

CLIFTONLARSONALLEN LLP  
P.O. BOX 217  
AUSTIN, MN 55912

UNITED WAY OF MOWER COUNTY INC.  
PO BOX 605  
AUSTIN, MN 55912



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CLIENT'S COPY

DRAFT



# CliftonLarsonAllen

CliftonLarsonAllen LLP  
109 North Main Street, PO Box 217  
Austin, MN 55912-0217  
507-434-7000 | fax 507-437-8997  
CLAconnect.com

MRS. DIANE BAKER  
UNITED WAY OF MOWER COUNTY, INC.  
PO BOX 605  
AUSTIN, MN 55912

DEAR MRS. BAKER,

ENCLOSED IS THE ORGANIZATION'S 2014 EXEMPT ORGANIZATION RETURN. THE STATE EXEMPT ORGANIZATION ANNUAL REPORT IS ALSO ENCLOSED. THESE SHOULD BE SIGNED, DATED, AND MAILED, AS INDICATED.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US BY NOVEMBER 16, 2015.

MINNESOTA ANNUAL REPORT RETURN:

PLEASE SIGN AND MAIL ANNUAL REPORT ON OR BEFORE FEBRUARY 15, 2016.

MAIL TO - OFFICE OF THE ATTORNEY GENERAL  
SUITE 1200, BREMER TOWER  
445 MINNESOTA STREET  
ST. PAUL, MN 55101-2130

ENCLOSE A CHECK FOR \$25 MADE PAYABLE TO STATE OF MINNESOTA. INCLUDE THE ORGANIZATION'S STATE REGISTRATION NUMBER ON THE REMITTANCE.

MINNESOTA NON-PROFIT CORPORATION ANNUAL REGISTRATION (ONLINE REGISTRATION REQUIRED)

AS PART OF THE TAX RETURN PREPARATION SERVICES THAT CLA PROVIDES TO YOU, WE HAVE CHECKED YOUR BUSINESS STANDING WITH THE MN SECRETARY OF STATE. ACCORDING TO THE MN SOS WEBSITE, YOUR BUSINESS IS IN GOOD STANDING THROUGH DECEMBER 31, 2015. HOWEVER, THE ANNUAL RENEWAL WILL NEED TO BE FILED TO MAINTAIN

YOUR GOOD STANDING FOR 2016.

IN PAST YEARS, CLA WAS ABLE TO FILE THIS RENEWAL ON YOUR BEHALF. THE MN SECRETARY OF STATE HAS CHANGED THE PROCESS FOR RENEWAL, AND NOW REQUIRES AN AUTHORIZED AGENT OF THE CORPORATION TO REGISTER WITH THE SECRETARY OF STATE IN ORDER TO FILE THE ANNUAL RENEWAL. BECAUSE OF THIS CHANGE, CLA IS NO LONGER ABLE TO FILE THE RENEWAL FOR YOU.

YOU CAN FILE THE RENEWAL ONLINE AT THE SECRETARY OF STATE'S WEBSITE - [HTTPS://MBLSPORTAL.SOS.STATE.MN.US/BUSINESS/SEARCH](https://mblsportal.sos.state.mn.us/business/search). PLEASE FILE THIS RENEWAL AS SOON AS POSSIBLE TO ENSURE A CONTINUED STATUS OF GOOD STANDING.

PLEASE NOTE:

SCHEDULE B SCHEDULE OF CONTRIBUTORS, IS OPEN TO PUBLIC INSPECTION. IN ORDER TO MAINTAIN THE CONFIDENTIALITY OF DONORS, YOU MAY REMOVE THE NAMES AND ADDRESSES OF DONORS FROM THE PUBLIC INSPECTION COPY OF YOUR TAX RETURNS.

1099 REQUIREMENTS

CURRENT INTERNAL REVENUE SERVICE REGULATIONS REQUIRE INDIVIDUALS, PARTNERSHIPS, AND CORPORATIONS TO FILE CERTAIN INFORMATION RETURNS FOR PAYMENTS OF RENT, INTEREST, CONTRACT LABOR, LEGAL FEES, OR OTHER SIMILAR PAYMENTS IN CONNECTION WITH THEIR BUSINESS. THESE FILINGS ARE REQUIRED ONLY FOR AMOUNTS PAID TO INDIVIDUALS, PARTNERSHIPS, AND ATTORNEYS. THE PAYMENTS, AS WELL AS THE PAYER'S TELEPHONE NUMBER, ARE TO BE REPORTED ON FORM 1096 AND FORM 1099 TO THE INTERNAL REVENUE SERVICE. PENALTIES MAY BE ASSESSED FOR FAILURE TO FILE THE APPROPRIATE INFORMATIONAL FILINGS BY FEBRUARY 28 OF EACH YEAR. PLEASE CONTACT OUR OFFICE IF YOUR BUSINESS MAKES ANY OF THESE PAYMENTS AND YOU WOULD LIKE OUR ASSISTANCE IN PREPARING THE NECESSARY FILINGS.

UNRELATED BUSINESS INCOME

THE INTERNAL REVENUE SERVICE IS CONTINUING ITS SCRUTINY OF TAX-EXEMPT ORGANIZATIONS ESPECIALLY IN THE AREA OF UNRELATED BUSINESS INCOME. A CORPORATE TAX WILL BE IMPOSED ON ANY NET INCOME IN EXCESS OF \$1,000 FROM A TRADE OR BUSINESS ACTIVITY THAT IS REGULARLY CARRIED ON AND NOT SUBSTANTIALLY RELATED TO CARRYING OUT THE EXEMPT PURPOSE FOR WHICH THE ORGANIZATION EXISTS. IF YOUR ORGANIZATION HAS OR WILL BE CONDUCTING AN ACTIVITY THAT FITS THIS DESCRIPTION, PLEASE CONTACT OUR OFFICE SO THAT WE CAN DETERMINE IF YOU HAVE OR WILL HAVE INCOME SUBJECT TO THIS TAX.

QUID PRO QUO CONTRIBUTIONS

UNDER SECTION 6115 OF THE INTERNAL REVENUE CODE, A CHARITABLE ORGANIZATION MUST PROVIDE A WRITTEN DISCLOSURE STATEMENT TO DONORS WHO MAKE A PAYMENT, DESCRIBED AS A "QUID PRO QUO CONTRIBUTION," IN EXCESS OF \$75. A QUID PRO QUO CONTRIBUTION IS A PAYMENT MADE PARTLY AS A CONTRIBUTION AND PARTLY FOR GOODS OR SERVICES PROVIDED TO THE DONOR BY THE CHARITY. AN

EXAMPLE OF A QUID PRO QUO CONTRIBUTION IS WHERE THE DONOR GIVES A CHARITY \$100 IN CONSIDERATION FOR A CONCERT TICKET; VALUED AT \$40. IN THIS EXAMPLE, \$60 WOULD BE DEDUCTIBLE. BECAUSE THE DONOR'S PAYMENT (QUID PRO QUO CONTRIBUTION) EXCEEDS \$75, THE DISCLOSURE STATEMENT MUST BE FURNISHED EVEN THOUGH THE DEDUCTIBLE AMOUNT DOES NOT EXCEED \$75. SEPARATE PAYMENTS OF \$75 OR LESS MADE AT DIFFERENT TIMES OF THE YEAR FOR SEPARATE FUNDRAISING EVENTS WILL NOT BE AGGREGATED FOR PURPOSES OF THE \$75 THRESHOLD. IF YOUR ORGANIZATION WILL BE CONDUCTING A FUNDRAISING EVENT OR FUND DRIVE THAT COULD RESULT IN QUID PRO QUO CONTRIBUTIONS THAT EXCEED \$75, PLEASE CONTACT OUR OFFICE SO THAT WE MAY ENSURE THAT THE DISCLOSURE CONTAINS THE REQUIRED INFORMATION.

#### GOVERNANCE POLICIES

THERE ARE MANY QUESTIONS ON THE FORM 990 ASKING ABOUT THE ORGANIZATION'S GOVERNANCE, MANAGEMENT, GOVERNANCE POLICIES AND DISCLOSURE PRACTICES. THE IRS INSTRUCTIONS SPECIFICALLY STATE THE FOLLOWING:

EVEN THOUGH GOVERNANCE, MANAGEMENT, AND DISCLOSURE POLICIES AND PROCEDURES GENERALLY ARE NOT REQUIRED UNDER THE INTERNAL REVENUE CODE, THE IRS CONSIDERS SUCH POLICIES AND PROCEDURES TO GENERALLY IMPROVE TAX COMPLIANCE. THE ABSENCE OF APPROPRIATE POLICIES AND PROCEDURES MAY LEAD TO OPPORTUNITIES FOR EXCESS BENEFIT TRANSACTIONS, INUREMENT, OPERATION FOR NON-EXEMPT PURPOSES, OR OTHER ACTIVITIES INCONSISTENT WITH EXEMPT STATUS. WHETHER A PARTICULAR POLICY, PROCEDURE, OR PRACTICE SHOULD BE ADOPTED BY AN ORGANIZATION MAY DEPEND ON THE ORGANIZATION'S SIZE, TYPE, AND CULTURE. ACCORDINGLY, IT IS IMPORTANT THAT EACH ORGANIZATION CONSIDER THE GOVERNANCE POLICIES AND PRACTICES THAT ARE MOST APPROPRIATE FOR THAT ORGANIZATION IN ASSURING SOUND OPERATIONS AND COMPLIANCE WITH TAX LAW.

FOR YOUR INFORMATION, AN EXCESS BENEFIT TRANSACTION GENERALLY MEANS THE EXCESS OF THE ECONOMIC BENEFIT RECEIVED FROM THE ORGANIZATION OVER THE CONSIDERATION GIVEN (INCLUDING SERVICES) BY A PERSON WHO WAS IN A POSITION TO EXERCISE SUBSTANTIAL INFLUENCE OVER THE AFFAIRS OF THE ORGANIZATION. BASED UPON THE ABOVE, WE RECOMMEND THAT YOUR ORGANIZATION REVIEW PAGE 6 OF THE FORM 990 AND CONSIDER ADOPTING SUCH POLICIES AND PROCEDURES IF YOU HAVE NOT ALRE

COPIES OF ALL THE RETURNS ARE ENCLOSED FOR YOUR FILES. WE  
SUGGEST THAT YOU RETAIN THESE COPIES INDEFINITELY.

SINCERELY,

DALE BUYTAERT

DRAFT

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

MARCH 31, 2015

<b>Prepared for</b>	UNITED WAY OF MOWER COUNTY INC. PO BOX 605 AUSTIN, MN 55912
<b>Prepared by</b>	CLIFTONLARSONALLEN LLP P.O. BOX 217 AUSTIN, MN 55912 507-434-7000
<b>Amount due or refund</b>	NOT APPLICABLE
<b>Make check payable to</b>	NOT APPLICABLE
<b>Mail tax return and check (if applicable) to</b>	NOT APPLICABLE
<b>Return must be mailed on or before</b>	NOT APPLICABLE
<b>Special Instructions</b>	THIS RETURN HAS QUALIFIED FOR ELECTRONIC FILING. AFTER YOU HAVE REVIEWED THE RETURN FOR COMPLETENESS AND ACCURACY, PLEASE SIGN, DATE AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL TRANSMIT THE RETURN ELECTRONICALLY TO THE IRS AND NO FURTHER ACTION IS REQUIRED. RETURN FORM 8879-EO TO US BY NOVEMBER 16, 2015.

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2014, or fiscal year beginning APR 1, 2014, and ending MAR 31, 2015

# 2014

Department of the Treasury  
Internal Revenue Service

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

▶ **Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo).**

Name of exempt organization

Employer identification number

**UNITED WAY OF MOWER COUNTY INC.**

**41-0831896**

Name and title of officer

**DIANE BAKER  
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>1,477,076.</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 2014 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 2014 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 2014 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 ▶ **\*\*\*\*\* THIS IS NOT A FILEABLE COPY \*\*\*** 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 2014 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**



Form **990**

**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

**2014**  
Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A For the 2014 calendar year, or tax year beginning APR 1, 2014 and ending MAR 31, 2015**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization UNITED WAY OF MOWER COUNTY INC. Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO BOX 605 City or town, state or province, country, and ZIP or foreign postal code AUSTIN, MN 55912 <b>F</b> Name and address of principal officer: DIANE BAKER SAME AS C ABOVE	<b>D</b> Employer identification number 41-0831896 <b>E</b> Telephone number 507-437-2313 <b>G</b> Gross receipts \$ 1,477,076. <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <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</b> Website: ▶ WWW.UWMOWER.ORG		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		
<b>L</b> Year of formation: 1958		<b>M</b> State of legal domicile: MN

**Part I Summary**

<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>TO IMPROVE LIVES BY MOBILIZING THE CARING POWER OF COMMUNITIES</b>		
<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>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	15
<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	15
<b>5</b>	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	<b>5</b>	4
<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	500
<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>7b</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)	Prior Year 1,908,046.	Current Year 1,461,537.
	<b>9</b> Program service revenue (Part VIII, line 2g)	0.	0.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,588.	1,709.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12,514.	13,830.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,922,148.	1,477,076.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,556,983.	1,359,180.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	104,640.	110,180.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 44,033.		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	234,928.	258,590.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,896,551.	1,727,950.	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	25,597.	-250,874.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year 1,740,100.	End of Year 1,613,171.
	<b>21</b> Total liabilities (Part X, line 26)	832,127.	955,716.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	907,973.	657,455.

**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 DIANE BAKER, EXECUTIVE DIRECTOR Type or print name and title	Date			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name DALE BUYTAERT	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00625088
	Firm's name ▶ CLIFTONLARSONALLEN LLP	Firm's EIN ▶ 41-0746749			
	Firm's address ▶ P.O. BOX 217 AUSTIN, MN 55912	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 or note to any line 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 \$ 1,461,088. including grants of \$ 1,359,180. ) (Revenue \$ ) UNITED WAY IMPROVES LIVES BY MOVING PEOPLE FORWARD TOWARDS COMMUNITY GOALS WHILE PROVIDING FOR THEIR BASIC NEEDS AND CONNECTING COMMUNITY MEMBERS WITH UNITED WAY SUPPORTED COMMUNITY RESOURCES.

4b (Code: ) (Expenses \$ 129,437. 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 BETWEEN 101%-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 SMART 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, 2015 UNITED WAY PROVIDED 104 SCHOLARSHIPS SO THAT CHILDREN COULD ENTER KINDERGARTEN READY TO SUCCEED.

4c (Code: ) (Expenses \$ 24,403. including grants of \$ ) (Revenue \$ 12,347. ) THE WOMENS LEADERSHIP INITIATIVE ALIGNS WOMEN'S LEADERSHIP PHILANTHROPY WITH AN URGENT COMMUNITY NEED OF ENSURING CHILDRENS BASIC NEEDS WITH PROGRAMS SUCH AS THE BACKPACK PROGRAM WHICH PROVIDED FOOD FOR OVER 200 CHILDREN FOR THE YEAR ENDING MARCCH 31, 2015 AND THE PERSONAL CARE CLOSET WHICH PROVIDES TOOTHPASTE ETC TO CHILDREN WHOSE FAMILIES CANNOT AFFORD THEM.

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

4e Total program service expenses 1,614,928.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....	X	
<b>3</b> 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
<b>4 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
<b>5</b> 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
<b>6</b> 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
<b>7</b> 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
<b>8</b> 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
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....	X	
<b>10</b> 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
<b>11</b> 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.		
<b>a</b> 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>b</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
<b>c</b> 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
<b>d</b> 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
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....		X
<b>f</b> 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	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....	X	
<b>b</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 and XII is optional</i> .....		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		X
<b>b</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
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
<b>17</b> 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
<b>18</b> 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
<b>19</b> 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
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</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 or other assistance to any domestic organization or domestic government 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 or other assistance to or for domestic individuals 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 25a</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), 501(c)(4), and 501(c)(29) 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> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <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, Part II, III, or IV, and Part 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> 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<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 11b 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 or note to any line in this Part V

Input box for Schedule O check

Main table with columns for question numbers (1a-14b), Yes, and No. Includes questions about Form 1096, Form W-2G, Form W-3, and various tax compliance items.

**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 or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	<b>1a</b> 15		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	<b>1b</b> 15		
<b>2</b>	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?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?	X	
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates?		X
<b>b</b>	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
<b>10b</b>			
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
<b>12c</b>		X	
<b>13</b>	Did the organization have a written whistleblower policy?	X	
<b>14</b>	Did the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>b</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?		
<b>16b</b>			

**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.  
 Own website     Another's website     Upon request     Other (explain in Schedule O)
- 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, address, and telephone number of the person who possesses the organization's books and records: **DIANE BAKER - 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 or note to any line in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- 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 (list any hours for related organizations below line)	(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) SHERI DANKERT DIRECTOR	1.00	X					0.	0.	0.	
(2) KIM DUNCOMB DIRECTR	1.00	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) DUANE FERAGEN DIRECTOR	1.00	X					0.	0.	0.	
(7) SARAH NUSS DIRECTOR	1.00	X					0.	0.	0.	
(8) KATY SIMMONS SECRETARY	1.00	X		X			0.	0.	0.	
(9) KRISTI STASI DIRECTOR	1.00	X					0.	0.	0.	
(10) SCOTT AAKRE VICE PRESIDENT	1.00	X		X			0.	0.	0.	
(11) MARY WEIKUM DIRECTOR	1.00	X					0.	0.	0.	
(12) DIDACUS GUZMAN DIRECTOR	1.00	X					0.	0.	0.	
(13) PAUL KUEHNEMAN PRESIDENT	1.00	X		X			0.	0.	0.	
(14) GEMA ALVARADO DIRECTOR	1.00	X					0.	0.	0.	
(15) KATIE BASKIN DIRECTOR	1.00	X					0.	0.	0.	
(16) DIANE BAKER - PART YEAR EXECUTIVE DIRECTOR	40.00			X			36,596.	0.	1,300.	





**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514		
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b> 870,038.						
	<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> 591,499.						
	<b>g</b> Noncash contributions included in lines 1a-1f: \$	13,274.						
	<b>h Total.</b> Add lines 1a-1f .....	▶ 1,461,537.						
<b>Program Service Revenue</b>	<b>2 a</b> _____ <b>Business Code</b>							
	<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 .....	▶						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....	▶ 1,709.				1,709.		
	<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>						
		<b>b</b> Less: direct expenses .....	<b>b</b>					
		<b>c</b> Net income or (loss) from fundraising events .....	▶					
	<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		<b>Business Code</b>						
<b>11 a</b> WLI EVENT REVENUE	900099	12,347.	12,347.					
<b>b</b> OTHER REVENUE	900099	1,483.				1,483.		
<b>c</b> _____								
<b>d</b> All other revenue .....								
<b>e Total.</b> Add lines 11a-11d .....	▶	13,830.						
<b>12 Total revenue.</b> See instructions. .....	▶	1,477,076.	12,347.	0.		3,192.		

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line 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 domestic organizations and domestic governments. See Part IV, line 21	1,359,180.	1,359,180.		
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	37,896.	19,706.	15,158.	3,032.
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	66,458.	34,558.	26,584.	5,316.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	599.	311.	240.	48.
10 Payroll taxes	5,227.	2,719.	2,090.	418.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	6,081.		6,081.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	2,944.	1,472.		1,472.
13 Office expenses	7,930.	3,172.	2,380.	2,378.
14 Information technology	4,047.	1,618.	1,214.	1,215.
15 Royalties				
16 Occupancy	16,800.	6,720.	5,040.	5,040.
17 Travel	221.	89.	66.	66.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,387.	2,387.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,761.	1,505.	1,128.	1,128.
23 Insurance	2,140.	856.	642.	642.
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>	129,437.	129,437.		
b <b>WLI BACKPACK</b>	35,587.	24,403.	2,326.	8,858.
c <b>DUES AND SUBSCRIPTIONS</b>	12,135.	4,854.	3,640.	3,641.
d <b>BOARD APPROVED GRANTS</b>	10,640.	10,640.		
e All other expenses	24,480.	11,301.	2,400.	10,779.
25 <b>Total functional expenses.</b> Add lines 1 through 24e	1,727,950.	1,614,928.	68,989.	44,033.
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**

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

		(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 .....	921,742.	<b>2</b>	930,988.
	<b>3</b> Pledges and grants receivable, net .....	802,796.	<b>3</b>	663,663.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other 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> Loans and other 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 instr). Complete Part II of Sch L .....		<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 .....	2,630.	<b>9</b>	2,670.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 36,386.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 25,725.	12,569.	<b>10c</b> 10,661.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	4,264.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<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 .....	363.	<b>15</b>	925.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	1,740,100.	<b>16</b>	1,613,171.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	8,652.	<b>17</b>	6,902.
	<b>18</b> Grants payable .....	823,475.	<b>18</b>	948,814.
	<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> Loans and other 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 .....	832,127.	<b>26</b>	955,716.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	410,125.	<b>27</b>	417,340.
	<b>28</b> Temporarily restricted net assets .....	497,848.	<b>28</b>	240,115.
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>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 .....	907,973.	<b>33</b>	657,455.	
<b>34</b> Total liabilities and net assets/fund balances .....	1,740,100.	<b>34</b>	1,613,171.	

**Part 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	1,477,076.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,727,950.
3	Revenue less expenses. Subtract line 2 from line 1	3	-250,874.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	907,973.
5	Net unrealized gains (losses) on investments	5	356.
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 in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	657,455.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2014)



**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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	1,541,692.	1,597,774.	1,407,997.	1,908,046.	1,461,537.	7,917,046.
<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 .....	1,541,692.	1,597,774.	1,407,997.	1,908,046.	1,461,537.	7,917,046.
<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) .....						3,829,323.
<b>6 Public support.</b> Subtract line 5 from line 4.						4,087,723.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>7</b> Amounts from line 4 .....	1,541,692.	1,597,774.	1,407,997.	1,908,046.	1,461,537.	7,917,046.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	6,784.	3,474.	2,905.	1,841.	1,709.	16,713.
<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 VI.) .....	10,767.	9,591.	668.	12,514.	1,483.	35,023.
<b>11 Total support.</b> Add lines 7 through 10						7,968,782.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	58,600.
<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 2014 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	51.30 %
<b>15</b> Public support percentage from 2013 Schedule A, Part II, line 14 .....	<b>15</b>	45.42 %
<b>16a 33 1/3% support test - 2014.</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 - 2013.</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 - 2014.</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 VI 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 - 2013.</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 VI 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"/>	

Schedule A (Form 990 or 990-EZ) 2014

**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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI.) .....						
<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 2014 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2013 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2013 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2014.** 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 - 2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
<b>c</b> 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)? <i>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.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI</b> .		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

**Section D. Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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 <b>Part VI</b> 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.		
<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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 1-1/2% 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 .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

**Part V** Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2014 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
<b>1</b> Distributable amount for 2014 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2014:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b> From 2013			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2014 distributable amount			
<b>i</b> Carryover from 2009 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2014 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2014 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
<b>6</b> Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7 Excess distributions carryover to 2015.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> Excess from 2013			
<b>e</b> Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

Lined area for supplemental information with a large diagonal 'DRAFT' watermark.



**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Name of the organization

UNITED WAY OF MOWER COUNTY INC.

Employer identification number

41-0831896

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during 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, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization <b>UNITED WAY OF MOWER COUNTY INC.</b>	Employer identification number <b>41-0831896</b>
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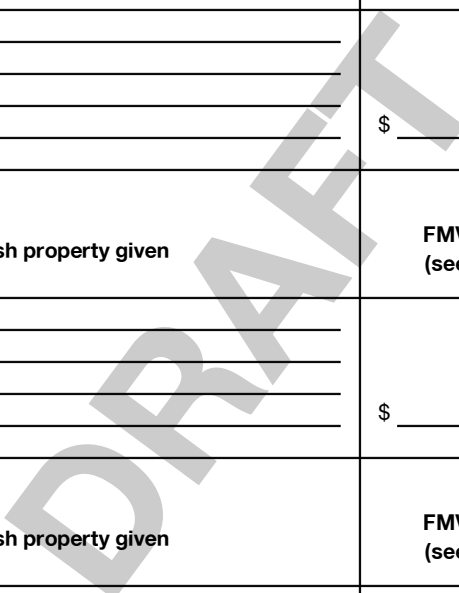
**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	HORMEL FOUNDATION  301 NORTH MAIN STREET  AUSTIN, MN 55912	\$ 593,597.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>UNITED WAY OF MOWER COUNTY INC.</b>	Employer identification number  <b>41-0831896</b>
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**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
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	





Name of organization <b>UNITED WAY OF MOWER COUNTY INC.</b>	Employer identification number <b>41-0831896</b>
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**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. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
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" to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for public use, natural habitat, open space, historic area, historic structure). 2. Conservation contribution table (2a-2d). 3. Number of easements modified. 4. Number of states. 5. Written policy question. 6. Staff and volunteer hours. 7. Expenses incurred. 8. Section 170(h)(4)(B)(i) question. 9. Reporting requirements.

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.

Form with multiple sections: 1a. Footnote for public exhibition. 1b. Reporting amounts for art collections (i) Revenue, (ii) Assets. 2. Reporting amounts for financial gain (a) Revenue, (b) Assets.

**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 XIII.

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 XIII and complete the following table:

	Amount
c Beginning balance	
d Additions during the year	412,175.
e Distributions during the year	412,175.
f Ending balance	0.

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**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		
(ii) related organizations		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?		

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

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. 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		36,386.	25,725.	10,661.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				10,661.

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 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)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	1,065,257.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	356.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d	2e	356.	
3	Subtract line 2e from line 1		3	1,064,901.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	412,175.	
c	Add lines 4a and 4b	4c	412,175.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	1,477,076.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	1,315,775.
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 XIII.)	2d		
e	Add lines 2a through 2d	2e	0.	
3	Subtract line 2e from line 1		3	1,315,775.
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 XIII.)	4b	412,175.	
c	Add lines 4a and 4b	4c	412,175.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	1,727,950.

**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 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 IV, LINE 2B:**

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

**Part XIII** Supplemental Information (continued)

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 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, 2015.

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

PART XI, LINE 4B - OTHER ADJUSTMENTS:

PASS-THROUGH GRANTS FROM THE HORMEL FOUNDATION 412,175.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

PASS-THROUGH GRANTS FROM THE HORMEL FOUNDATION 412,175.

**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.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

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 Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADAMS AREA AMBULANCE SERVICE 16 EAST MAIN STREET, PO BOX 79 ADAMS, MN 55909	41-1822847	501(C)(3)	5,000.	0.			EMT TRAINING AND RE-CERTIFICATION
AMERICAN RED CROSS - MOWER COUNTY LOCATION - 305 4TH AVENUE NW - AUSTIN, MN 55912	41-0731419	501(C)(3)	20,000.	0.			HEALTH & SAFETY EDUCATION, BLOOD AND DISASTER SERVICES
APPLE LANE COMMUNITY CHILD CARE 1900 8TH AVE NW ROCHESTER, MN 55912	41-1889518	501(C)(3)	61,500.	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)	75,000.	0.			ADVOCACY, RECREATION, AND TRANSPORTATION FOR PEOPLE WITH DISABILITIES
CEDAR BRANCH DEVELOPMENTAL ACHIEVEMENT CENTER INC - PO BOX 316 - ADAMS, MN 55909	41-1311051	501(C)(3)	98,500.	0.			SOCIAL SKILLS, THERAPY AND WORK PROGRAMS FOR PEOPLE WITH DISABILITIES
CEDAR VALLEY SERVICES INC 2111 4TH STREET NW AUSTIN, MN 55912	41-0870082	501(C)(3)	30,000.	0.			COMMUNITY BASED EMPLOYMENT AND TRANSPORTATION FOR PEOPLE WITH DISABILITIES

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **22.**

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) (2014)

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
CHILDRENS DENTAL HEALTH SERVICES 903 W CENTER STREET ROCHESTER, MN 55902	20-3677586	501(C)(3)	40,974.	0.			TEETH CLEANING AND PREVENTION PROGRAMS 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)	30,000.	0.			SEXUAL ASSAULT AND DOMESTIC VIOLENCE ADVOCACY AS WELL AS ASSISTANCE TO VICTIMS OF
HORMEL HISTORIC HOME INC 208 4TH AVENUE NW AUSTIN, MN 55912	41-0705219	501(C)(3)	22,500.	0.			EDUCATIONAL PROGRAMS & DAY CAMP FOR CHILDREN WITH AUTISM
MOWER COUNCIL FOR THE HANDICAPPED 111 NORTH MAIN STREET AUSTIN, MN 55912	41-1505345	501(C)(3)	53,400.	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)	6,000.	0.			MENTORING PROGRAM FOR CHILDREN
MOWER COUNTY SENIORS INC 400 3RD AVENUE NE AUSTIN, MN 55912	41-1267614	501(C)(3)	51,600.	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)	86,500.	0.			EMERGENCY AND SICK CHILD CARE, SPECIALTY LIBRARY, PARENT MENTOR PROGRAM, HOTLINE FOR PARENTS, SAFE
SALVATION ARMY 2445 PRIOR AVENUE N ROSEVILLE, MN 55113	41-0698597	501(C)(3)	101,000.	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)	20,000.	0.			LEGAL SERVICES FOR LOW-INCOME PEOPLE

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
TWIN VALLEY BOY SCOUTS OF AMERICA COUNCIL - 724 MADISON AVENUE - MANKATO, MN 56001	41-6079300	501(C)(3)	20,000.	0.			EDUCATIONAL AND LEADERSHIP PROGRAMS FOR BOYS
WELCOME CENTER INC 308 4TH AVENUE NW, SUITE 100-2 AUSTIN, MN 55912	41-1978031	501(C)(3)	50,000.	0.			ADVOCACY, EDUCATION AND EMPLOYMENT PROGRAMS FOR NEW IMMIGRANTS
YMCA OF AUSTIN 704 1ST DRIVE NW AUSTIN, MN 55912	41-0718359	501(C)(3)	59,500.	0.			LOW-COST MEMBERSHIP FOR CHILDREN, FINANCIAL ASSISTANCE FOR FAMILIES AND AFTER-SCHOOL
PARENTING RESOURCE CENTER INC 301 NORTH MAIN STREET AUSTIN, MN 55912	41-1307920	501(C)(3)	85,000.	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)	100,000.	0.			HORMEL FOUNDATION GRANT - UW PASSES THROUGH GRANT
SEMCAC PO BOX 549 RUSHFORD, MN 55971	41-6005848	501(C)(3)	30,000.	0.			SENIOR NUTRITION & MORTGAGE/RENT ASSISTANCE
GIRL SCOUTS OF MINNESOTA AND WISCONSIN RIVER VALLEYS - 400 ROBERT STREET SOUTH - ST PAUL, MN 55107	41-0693910	501(C)(3)	20,000.	0.			AFTER SCHOOL PROGRAM FOR GIRLS FOCUSED ON COLLEGE READINESS
HABITAT FOR HUMANITY 800 7TH AVE NE AUSTIN, MN 55912	41-1681709	501(C)(3)	25,200.	0.			BUILDING A HOME
WORKFORCE DEVELOPMENT 1600 8TH AVE NW AUSTIN, MN 55912	41-1484613	501(C)(3)	30,000.	0.			JOB COACHING FOR INDIVIDUALS COMING OFF OF ASSISTANCE.

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
APPLE LANE COMMUNITY CHILD CARE 1900 8TH AVE NW AUSTIN, MN 55912	41-1889518	501(C)(3)	17,200.	0.			HORMEL FOUNDATION GRANT - UW PASSES THROUGH GRANT
CHILDREN'S DENTAL HEALTH SERVICES 903 W CENTER STREET ROCHESTER, MN 55902	20-2677586	501(C)(3)	68,000.	0.			HORMEL FOUNDATION GRANT - UW PASSES THROUGH GRANT
ARC MOWER COUNTY 709 N MAIN STREET AUSTIN, MN 55912	41-0746994	501(C)(3)	21,500.	0.			HORMEL FOUNDATION GRANT - UW PASSES THROUGH GRANT
GIRL SCOUTS OF MINNESOTA AND WISCONSIN RIVER VALLEYS - 400 ROBERT STREET SOUTH - ST PAUL, MN 55107	41-0693910	501(C)(3)	20,000.	0.			HORMEL FOUNDATION GRANT - UW PASSES THROUGH GRANT
TWIN VALLEY BOY SCOUTS OF AMERICA COUNCIL - 724 MADISON AVENUE - MANKATO, MN 56001	41-6079300	501(C)(3)	15,000.	0.			HORMEL FOUNDATION GRANT - UW PASSES THROUGH GRANT
MOWER COUNTY SENIORS 400 3RD AVENUE NE AUSTIN, MN 55912	41-1267614	501(C)(3)	24,923.	0.			HORMEL FOUNDATION GRANT - UW PASSES THROUGH GRANT
HABITAT FOR HUMANITY 1415 1ST AVE SW AUSTIN, MN 55912	41-1681709	501(C)(3)	52,000.	0.			HORMEL FOUNDATION GRANT - UW PASSES THROUGH GRANT
HORMEL HISTORIC HOME INC 208 4TH AVENUE NW AUSTIN, MN 55912	41-0705219	501(C)(3)	8,552.	0.			HORMEL FOUNDATION GRANT - UW PASSES THROUGH GRANT

**Part III Grants and Other Assistance to Domestic Individuals.** 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.** Provide the information required in Part I, line 2, Part III, column (b), 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. PROGRAM TO TEACH HEALTHY EATING HABITS TO CHILDREN.

NAME OF ORGANIZATION OR GOVERNMENT:

**Part IV Supplemental Information**

CRIME VICTIM'S RESOURCE CENTER-MAYO CLINIC HEALTH SYSTEM-AUSTIN

(H) PURPOSE OF GRANT OR ASSISTANCE: SEXUAL ASSAULT AND DOMESTIC VIOLENCE  
ADVOCACY AS WELL AS ASSISTANCE TO VICTIMS OF CRIME

NAME OF ORGANIZATION OR GOVERNMENT: MOWER COUNCIL FOR THE HANDICAPPED

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

NAME OF ORGANIZATION OR GOVERNMENT: MOWER COUNTY SENIORS INC

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

NAME OF ORGANIZATION OR GOVERNMENT: PARENTING RESOURCE CENTER INC

(H) PURPOSE OF GRANT OR ASSISTANCE: EMERGENCY AND SICK CHILD CARE,  
SPECIALTY LIBRARY, PARENT MENTOR PROGRAM, HOTLINE FOR PARENTS, SAFE  
EXCHANGES AND SUPERVISED VISITATION SERVICES

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, PROGRAMS  
FOR CHILDREN

SCHEDULE I, PART 1, LINE 2

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

**Part IV** Supplemental Information

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 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.

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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

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 WITHIN THIRTY DAYS OF FISCAL CLOSE.  
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

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

Schedule O (Form 990 or 990-EZ) (2014)

432211  
08-27-14

Name of the organization

UNITED WAY OF MOWER COUNTY INC.

Employer identification number

41-0831896

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

FORM 990, PART VI, SECTION B, LINE 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 SPECIALIST AND PROJECT 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. 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

432212  
08-27-14

Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization UNITED WAY OF MOWER COUNTY INC.	Employer identification number 41-0831896
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STATEMENTS ARE AVAILABLE TO THE PUBLIC ON THE WEBSITE AT WWW.UWMOWER.ORG.

FORM 990, PART XII, LINE 2C:

FORM 990, PART XII, 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.

DRAFT



# TAX RETURN FILING INSTRUCTIONS

MINNESOTA ANNUAL REPORT

FOR THE YEAR ENDING

MARCH 31, 2015

<b>Prepared for</b>	UNITED WAY OF MOWER COUNTY INC. PO BOX 605 AUSTIN, MN 55912
<b>Prepared by</b>	CLIFTONLARSONALLEN LLP P.O. BOX 217 AUSTIN, MN 55912 507-434-7000
<b>Mail tax return to</b>	OFFICE OF THE ATTORNEY GENERAL SUITE 1200, BREMER TOWER 445 MINNESOTA STREET ST. PAUL, MN 55101-2130
<b>Return must be mailed on or before</b>	FEBRUARY 15, 2016
<b>Special Instructions</b>	THE REPORT SHOULD BE SIGNED AND DATED BY THE AUTHORIZED INDIVIDUAL(S).  ENCLOSE A CHECK FOR \$25 MADE PAYABLE TO STATE OF MINNESOTA. INCLUDE THE ORGANIZATION'S MINNESOTA CHARITABLE ORGANIZATION NUMBER AND ANNUAL REPORT ON THE REMITTANCE.

STATE OF MINNESOTA

CHARITABLE ORGANIZATION INITIAL REGISTRATION & ANNUAL REPORT FORM

ATTORNEY GENERAL LORI SWANSON
SUITE 1200, BREMER TOWER
445 MINNESOTA STREET
ST. PAUL, MN 55101-2130
(651) 757-1311
(651) 296-1410 (TTY)
www.ag.state.mn.us

[X] Annual Reporting [ ] Initial Registration

FEDERAL EIN NUMBER: 41-0831896

FOR YEAR ENDING: 03/31/2015

SECTION A: REQUIRED INFORMATION FOR INITIAL REGISTRATION & ANNUAL REPORTING

1. Legal Name of Organization: UNITED WAY OF MOWER COUNTY INC.

If annual reporting, is this a new name since the organization's last filing? [ ] Yes [X] No

If so, please state former name:

2. List all names under which the organization solicits contributions: UNITED WAY OF MOWER COUNTY INC.

3. Mailing Address of Organization (required) PO BOX 605 AUSTIN, MN 55912 Physical Address of Organization (required) PO BOX 605 AUSTIN, MN 55912

4. Contact Person DIANE BAKER Tel. No. 507-437-2313 E-mail UNITEDDB@SMIG.NET Fax No. 507-437-7392

5. Does the organization use the services of a professional fund-raiser (outside solicitor or consultant)? [ ] Yes [X] No

If so, provide name and address of any outside professional fund-raiser employed by the organization and state the total amount of compensation each outside fund-raiser received from the filing organization during the year. Attach schedule if more than one.

Name Address City State ZIP Compensation

6. a) Does this professional fund-raiser solicit or consult in Minnesota? [ ] Yes [ ] No

b) Is this professional fund-raiser registered to solicit or consult in Minnesota? [ ] Yes [ ] No

7. Month and day accounting year ends: 03/31

8. Has the organization included the filing fee, late fee (if any) and all attachments required by the instructions? [X] Yes [ ] No

Office Use Only: [ ] ARF [ ] \$25 [ ] \$50 [ ] N (e-Postcard) [ ] 990 [ ] EZ [ ] PF [ ] FES [ ] SIG [ ] BD [ ] SAL [ ] Audit

9. This Section A(9) must be completed by organizations filing a 990-N (e-Postcard) or organizations whose filing does not contain the information requested below. This includes organizations that: 1) do not file an IRS Form 990, 2) file an IRS Form 990-EZ or 990-PF, or 3) organizations that file a group return that does not include the filing organization's individual financial information.

**INCOME**

Contributions from the public	\$	<u>1,461,537.</u>
Government Grants	\$	<u>0.</u>
Other revenue	\$	<u>15,539.</u>
<b>TOTAL REVENUE</b>	\$	<u><b>1,477,076.</b></u>

EXCESS or DEFICIT	\$	<u>-250,874.</u>
TOTAL Assets	\$	<u>1,613,171.</u>
TOTAL Liabilities	\$	<u>955,716.</u>

**END OF YEAR FUND BALANCE/NET WORTH** (Assets minus Liabilities) \$ 657,455.

DRAFT

**SECTION C: REQUIRED FOR ANNUAL REPORTING ONLY**

*ALL Annual Report filers MUST complete questions 1-6*

1. Has the organization's accounting year changed since the last report was filed?  Yes  No  
 If yes, provide the new year-end date: \_\_\_\_\_

2. **Attach** an explanation if there has been any change in the organization's tax status with the Internal Revenue Service; a significant change in the purposes of the organization; or if the organization's right to solicit funds has been denied, suspended, revoked or enjoined by any state agency or court in any state, or if there are proceedings pending.  None  Attached

3. List of the five highest paid directors, officers, and employees of the organization and its related organizations, as that term is defined by section 317A.011, subdivision 18, that receive total compensation of more than \$100,000, together with the compensation paid to each. For purposes of this subdivision, "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. The value of fringe benefits and deferred compensation paid by the charitable organization and all related organizations as that term is defined by section 317A.011, subdivision 18, shall also be reported as a separate item for each person whose compensation is required to be reported pursuant to this subdivision.

	Name/Title	Compensation	Deferred Compensation	Fringe Benefits
1				
2				
3				
4				
5				

4. **Attach** a list of organization's board of directors.  Attached  Included in IRS return

5. **Attach a GAAP audit** if total revenue exceeds \$750,000.  Attached  
 Audit not included under the Food Shelf Exemption (excluding from total revenue the value of food donated to a nonprofit food shelf for redistribution at no cost).  Audit not required

6. Minnesota law requires that an organization file a copy of all tax or informational returns filed with the IRS, including IRS Form 990-N (e-Postcard), 990, 990-EZ, or 990-PF, including all schedules and amendments. Has the organization included with this annual report a copy of all tax or informational returns, including IRS Form 990-N (e-Postcard), 990, 990-EZ or 990-PF that it filed with the IRS (excluding Schedule B or any other donor list)?  Yes  No (Not required to file a return with IRS or files a group return).

*NOTE: By answering YES to the above question, you are attesting that the IRS informational return filed with this office is an exact copy, including all schedules and attachments, of the IRS informational return filed with the IRS (excluding Schedule B or any other donor list the IRS may require).*

7. This Section C(7) must be completed by organizations that: 1) do not file an informational return with the IRS; 2) file a 990-N (e-Postcard), 990-EZ, or 990-PF; 3) file a group return that does not include the filing organization's functional expense information; or 4) file an IRS Form 990 that does not contain a completed functional expenses statement within the IRS Form 990.

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

Must be prepared in accordance with generally accepted accounting principles.  
For 990-EZ filers: Column A, Line 25 should equal line 17 IRS Form 990-EZ  
For 990-PF filers: Column A, Line 25 should equal line 26 IRS Form 990-PF  
The total of Column A, lines 1 through 24d should equal line 25a.  
The total of lines 25b, 25c and 25d, should equal line 25a

**SECTION D: REQUIRED FOR INITIAL REGISTRATION & ANNUAL REPORTING**

**BOARD OF DIRECTORS  
SIGNATURES AND ACKNOWLEDGMENT**

We, the undersigned, state and acknowledge that we are duly constituted officers of this organization, being the

EXECUTIVE DIRECTOR \_\_\_\_\_ (Title) and PRESIDENT \_\_\_\_\_ (Title) respectively, and

that we execute this document on behalf of the organization pursuant to the resolution of the

BOARD OF DIRECTORS \_\_\_\_\_ (Board of Directors, Trustees, or Managing Group) adopted on the \_\_\_\_\_

day of \_\_\_\_\_, 20 \_\_\_\_, approving the contents of the document, and do hereby certify that the

BOARD OF DIRECTORS \_\_\_\_\_ (Board of Directors, Trustees, or Managing Group) has assumed, and will continue

to assume, responsibility for determining matters of policy, and have supervised, and will continue to supervise, the finances of the organization. We

further state that the information supplied is true, correct and complete to the best of our knowledge.

DIANE BAKER  
Name (Print)

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

EXECUTIVE DIRECTOR  
Title

PRESIDENT  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**\* NOTICE \***

**Documents required to be filed are public records. Please do not include social security numbers, driver's license numbers or bank account numbers on the documents filed with this Office as they are not required, but could become part of the public records. A charitable organization is not required to file a list of its donors. If it is included, it may become part of the public file.**

AG: #3124563-v1