

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

**2011**

**Open to Public Inspection**

Department of the Treasury  
 Internal Revenue Service

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

**A For the 2011 calendar year, or tax year beginning APR 1, 2011 and ending MAR 31, 2012**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> UNITED WAY OF MOWER COUNTY INC. Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO BOX 605 City or town, state or country, and ZIP + 4 AUSTIN, MN 55912 <b>F Name and address of principal officer:</b> MANDI LIGHTHIZER-SCHMIDT SAME AS C ABOVE	<b>D Employer identification number</b> 41-0831896 <b>E Telephone number</b> 507-437-2313 <b>G Gross receipts \$</b> 1,630,493. <b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c) Group exemption number</b> ▶
<b>I Tax-exempt status:</b> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J Website:</b> ▶ WWW.UWMOWER.ORG		
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L Year of formation:</b> 1958 <b>M State of legal domicile:</b> MN

**Part I Summary**

	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>TO IMPROVE LIVES BY MOBILIZING THE CARING POWER OF COMMUNITIES</u>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>Activities &amp; Governance</b>	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) .....	<b>3</b>	14
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) .....	<b>4</b>	14
	<b>5</b> Total number of individuals employed in calendar year 2011 (Part V, line 2a) .....	<b>5</b>	3
	<b>6</b> Total number of volunteers (estimate if necessary) .....	<b>6</b>	420
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 .....	<b>7a</b>	0.
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 .....	<b>7b</b>	0.
	<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) .....	<b>Prior Year</b>
<b>9</b> Program service revenue (Part VIII, line 2g) .....		1,541,692.	1,597,774.
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) .....		26,599.	19,624.
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) .....		6,351.	3,474.
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .....		10,767.	9,619.
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) .....		1,585,409.	1,630,491.
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) .....		1,247,036.	1,271,447.
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) .....		0.	0.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) .....		112,870.	123,430.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 40,952.		0.	0.
<b>Expenses</b>	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) .....	197,266.	205,718.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) .....	1,557,172.	1,600,595.
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12 .....	28,237.	29,896.
	<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) .....	<b>Beginning of Current Year</b>
<b>21</b> Total liabilities (Part X, line 26) .....		1,454,948.	1,668,103.
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 .....		614,310.	797,566.
		840,638.	870,537.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer MANDI LIGHTHIZER-SCHMIDT, EXECUTIVE DIRECTOR Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name SHERRI WESSELS	Preparer's signature Date
	Firm's name ▶ CLIFTONLARSONALLEN LLP Firm's address ▶ P.O. BOX 217 AUSTIN, MN 55912	Check if self-employed <input type="checkbox"/> PTIN P00888088 Firm's EIN ▶ 41-0746749 Phone no. 507-434-7000

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

Part III Statement of Program Service Accomplishments

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 1,374,710. including grants of \$ 1,271,447. ) (Revenue \$ ) UNITED WAY PROMOTES THE CARING POWER OF COMMUNITIES THROUGH THE FUNDING OF QUALITY LOCAL PROGRAMMING AND LOCAL INITIATIVES.

4b (Code: ) (Expenses \$ 93,588. including grants of \$ ) (Revenue \$ ) THE SUCCESS BY 6 PROGRAM IS COMPRISED OF PRE-SCHOOL SCHOLARSHIPS AND TRANSPORTATION. UNITED WAY THROUGH A GRANT FROM THE HORMEL FOUNDATION GIVES SCHOLARSHIPS TO ATTEND PRE-SCHOOL TO CHILDREN WHOSE FAMILIES HOUSEHOLD INCOME IS LESS THAN 200% OF POVERTY. SCHOLARSHIPS INCLUDE A FULL YEAR OF TUITION TO A LOCAL PARTICIPATING PRE-SCHOOL PROGRAM AS WELL AS TRANSPORTATION. UNITED WAY ALSO PARTNERS WITH AMCAT TO PROVIDE TRANSPORTATION FOR SCHOLARSHIP CHILDREN AND NON-SCHOLARSHIP CHILDREN TO AND FROM PRE-SCHOOL PROGRAMS. UNITED WAY SUBCONTRACTS WITH THE PARENTING RESOURCE CENTER TO PROVIDE AIDES TO RIDE BUSES AND ENSURE THE SAFETY OF ALL CHILDREN. FOR THE YEAR ENDING MARCH 31, 2012 UNITED WAY PROVIDED SIXTY-ONE SCHOLARSHIPS SO THAT CHILDREN COULD ENTER KINDERGARTEN READY TO SUCCEED.

4c (Code: ) (Expenses \$ 17,439. including grants of \$ ) (Revenue \$ 19,624. ) THE GET FIT HEALTHY LIVING CHALLENGE IS UNITED WAY OF MOWER COUNTY'S HEALTHY LIVING INITIATIVE. PARTICIPANTS PAY A \$15 FEE TO PARTICIPATE AND FORM TEAMS TO CHANGE UNHEALTHY BEHAVIORS. PARTICIPANTS ARE CHALLENGED TO LOSE WEIGHT, GET THEIR DAILY REQUIREMENTS OF FRUITS AND VEGETABLES AND EXERCISE ON A REGULAR BASIS. EDUCATIONAL AND FITNESS SEMINARS AND SPECIAL EVENTS AROUND HEALTHY LIFESTYLE TOPICS ARE PROVIDED TO PARTICIPANTS AND THE GENERAL PUBLIC. UNITED WAY'S WEBSITE IS A RESOURCE FOR INFORMATION, RECIPES, FITNESS TIPS, ETC. IN 2011 776 COMMUNITY MEMBERS PARTICIPATED IN THE GET FIT CHALLENGE AND LOST 2,502.50 POUNDS.

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

4e Total program service expenses 1,485,737.

**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)? <i>If "Yes," complete Schedule A</i> .....	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....	X	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....		X
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		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 Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> .....	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i> .....		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
14a	Did the organization maintain an office, employees, or agents outside of the United States? .....		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		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? <i>If "Yes," complete Schedule G, Part I</i> .....		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		

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

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> 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? <i>If "Yes," complete Schedule J</i> .....		X
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? .....	X	

**Note.** All Form 990 filers are required to complete Schedule O .....

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Main form area containing questions 1a through 14b with input fields and Yes/No columns.

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

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (14), 1b (14), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b (X), 12c (X), 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MN
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: MANDI LIGHTHIZER-SCHMIDT - 507-437-2313 PO BOX 605, AUSTIN, MN 55912

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DIANE BAKER DIRECTOR	1.00	X						0.	0.	0.
(2) CLAUDE PULLIAM PRESIDENT	1.00	X		X				0.	0.	0.
(3) CATHY HIRST TREASURER	1.00	X		X				0.	0.	0.
(4) CHAD SAYLES COMMUNITY INVESTMENT CHR	1.00	X		X				0.	0.	0.
(5) KATHY BORLAND DIRECTOR	1.00	X						0.	0.	0.
(6) KELLY LADY DIRECTOR	1.00	X						0.	0.	0.
(7) KATIE BASKIN DIRECTOR	1.00	X						0.	0.	0.
(8) KATY BORDWELL DIRECTOR	1.00	X						0.	0.	0.
(9) KRISTI STASI DIRECTOR	1.00	X						0.	0.	0.
(10) TRISH WIECHMANN DIRECTOR	1.00	X						0.	0.	0.
(11) SCOTT AAKRE SECRETARY	1.00	X		X				0.	0.	0.
(12) DR. DAVID AGERTER DIRECTOR	1.00	X						0.	0.	0.
(13) DIDACUS GUZMAN DIRECTOR	1.00	X						0.	0.	0.
(14) PAUL KUEHNEMAN VICE PRESIDENT	1.00	X		X				0.	0.	0.
(15) MANDI LIGHTHIZER-SCHMIDT EXECUTIVE DIRECTOR	40.00			X				60,083.	0.	3,363.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
<b>1b Sub-total</b>							60,083.	0.	3,363.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							60,083.	0.	3,363.	

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

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

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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



**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>	987,832.					
	<b>b</b> Membership dues .....	<b>1b</b>						
	<b>c</b> Fundraising events .....	<b>1c</b>						
	<b>d</b> Related organizations .....	<b>1d</b>						
	<b>e</b> Government grants (contributions) .....	<b>1e</b>						
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	609,942.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....							
	<b>h Total.</b> Add lines 1a-1f .....			159,774.				
	<b>Program Service Revenue</b>	<b>2 a</b> GET FIT PROGRAM FEES	Business Code	713940	19,624.	19,624.		
<b>b</b> .....								
<b>c</b> .....								
<b>d</b> .....								
<b>e</b> .....								
<b>f</b> All other program service revenue .....								
<b>g Total.</b> Add lines 2a-2f .....				19,624.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			3,474.			3,474.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....							
	<b>5</b> Royalties .....							
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal					
		<b>b</b> Less: rental expenses .....						
		<b>c</b> Rental income or (loss) .....						
		<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other					
		<b>b</b> Less: cost or other basis and sales expenses .....						
		<b>c</b> Gain or (loss) .....						
		<b>d</b> Net gain or (loss) .....						
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>		30.				
		<b>b</b> Less: direct expenses .....	<b>b</b>	2.				
		<b>c</b> Net income or (loss) from fundraising events .....			28.			28.
	<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>						
<b>b</b> Less: direct expenses .....		<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities .....								
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>							
	<b>b</b> Less: cost of goods sold .....	<b>b</b>						
	<b>c</b> Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue			Business Code					
<b>11 a</b> DIRECTOR FEES		900099	9,400.			9,400.		
<b>b</b> OTHER REVENUE		900099	191.			191.		
<b>c</b> .....								
<b>d</b> All other revenue .....								
<b>e Total.</b> Add lines 11a-11d .....			9,591.					
<b>12 Total revenue.</b> See instructions. ....			163,0491.	19,624.	0.	13,093.		

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	1,271,447.	1,271,447.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	63,446.	32,992.	25,378.	5,076.
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	50,867.	26,451.	20,347.	4,069.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	92.	48.	37.	7.
10 Payroll taxes	9,025.	4,693.	3,610.	722.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	4,425.		4,425.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	7,934.	3,967.		3,967.
13 Office expenses	6,510.	2,604.	1,953.	1,953.
14 Information technology	2,024.	810.	607.	607.
15 Royalties				
16 Occupancy	17,640.	7,056.	5,292.	5,292.
17 Travel	363.	145.	109.	109.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	9,233.	3,693.	2,770.	2,770.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,687.	1,075.	806.	806.
23 Insurance	2,743.	1,097.	823.	823.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>SUCCESS BY SIX PROGRAM</b>	93,588.	93,588.		
b <b>GET FIT PROGRAM EXPENSE</b>	17,439.	17,439.		
c <b>DUES AND SUBSCRIPTIONS</b>	11,910.	4,764.	3,573.	3,573.
d <b>CAMPAIGN AND AWARDS</b>	7,002.			7,002.
e All other expenses	22,220.	13,868.	4,176.	4,176.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	1,600,595.	1,485,737.	73,906.	40,952.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year		
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>			
	<b>2</b> Savings and temporary cash investments .....	627,106.	<b>2</b>	845,767.		
	<b>3</b> Pledges and grants receivable, net .....	822,415.	<b>3</b>	813,909.		
	<b>4</b> Accounts receivable, net .....		<b>4</b>			
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>			
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) .....		<b>6</b>			
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>			
	<b>8</b> Inventories for sale or use .....		<b>8</b>			
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>			
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 24,139.				
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 16,710.	4,432.	<b>10c</b>	7,429.	
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>			
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	995.	<b>12</b>	998.		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>			
	<b>14</b> Intangible assets .....		<b>14</b>			
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>			
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....		1,454,948.	<b>16</b>	1,668,103.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	3,173.	<b>17</b>	3,455.		
	<b>18</b> Grants payable .....	611,137.	<b>18</b>	794,111.		
	<b>19</b> Deferred revenue .....		<b>19</b>			
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>			
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>			
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>			
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>			
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>			
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>			
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....		614,310.	<b>26</b>	797,566.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	<b>27</b> Unrestricted net assets .....	465,365.	<b>27</b>	457,997.		
	<b>28</b> Temporarily restricted net assets .....	375,273.	<b>28</b>	412,540.		
	<b>29</b> Permanently restricted net assets .....		<b>29</b>			
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>			
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>			
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>			
<b>33</b> Total net assets or fund balances .....	840,638.	<b>33</b>	870,537.			
<b>34</b> Total liabilities and net assets/fund balances .....	1,454,948.	<b>34</b>	1,668,103.			

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI [X]

Table with 6 rows and 2 columns. Row 1: Total revenue 1,630,491. Row 2: Total expenses 1,600,595. Row 3: Revenue less expenses 29,896. Row 4: Net assets at beginning 840,638. Row 5: Other changes 3. Row 6: Net assets at end 870,537.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII [X]

Table with 3 columns: Question, Yes, No. Row 1: Accounting method (Accrual checked). Row 2a: Financial statements compiled (No). Row 2b: Financial statements audited (Yes). Row 2c: Committee oversight (Yes). Row 3a: Federal award audit (No). Row 3b: Required audit (No).

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

**2011**

Open to Public Inspection

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

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....		
(ii) A family member of a person described in (i) above? .....		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....		
- h Provide the following information about the supported organization(s).

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2011

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	1,186,846.	1,201,540.	2,246,690.	1,541,692.	1,597,774.	7,774,542.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	1,186,846.	1,201,540.	2,246,690.	1,541,692.	1,597,774.	7,774,542.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						4,073,541.
<b>6 Public support.</b> Subtract line 5 from line 4.						3,701,001.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>7</b> Amounts from line 4 .....	1,186,846.	1,201,540.	2,246,690.	1,541,692.	1,597,774.	7,774,542.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	22,810.	12,391.	12,423.	6,784.	3,474.	57,882.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....	8,245.	8,126.	15,083.	10,767.	9,591.	51,812.
<b>11 Total support.</b> Add lines 7 through 10						7,884,236.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					<b>12</b>	77,747.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	46.94	%
<b>15</b> Public support percentage from 2010 Schedule A, Part II, line 14 .....	<b>15</b>	48.46	%
<b>16a 33 1/3% support test - 2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2010.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2011.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2010 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2011</b> (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2010</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2011.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No. 1545-0047

**2011**

**Open to Public Inspection**

Name of the organization

UNITED WAY OF MOWER COUNTY INC.

Employer identification number

41-0831896

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....		
2 Aggregate contributions to (during year) .....		
3 Aggregate grants from (during year) .....		
4 Aggregate value at end of year .....		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)       Preservation of an historically important land area

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included in (a) .....	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....

Yes  No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? .....

Yes  No

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 .....

▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X .....

▶ \$ \_\_\_\_\_



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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- |                                 | Amount   |
|---------------------------------|----------|
| c Beginning balance             | 0.       |
| d Additions during the year     | 491,447. |
| e Distributions during the year | 491,447. |
| f Ending balance                | 0.       |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Temporarily restricted endowment  \_\_\_\_\_ %
- The percentages in lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                             | Yes                      | No                       |
|-----------------------------|--------------------------|--------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input type="checkbox"/> |
| (ii) related organizations  | <input type="checkbox"/> | <input type="checkbox"/> |
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		24,139.	16,710.	7,429.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				7,429.

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

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation. Rows include Financial derivatives, Closely-held equity interests, and Other (A-I).

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

Table with 3 columns: (a) Description of investment type, (b) Book value, (c) Method of valuation. Rows numbered 1 through 10.

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

Table with 2 columns: (a) Description, (b) Book value. Rows numbered 1 through 10.

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

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes Federal income taxes, followed by rows 2-11.

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,630,491.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	1,600,595.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	29,896.
4	Net unrealized gains (losses) on investments	4	3.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	3.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	29,899.

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

1	Total revenue, gains, and other support per audited financial statements	1	1,139,049.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	3.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	2.
e	Add lines 2a through 2d	2e	5.
3	Subtract line 2e from line 1	3	1,139,044.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	491,447.
c	Add lines 4a and 4b	4c	491,447.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,630,491.

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

1	Total expenses and losses per audited financial statements	1	1,109,150.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	2.
e	Add lines 2a through 2d	2e	2.
3	Subtract line 2e from line 1	3	1,109,148.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	491,447.
c	Add lines 4a and 4b	4c	491,447.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	1,600,595.

**Part XIV Supplemental Information**

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

**PART IV, LINE 1B: THE ORGANIZATION IS CUSTODIAN OF FUNDS DISTRIBUTED BY**

**THE HORMEL FOUNDATION TO SPECIFIC APPROVED AGENCIES. THESE AMOUNTS ARE**

**INCLUDED IN THE REVENUE AND EXPENSES ON THE FORM 990.**

**PART X, LINE 2: THE UNITED WAY OF MOWER COUNTY, INC. IS EXEMPT FROM**

**FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE**

**AND THEREFORE HAS MADE NO PROVISION FOR FEDERAL INCOME TAXES IN THE**

**ACCOMPANYING FINANCIAL STATEMENTS. IN ADDITION, THE UNITED WAY OF MOWER**

**Part XIV** Supplemental Information (continued)

COUNTY, INC. HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE NOT TO BE A "PRIVATE FOUNDATION" WITHIN THE MEANING OF SECTION 509(A) OF THE INTERNAL REVENUE CODE. THERE WAS NO UNRELATED BUSINESS INCOME FOR THE YEAR ENDED MARCH 31, 2012.

THE ORGANIZATION HAS NOT BEEN AUDITED BY THE INTERNAL REVENUE SERVICE OR MINNESOTA REVENUE, AND ACCORDINGLY THE INCOME TAX RETURNS FOR THE PAST THREEE YEARS ARE OPEN TO EXAMINATION.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES NETTED TO REVENUE ON FORM 990

PART XII, LINE 4B - OTHER ADJUSTMENTS:

PASS-THROUGH GRANTS FROM THE HORMEL FOUNDATION

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES NETTED TO REVENUE ON FORM 990

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

PASS-THROUGH GRANTS FROM THE HORMEL FOUNDATION

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

Name of the organization

**UNITED WAY OF MOWER COUNTY INC.**

**Employer identification number**

**41-0831896**

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

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ADAMS AREA AMBULANCE SERVICE 16 EAST MAIN STREET, PO BOX 79 ADAMS, MN 55909	41-1822847	501(C)(3)	5,000.	0.			EMT TRAINING AND RE-CERTIFICATION
AMERICAN RED CROSS - MOWER COUNTY LOCATION - 305 4TH AVENUE NW - AUSTIN, MN 55912	41-0731419	501(C)(3)	50,000.	0.			HEALTH & SAFETY EDUCATION, BLOOD AND DISASTER SERVICES
APPLE LANE COMMUNITY CHILD CARE 2000 1ST AVENUE NW AUSTIN, MN 55912	41-1889518	501(C)(3)	25,000.	0.			FAMILIES WHO DO NOT QUALIFY FOR CHILD CARE ASSISTANCE OR A GRANT THROUGH RIVERLAND CAN
ARC MOWER COUNTY 709 N MAIN STREET AUSTIN, MN 55912	41-0746994	501(C)(3)	65,000.	0.			ADVOCACY, RECREATION, AND TRANSPORTATION FOR PEOPLE WITH DISABILITIES
CATHOLIC CHARITIES OF THE DIOCESE OF WINONA, INC. - 111 MARKET STREET, PO BOX 379 - WINONA, MN 55987	41-0721636	501(C)(3)	13,000.	0.			INDIVIDUAL AND FAMILY COUNSELING
CEDAR BRANCH DEVELOPMENTAL ACHIEVEMENT CENTER INC - PO BOX 316 - ADAMS, MN 55909	41-1311051	501(C)(3)	26,407.	0.			SOCIAL SKILLS, THERAPY AND WORK PROGRAMS FOR PEOPLE WITH DISABILITIES

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 36.**
- 3** Enter total number of other organizations listed in the line 1 table **▶ 0.**

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

Schedule I (Form 990) (2011)

**SEE PART IV FOR COLUMN (H) DESCRIPTIONS**

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CEDAR VALLEY SERVICES INC 2111 4TH STREET NW AUSTIN, MN 55912	41-0870082	501(C)(3)	30,000.	0.			COMMUNITY BASED EMPLOYMENT AND TRANSPORTATION FOR PEOPLE WITH DISABILITIES
CHILDRENS DENTAL HEALTH SERVICES 903 W CENTER STREET ROCHESTER, MN 55902	20-3677586	501(C)(3)	29,000.	0.			TEETH CLEANING FOR CHILDREN WITHOUT DENTAL INSURANCE
CRIME VICTIM'S RESOURCE CENTER-MAYO CLINIC HEALTH SYSTEM-AUSTIN - 1000 FIRST DRIVE NW - AUSTIN, MN 55912	41-0695606	501(C)(3)	27,000.	0.			SEXUAL ASSAULT ADVOCACY, DOMESTIC VIOLENCE GENERAL CRIME SERVICES
HORMEL HISTORIC HOME INC 208 4TH AVENUE NW AUSTIN, MN 55912	41-0705219	501(C)(3)	18,000.	0.			EDUCATIONAL PROGRAMS
MOWER COUNCIL FOR THE HANDICAPPED 111 NORTH MAIN STREET AUSTIN, MN 55912	41-1505345	501(C)(3)	46,000.	0.			ADVOCACY, PEER SUPPORT GROUPS AND EQUIPMENT LENDING FOR PEOPLE WITH MENTAL HEALTH AND
MOWER COUNTY MENTORING 201 1ST STREET NE AUSTIN, MN 55912	41-6005848	501(C)(3)	12,000.	0.			MENTORING PROGRAM FOR CHILDREN
MOWER COUNTY SENIORS INC 400 3RD AVENUE NE AUSTIN, MN 55912	41-1267614	501(C)(3)	46,600.	0.			TRANSPORTATION TO MEDICAL APPOINTMENTS, EDUCATIONAL PROGRAMS, ADVOCACY AND CHORE SERVICES FOR
PARENTING RESOURCE CENTER INC 301 NORTH MAIN STREET AUSTIN, MN 55912	41-1307920	501(C)(3)	67,300.	0.			EMERGENCY AND SICK CHILD CARE, SPECIALTY LIBRARY, PARENT MENTOR PROGRAM AND HOTLINE FOR PARENTS
RIVER TRAILS GIRL SCOUT COUNCIL PO BOX 9338 ROCHESTER, MN 55903	41-0838819	501(C)(3)	14,000.	0.			LEADERSHIP AND EDUCATIONAL PROGRAMS FOR GIRLS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY 2445 PRIOR AVENUE N ROSEVILLE, MN 55113	41-0698597	501(C)(3)	90,000.	0.			COMMUNITY MEALS, EMERGENCY LODGING AND RENT/UTILITY ASSISTANCE
SOUTHERN MINNESOTA REGIONAL LEGAL SERVICES, INC. - 55 5TH STREET E, STE. 1000 - ST PAUL, MN 55101	41-1316151	501(C)(3)	16,000.	0.			LEGAL SERVICES FOR LOW-INCOME PEOPLE TRYING TO ATTAIN GOVERNMENT BENEFITS
TWIN VALLEY BOY SCOUTS OF AMERICA COUNCIL - 724 MADISON AVENUE - MANKATO, MN 56001	41-6079300	501(C)(3)	15,000.	0.			EDUCATIONAL AND LEADERSHIP PROGRAMS FOR BOYS
WAPITI MEADOWS COMMUNITY TECHNOLOGIES & SERVICES - 1403 15TH AVENUE NW - AUSTIN, MN 55912	20-0058923	501(C)(3)	46,000.	0.			BUDGET COUNSELING AND MENTAL HEALTH SERVICES FOR CHILDREN AND ADULTS
WELCOME CENTER INC 308 4TH AVENUE NW, SUITE 100-2 AUSTIN, MN 55912	41-1978031	501(C)(3)	36,628.	0.			ADVOCACY, EDUCATION AND EMPLOYMENT PROGRAMS FOR NEW IMMIGRANTS
YMCA OF AUSTIN 704 1ST DRIVE NW AUSTIN, MN 55912	41-0718359	501(C)(3)	64,000.	0.			LOW-COST MEMBERSHIP FOR CHILDREN, FINANCIAL ASSISTANCE FOR FAMILIES AND AFTER-SCHOOL
AMERICAN RED CROSS - MOWER COUNTY LOCATION - 305 4TH AVENUE NW - AUSTIN, MN 55912	41-0731419	501(C)(3)	5,678.	0.			HORMEL FOUNDATION GRANT - JW PASSES THROUGH GRANT
CHILDREN'S DENTAL HEALTH SERVICES 903 W CENTER STREET ROCHESTER, MN 55902	20-3677586	501(C)(3)	50,000.	0.			HORMEL FOUNDATION GRANT - JW PASSES THROUGH GRANT
HORMEL HISTORIC HOME INC 208 4TH AVENUE NW AUSTIN, MN 55912	41-0705219	501(C)(3)	24,000.	0.			HORMEL FOUNDATION GRANT - JW PASSES THROUGH GRANT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOWER COUNCIL FOR THE HANDICAPPED 400 3RD AVENUE NE AUSTIN, MN 55912	41-1267614	501(C)(3)	2,105.	0.			HORMEL FOUNDATION GRANT - UW PASSES THROUGH GRANT
AUSTIN CATHOLIC SCHOOLS 311 4TH STREET NW AUSTIN, MN 55912	20-4023381	501(C)(3)	250,000.	0.			HORMEL FOUNDATION GRANT - UW PASSES THROUGH GRANT
PARENTING RESOURCE CENTER INC 301 NORTH MAIN STREET AUSTIN, MN 55912	41-1307920	501(C)(3)	9,407.	0.			HORMEL FOUNDATION GRANT - UW PASSES THROUGH GRANT
CATHERWOOD (PARENTING RESOURCE CENTER INC) - 301 NORTH MAIN STREET - AUSTIN, MN 55912	41-1307920	501(C)(3)	45,000.	0.			HORMEL FOUNDATION GRANT - UW PASSES THROUGH GRANT
RIVER TRAILS GIRL SCOUT COUNCIL PO BOX 9338 ROCHESTER, MN 55903	41-0838819	501(C)(3)	9,000.	0.			HORMEL FOUNDATION GRANT - UW PASSES THROUGH GRANT
WAPITI MEADOWS COMMUNITY TECHNOLOGIES & SERVICES - 1403 15TH AVENUE NW - AUSTIN, MN 55912	20-0058923	501(C)(3)	28,000.	0.			HORMEL FOUNDATION GRANT - UW PASSES THROUGH GRANT
WELCOME CENTER INC 308 4TH AVENUE NW, SUITE 100-2 AUSTIN, MN 55912	41-1978031	501(C)(3)	60,000.	0.			HORMEL FOUNDATION GRANT - UW PASSES THROUGH GRANT
TWIN VALLEY BOY SCOUTS OF AMERICA COUNCIL - 810 E MADISON AVE - MANKATO, MN 56001	41-6079300	501(C)(3)	3,000.	0.			HORMEL FOUNDATION GRANT -
ARC MOWER COUNTY 401 2ND AVE NE AUSTIN, MN 55912	41-0746994	501(C)(3)	5,257.	0.			HORMEL FOUNDATION GRANT -

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOLY CROSS 300 16TH ST NE AUSTIN, MN 55912	41-0842910	501(C)(3)	5,000.	0.			PRE-K CURRICULUM
MAYO CLINIC MOWER REFRESHED 1000 1ST DRIVE NW AUSTIN, MN 55912	41-0695606	501(C)(3)	5,000.	0.			TAKE 5 (MENTAL HEALTH)
SEMCAC PO BOX 549 RUSHFORD, MN 55971	41-6005848	501(C)(3)	28,065.	0.			SENIOR NUTRITION & MORTGAGE/RENT ASSISTANCE

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

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

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: APPLE LANE COMMUNITY CHILD CARE

(H) PURPOSE OF GRANT OR ASSISTANCE: FAMILIES WHO DO NOT QUALIFY FOR

CHILD CARE ASSISTANCE OR A GRANT THROUGH RIVERLAND CAN APPLY AND BE

ELIGIBLE BASED ON THEIR INCOME FOR A SUBSIDY TO BE APPLIED THROUGHOUT THE

YEAR TO EASE THE BURDEN OF CHILD CARE AND KEEP THEM WORKING AND/OR IN

SCHOOL. NUTRITIONAL EDUCATION FOR CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT: MOWER COUNCIL FOR THE HANDICAPPED

**Part IV** Supplemental Information

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

NAME OF ORGANIZATION OR GOVERNMENT: MOWER COUNTY SENIORS INC

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

NAME OF ORGANIZATION OR GOVERNMENT: YMCA OF AUSTIN

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

NAME OF ORGANIZATION OR GOVERNMENT:

CATHERWOOD (PARENTING RESOURCE CENTER INC)

(H) PURPOSE OF GRANT OR ASSISTANCE: HORMEL FOUNDATION GRANT - UW PASSES THROUGH GRANT

HORMEL FOUNDATION GRANT - UW PASSES THROUGH GRANT

THE HORMEL FOUNDATION APPROVES GRANTS TO ORGANIZATIONS ON AN ANNUAL BASIS. IN ORDER TO QUALIFY FOR FUNDING ORGANIZATIONS MUST RECEIVE FUNDING FROM THE UNITED WAY OF MOWER COUNTY AND BE IN GOOD STANDING.

THE HORMEL FOUNDATION PASSES THESE GRANTS THROUGH THE UNITED WAY OF MOWER COUNTY. THE PROCEDURE IS AS FOLLOWS:

1. HORMEL FOUNDATION BOARD OF DIRECTORS APPROVE GRANT AWARDS.
2. GRANT AWARDS ARE SENT TO THE UNITED WAY OF MOWER COUNTY BOARD OF DIRECTORS FOR APPROVAL.
3. HORMEL FOUNDATION SENDS GRANT DOLLARS TO THE UNITED WAY OF MOWER COUNTY. UNITED WAY THEN DEPOSITS THE MONEY AND THEN IN TURN CUTS A

**Part IV** Supplemental Information

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

Multiple horizontal lines for supplemental information.

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF MOWER COUNTY INC.

Employer identification number

41-0831896

FORM 990, PART VI, SECTION A, LINE 6: AS STATED IN THE BY-LAWS ANY

INDIVIDUAL OR BUSINESS WHO MAKES A CONTRIBUTION FOR THE CURRENT YEAR IS A  
MEMBER.

FORM 990, PART VI, SECTION A, LINE 7A: AS STATED IN THE BYLAWS ANY

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

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

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

Name of the organization UNITED WAY OF MOWER COUNTY INC.	Employer identification number 41-0831896
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MINUTES AND BOARD MEMBERS ABSTAIN FROM VOTING ON THE ISSUE WHERE THEY HAVE A CONFLICT OF INTEREST. THE ABSTENTION IS ALSO NOTED IN THE BOARD MINUTES.

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

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

FORM 990, PART VI, SECTION C, LINE 19: THE CURRENT BY-LAWS, ARTICLES OF INCORPORATION, AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC

Name of the organization <b>UNITED WAY OF MOWER COUNTY INC.</b>	Employer identification number <b>41-0831896</b>
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ON THE WEBSITE AT WWW.UWMOWER.ORG.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED GAINS ON INVESTMENTS: 3.

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

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

▶ **File a separate application for each return.**

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

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

**Electronic filing (e-file)** - You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

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

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

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

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>UNITED WAY OF MOWER COUNTY INC.</b>	Employer identification number (EIN) or <input checked="" type="checkbox"/> <b>41-0831896</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>PO BOX 605</b>	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>AUSTIN, MN 55912</b>	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**MANDI LIGHTHIZER-SCHMIDT**

- The books are in the care of ▶ **PO BOX 605 - AUSTIN, MN 55912**  
 Telephone No. ▶ **507-437-2313** FAX No. ▶ **507-437-7392**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

**1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **NOVEMBER 15, 2012**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **APR 1, 2011**, and ending **MAR 31, 2012**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

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



**IRS e-file Signature Authorization  
for an Exempt Organization**

For calendar year 2011, or fiscal year beginning APR 1, 2011, and ending MAR 31, 2012

**2011**

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **See instructions.**

Name of exempt organization

Employer identification number

**UNITED WAY OF MOWER COUNTY INC.**

**41-0831896**

Name and title of officer

**MANDI LIGHTHIZER-SCHMIDT  
EXECUTIVE DIRECTOR**

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

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

<b>1a</b> Form 990 check here	▶ <input checked="" type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990, Part VIII, column (A), line 12)	<b>1b</b>	<u>1630491</u>
<b>2a</b> Form 990-EZ check here	▶ <input type="checkbox"/>	<b>b Total revenue</b> , if any (Form 990-EZ, line 9)	<b>2b</b>	
<b>3a</b> Form 1120-POL check here	▶ <input type="checkbox"/>	<b>b Total tax</b> (Form 1120-POL, line 22)	<b>3b</b>	
<b>4a</b> Form 990-PF check here	▶ <input type="checkbox"/>	<b>b Tax based on investment income</b> (Form 990-PF, Part VI, line 5)	<b>4b</b>	
<b>5a</b> Form 8868 check here	▶ <input type="checkbox"/>	<b>b Balance Due</b> (Form 8868, Part I, line 3c or Part II, line 8c)	<b>5b</b>	

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

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2011 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize CLIFTONLARSONALLEN LLP to enter my PIN 84657  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2011 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Part III Certification and Authentication**

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

41312913129  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2011 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

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