FROM UNITED WAY WORLDWIDE FOR SIMILAR POSITIONS IN SIMILAR SIZED ORGANIZATIONS, PUBLISHED COMPENSATION SURVEYS GATHERED AND COMPILED BY MINNESOTA COUNCIL OF NONPROFITS, RESULTS OF SURVEYS GATHERED BY THE LOCAL CHAMBER OF COMMERCE AND OTHER LOCAL THE CEO IS EVALUATED BY ALL BOARD MEMBERS AND STAFF AND THE INFORMATION. INFORMATION IS COMPILED BY THE CHAIR OF THE NOMINATING/PERSONNEL COMMITTEE AND IS DISCUSSED IN EXECUTIVE SESSION AT THE APRIL BOARD MEETING. MEETING, INFORMATION REGARDING SALARY RESEARCH IS CONSIDERED, AS WELL AS PERFORMANCE EVALUATION INFORMATION, THEN SALARY AND BENEFITS ARE DETERMINED FOR THE FOLLOWING FISCAL YEAR.

FORM 990, PART VI, SECTION C, LINE 19:

PUBLIC AVAILABILITY OF INFO: THE IRS FORM 990 AND THE ANNUAL REPORT ARE

AVAILABLE FOR REVIEW AT THE UNITED WAY OF SOUTHWEST MINNESOTA OFFICE. IN

ADDITION, SEVERAL KEY POLICY DOCUMENTS ARE AVAILABLE ON OUR WEBSITE

WWW.UNITEDWAYSWMN.ORG, GET TO KNOW US TAB, PUBLIC ACCOUNTABILITY: CODE OF

ETHICS (WHICH INCLUDES CONFLICT OF INTEREST AND WHISTLE BLOWER POLICIES);

BYLAWS; AND OUR ANNUAL REPORT (WHICH INCLUDES A GRAPH OF THE ANNUAL

FINANCIAL STATEMENT). THE ANNUAL REPORT IS ALSO PRINTED AND IS AVAILABLE

TO ANYONE REQUESTING A COPY.

FORM 990, PART XII, LINE 2C:

THIS IS THE SAME AS IT HAS BEEN IN PRIOR YEARS.

41-6023143

#### Mail To:

Minnesota Attorney General's Office Charities Division 445 Minnesota Street, Suite 1200 St. Paul, MN 55101-2130

**SECTION A: Organization Information** 

#### Website Address:

www.ag.state.mn.us/charity

### **STATE OF MINNESOTA**

# CHARITABLE ORGANIZATION ANNUAL REPORT FORM

(Pursuant to Minn. Stat. ch. 309)

C2	
UZ.	

Legal Name of Organization UNITED WAY OF SOUT  Federal EIN: 41-6023143	0.6202020		
Federal EIN: 41-6023143	Fiscal Year-End: U 6 3 U 2 U 2 Z mm/dd/yyyy		
	Did the organization's fiscal year-end change? Yes X No		
Mailing Address: MEG LOUWAGIE	Physical Address: MEG LOUWAGIE		
Contact Person P.O. BOX 41	Contact Person 800 E MAIN STREET		
Street Address MARSHALL, MN 56258	Street Address MARSHALL, MN 56258		
City, State, and ZIP Code 507-929-2273	City, State, and ZIP Code 507-929-2273		
Phone Number MEG.LOUWAGIE@UNITEDWAYSWMN.OR	Phone Number MEG.LOUWAGIE@UNITEDWAYSWMN.ORG		
Email Address	Email Address		
<ol> <li>Organization's website: WWW.UNITEDWAYSWMN.O</li> <li>List all of the organization's alternate and former names (attach I UNITED WAY OF LYON COUNTY UNITED WAY OF MARSHALL</li> <li>List all names under which the organization solicits contributions</li> </ol>	Ist if more space is needed).  Alternate  Alternate  X Forme  Alternate  X Forme  S (attach list if more space is needed).		
UNITED WAY OF SOUTHWEST MINNESOT	'A		
4. Is the organization incorporated pursuant to Minn. Stat. ch. 317/	A? X Yes No		
5. Total amount of contributions the organization received from Mir	nnesota donors: \$ 484,254.		
6. Has the organization's tax-exempt status with the IRS changed?  Yes X No If yes, attach explanation.			
7. Has the organization significantly changed its purpose(s) or prog	gram(s)?		

8.	Has the organization been denied the right to solicit contributions by any court or government agency?  Yes X No If yes, attach explanation.				
9.	Does the organization use the services of a professional fundraiser (outside solicitor or consultant) to solicit contributions in Minnesota? Yes X No If yes, provide the following information for each (attach list if more space is needed):				
	Name of Professional Fundraiser	Compensation			
	Street Address	City, State, and ZIP Cod	e		
	If yes, is the organization required to file an audit? Yes, audit attached No  Note: An organization that has total revenue of more than \$750,000 is required to file an audit prepared in accordance with generally accepted accounting principles by an independent CPA or LPA. The value of donated food to a nonprofit food shelf may be excluded from the total revenue if the food is donated for subsequent distribution at no charge and is not resold.  11. Do any directors, officers, or employees of the organization or its related organization(s) receive total compensation* of more than \$100,000? Yes X No  If yes, provide the following information for the five highest paid individuals:				
	Name and title	Compensation*	Other compensation		
			•		
	compensation is defined as the total amount reported on Form W-2 (Box 5) or Form 1099-MISC (Box 7)				

<sup>\*</sup>Compensation is defined as the total amount reported on Form W-2 (Box 5) or Form 1099-MISC (Box 7) issued by the organization and its related organizations to the individual. See Minn. Stat. § 309.53, subd. 3(i) and Minn. Stat. § 317A.011 for definitions.

### **SECTION B: Financial Information**

This section must be completed by organizations that file an IRS Form 990-EZ, 990-PF, or 990-N. Organizations that file an IRS Form 990 may skip Section B and go directly to Section C.

INCC	DME		
1.	Contributions Received	\$	1
2.	Government Grants	\$	2
3.	Program Service Revenue	\$	3
4.	Other Revenue	\$	4
5.	TOTAL INCOME	\$	5
EXPE	ENSES		
6.	Program Expenses	\$	6
7.	Management & General Expenses	\$	7
8.	Fund-raising Expenses	\$	8
9.	TOTAL EXPENSES	\$	9
10.	EXCESS or DEFICIT	\$	10
	(Line 5 minus Line 9)		
ASSE	ETS		
11.	Cash	\$	11
12.	Land, Buildings & Equipment	\$	12
13.	Other Assets	\$	13
14.	TOTAL ASSETS	\$	14
LIAB	ILITIES		
15.	Accounts Payable	\$	15
16.	Grants Payable	\$	16
17.	Other Liabilities	\$	17
18.	TOTAL LIABILITIES	\$	18
FUND BALANCE/NET WORTH \$			
(Line 1	4 minus Line 18)		

### Section B (continued): Statement of Functional Expenses

This expense statement must be prepared in accordance with generally accepted accounting principles. Each column must be completed, and Columns B, C, and D must equal Column A. The amount on Line 25, Column A must match Line 17 of IRS Form 990-EZ or Line 26 of IRS Form 990-PF.

	mns B, C, and D must equal Column A. The amou	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1.	Grants and other assistance to governments				
	and organizations in the U.S.  Grants and other assistance to individuals in the U.S.				
2. 3.	Grants and other assistance to governments,				
ا.					
4.	organizations, and individuals outside the U.S.  Benefits paid to or for members				
5.	Compensation of current officers, directors,				
3.	trustees, and key employees				
6.	Compensation not included above, to disqualified				
0.	persons (as defined under section 4958(f)(1) and				
	persons described in section 4958(c)(3)(B)				
7.	Other salaries and wages				
8.	Pension plan contributions (include section				
3.	401(k) and section 403(b) employer contributions)				
9.	Other employee benefits				
10.	Payroll taxes				
11.	Fees for services (non-employees):				
	. Management				
	<u> </u>				
-	. Legal . Accounting				
	· ·				
	Professional fundraising convices				
	Professional fundraising services				
	Investment management fees				
12.	. Other  Advertising and promotion				
13.	Office expenses				
14.	Information technology				
15.	Royalties				
16.	Occupancy				
17.	Travel				
18.	Payments of travel or entertainment expenses				
10.	for any federal, state, or local public officials				
19.	Conferences, conventions, and meetings				
20.	Interest				
21.	Payments to affiliates				
22.	Depreciation, depletion, and amortization				
23.	Insurance				
23. 24.	Other expenses. Itemize expenses not covered				
ļ	above. Expenses labeled miscellaneous may				
	not exceed 5% of total expenses (Line 25).				
a.	· · · · · · · · · · · · · · · · · · ·				
b.					
C.					
d.					
25.	Total functional expenses. Add lines 1 through 24d				
26.	Joint costs. Check here if following				
	SOP 98-2. Complete this line only if the organi-				
	zation reported in Column B joint costs from a				
	combined educational campaign and fundraising solicitation				
	4 04-01-21		L	1	1

### **Section C: Board of Directors Signatures and Acknowledgment**

The form must be executed pursuant to a resolution of the board of directors, trustees, or managing group and must be signed by two officers of the organization. See Minn. Stat. § 309.52, subd. 3.

We, the undersigned, state and acknowledge that we are duly	constituted officers of this organiz	ation, being the		
CEO (Title) and BO.	ARD CHAIR	(Title) respectively, and		
that we execute this document on behalf of the organization pursu	ant to the resolution of the			
BOARD OF DIRECTORS	(Board of Directors, Trustees, or Managing Group) adopted on the 8TH			
day of NOVEMBER, 20 22, approving the contents of th	e document, and do hereby certify	that the		
BOARD OF DIRECTORS	(Board of Directors, Trustees, or N	Managing Group) has assumed, and will continue		
to assume, responsibility for determining matters of policy, and have	ve supervised, and will continue to	supervise, the operations and finances of the		
organization. We further state that the information supplied is true,	correct and complete to the best	of our knowledge.		
MEG LOUWAGIE	RACHEL NUES	E		
Name (Print)	Name (Print)			
Signature	Signature			
CEO	BOARD CHAIR			
Title	Title			
Date	 Date			