

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

Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 04-01-2018, and ending 03-31-2019

- B** Check if applicable
- Address change
 - Name change
 - Initial return
 - Final return/terminated
 - Amended return
 - Application pending

C Name of organization
UNITED WAY OF OLMSTED COUNTY INC

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
903 WEST CENTER STREET NO 100

City or town, state or province, country, and ZIP or foreign postal code
ROCHESTER, MN 55902

D Employer identification number
41-0695594

E Telephone number
(507) 287-2000

G Gross receipts \$ 3,915,872

F Name and address of principal officer
DAVID OETH
903 WEST CENTER STREET NO 100
ROCHESTER, MN 55902

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ WWW UWOLMSTED ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1925

M State of legal domicile MN

Part I Summary

1 Briefly describe the organization's mission or most significant activities
UNITING PEOPLE AND RESOURCES TO IMPROVE PEOPLE'S LIVES IN OUR COMMUNITY

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

3 Number of voting members of the governing body (Part VI, line 1a)	20
4 Number of independent voting members of the governing body (Part VI, line 1b)	20
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	17
6 Total number of volunteers (estimate if necessary)	969
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	3,684,610	3,475,197
9 Program service revenue (Part VIII, line 2g)	52,311	56,689
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	74,427	86,900
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	36,065	106,763
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,847,413	3,725,549
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,382,727	2,439,022
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	956,134	1,029,388
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 409,869		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	353,836	322,975
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	3,692,697	3,791,385
19 Revenue less expenses Subtract line 18 from line 12	154,716	-65,836
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	5,412,803	5,225,563
21 Total liabilities (Part X, line 26)	1,103,367	1,009,734
22 Net assets or fund balances Subtract line 21 from line 20	4,309,436	4,215,829

Part II Signature Block

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

Sign Here

Signature of officer: ***** Date: 2019-08-14

TORY JOHNSON BOARD CHAIR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date 2019-08-14 Check if self-employed PTIN P01961862

Firm's name ▶ SMITH SCHAFFER AND ASSOC LTD Firm's EIN ▶ 41-1489071

Firm's address ▶ 220 SOUTH BROADWAY SUITE 102 Phone no (507) 288-3277
ROCHESTER, MN 55904

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

UNITED WAY OF OLMSTED COUNTY IS AN AGENT OF COMMUNITY CHANGE THAT INSPIRES HOPE, CREATES OPPORTUNITY, AND CHAMPIONS PEOPLE IN NEED

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

If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 1,644,289 including grants of \$ 1,644,289) (Revenue \$ 56,689)
See Additional Data

4b (Code) (Expenses \$ 513,613 including grants of \$ 202,508) (Revenue \$)
See Additional Data

4c (Code) (Expenses \$ 592,225 including grants of \$ 592,225) (Revenue \$ 3,957)
See Additional Data

(Code) (Expenses \$ 337,600 including grants of \$ 0) (Revenue \$ 91,517)
COMMUNITY IMPACT, ADVOCACY, GRANT MAKING, CAPACITY BUILDING AND RESULT TRACKING EXPENSES INCURRED BY THE ORGANIZATION TO ASSESS COMMUNITY NEEDS, PROVIDE OUTCOME MEASUREMENT TRAINING TO VARIOUS ENTITIES IN THE COMMUNITY, PROVIDE PROGRAM ASSESSMENT, REVIEW AND SELECTION, ADMINISTER GRANTS, PROVIDE FINANCIAL AND STEWARDSHIP OVERSIGHT OF GRANT RECIPIENTS, PROVIDE CAPACITY BUILDING FOR AGENCIES, ADVOCATE FOR CAUSES, AND PARTICIPATE IN COMMUNITY PARTNERSHIPS TO ADVANCE COMMON GOALS IN THE FOUR FOCUSED AREAS

4d Other program services (Describe in Schedule O)
(Expenses \$ 337,600 including grants of \$ 0) (Revenue \$ 91,517)

4e Total program service expenses ▶ 3,087,727

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political campaign activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

		Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. 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>	25a	No
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>	25b	No
26	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>	26	No
27	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>	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c	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>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	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>	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34	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>	34	No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
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>	35b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	5
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	17		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b		Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a			No
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>		3b			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a			No
b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a			No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b			No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c			
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a			No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b			
7 Organizations that may receive deductible contributions under section 170(c).					
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a		Yes	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		Yes	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c			No
d If "Yes," indicate the number of Forms 8282 filed during the year		7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e			No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f			No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		Yes	
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8			
9a Did the sponsoring organization make any taxable distributions under section 4966?		9a			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b			
10 Section 501(c)(7) organizations. Enter					
a Initiation fees and capital contributions included on Part VIII, line 12		10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b			
11 Section 501(c)(12) organizations. Enter					
a Gross income from members or shareholders		11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O		13a			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		13b			
c Enter the amount of reserves on hand		13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a			No
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>		14b			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N		15			No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O		16			No

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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

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

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b 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?

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed; 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply; 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.

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, or 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 dotted 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) SHAMILA AMARASEKERA DIRECTOR	1 00	X						0	0	0
(2) OMAR NUR DIRECTOR	1 00	X						0	0	0
(3) EMILY COLBENSON DIRECTOR	1 00	X						0	0	0
(4) JAMIE ROTHE DIRECTOR	1 00	X						0	0	0
(5) JEFF HAZARD TREASURER	2 00	X		X				0	0	0
(6) TORY JOHNSON CHAIR	3 00	X		X				0	0	0
(7) KIM SIN DIRECTOR	1 00	X						0	0	0
(8) DAVID OETH VICE CHAIR	2 00	X		X				0	0	0
(9) ANGELA PUFFER DIRECTOR	1 00	X						0	0	0
(10) DIANE WOTTRENG DIRECTOR	1 00	X						0	0	0
(11) DONNA LUN DIRECTOR	1 00	X						0	0	0
(12) LINDSEY LEHMAN DIRECTOR	1 00	X						0	0	0
(13) GREG GRIFFITHS DIRECTOR	1 00	X						0	0	0
(14) MELISSA JOHNSON DIRECTOR	1 00	X						0	0	0
(15) PAUL TIESKOETTER DIRECTOR	1 00	X						0	0	0
(16) CHAD DECOOK DIRECTOR	1 00	X						0	0	0
(17) JOHN ECKERMAN DIRECTOR	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
(18) SASHA GENTLING DIRECTOR	1 00	X						0	0	0
(19) MARK HETTINGER DIRECTOR	1 00	X						0	0	0
(20) SANDRA MEANS DIRECTOR	1 00	X						0	0	0
(21) JEROME FERSON PRESIDENT	38 00			X				133,547	0	21,590
(22) DALE O'GROSKE CHIEF FINANCIAL OFFICER	38 00			X				71,358	0	21,747
1b Sub-Total ▶										
1c Total from continuation sheets to Part VII, Section A ▶										
1d Total (add lines 1b and 1c) ▶										
							204,905	0	43,337	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 1

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 44,151			
	b Membership dues	1b			
	c Fundraising events	1c 20,883			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 3,410,163			
	g Noncash contributions included in lines 1a - 1f \$ <u>66,819</u>				
h Total. Add lines 1a-1f		3,475,197			

Program Service Revenue			Business Code			
	2a PROGRAM SERVICES		624100	56,689	56,689	
b _____						
c _____						
d _____						
e _____						
f All other program service revenue						
g Total. Add lines 2a-2f			56,689			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			86,900			86,900	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6a Gross rents	(i) Real	(ii) Personal					
			162,579					
		b Less rental expenses		151,290				
		c Rental income or (loss)		11,289				
	d Net rental income or (loss)				11,289		11,289	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		b Less cost or other basis and sales expenses						
		c Gain or (loss)						
	d Net gain or (loss)							
	8a Gross income from fundraising events (not including \$ <u>20,883</u> of contributions reported on line 1c) See Part IV, line 18	a						
		b Less direct expenses	b		39,033			
c Net income or (loss) from fundraising events				0				
9a Gross income from gaming activities See Part IV, line 19	a							
	b Less direct expenses	b						
	c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a							
	b Less cost of goods sold	b						
	c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code						
11a UNCOLLECTED PLEDGES		624100	91,517	91,517				
b COST RECOVERY FEES		624100	3,957	3,957				
c _____								
d All other revenue								
e Total. Add lines 11a-11d			95,474					
12 Total revenue. See Instructions			3,725,549	152,163	0	98,189		

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	2,236,514	2,236,514		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	202,508	202,508		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	248,244	121,984	50,148	76,112
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.	581,377	290,568	114,111	176,698
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	40,443	17,496	9,936	13,011
9 Other employee benefits.	99,024	44,410	21,636	32,978
10 Payroll taxes.	60,300	31,371	12,117	16,812
11 Fees for services (non-employees):				
a Management.				
b Legal.	67		67	
c Accounting.	20,461		20,461	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	9,866		9,818	48
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).				
12 Advertising and promotion.	47,602	17,554	3,209	26,839
13 Office expenses.	21,493	2,856	6,323	12,314
14 Information technology.	50,760	19,433	14,624	16,703
15 Royalties.				
16 Occupancy.	52,636	32,323	9,026	11,287
17 Travel.	12,551	5,222	3,660	3,669
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	20,157	12,400	1,647	6,110
20 Interest.				
21 Payments to affiliates.	36,754	20,191	5,207	11,356
22 Depreciation, depletion, and amortization.	5,880	2,226	2,359	1,295
23 Insurance.	11,439	1,858	8,553	1,028
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 PROGRAM EXPENSES	21,732	21,732		
b MISCELLANEOUS	11,577	7,081	887	3,609
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	3,791,385	3,087,727	293,789	409,869
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" 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 IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	300	1	232
	2 Savings and temporary cash investments	617,921	2	453,386
	3 Pledges and grants receivable, net	1,939,715	3	1,875,953
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 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 instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	37,303	9	54,214
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	1,910,574		
	b Less accumulated depreciation	1,301,017		
		570,323	10c	609,557
	11 Investments—publicly traded securities	2,247,241	11	2,232,221
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets See Part IV, line 11		15		
16 Total assets. Add lines 1 through 15 (must equal line 34)	5,412,803	16	5,225,563	
Liabilities	17 Accounts payable and accrued expenses	44,276	17	45,235
	18 Grants payable	397,680	18	401,196
	19 Deferred revenue	26,808	19	19,070
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 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		22	
	23 Secured mortgages and notes payable to unrelated third parties	11,847	23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 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	622,756	25	544,233
	26 Total liabilities. Add lines 17 through 25	1,103,367	26	1,009,734
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,509,416	27	1,646,587
	28 Temporarily restricted net assets	2,800,020	28	2,569,242
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	4,309,436	33	4,215,829	
34 Total liabilities and net assets/fund balances	5,412,803	34	5,225,563	

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	3,725,549
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,791,385
3	Revenue less expenses Subtract line 2 from line 1	3	-65,836
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,309,436
5	Net unrealized gains (losses) on investments	5	-27,771
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	4,215,829

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 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
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 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?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 41-0695594

Name: UNITED WAY OF OLMSTED COUNTY INC

Form 990 (2018)

Form 990, Part III, Line 4a:

PROGRAM GRANTS, AWARDS AND ALLOCATIONS UNITED WAY OF OLMSTED COUNTY UNITES PEOPLE AND RESOURCES TO IMPROVE LIVES IN THE COMMUNITY WITH A FOCUS ON EDUCATION, INCOME, HEALTH, AND BASIC NEEDS - THE BUILDING BLOCKS FOR A GOOD QUALITY OF LIFE UNITED WAY ACHIEVES THESE GOALS BY CONVENING THE COMMUNITY TO ADDRESS KEY ISSUES, COLLABORATING TO ACHIEVE A MEASURABLE IMPACT, AND CONNECTING HUMAN AND FINANCIAL RESOURCES EDUCATION > 578 STUDENTS IN OLMSTED COUNTY ARE NOW BUILDING POSITIVE ATTITUDES TOWARDS SCHOOL AND LEARNING WITH HELP FROM PARTNERS WHO PROVIDE MENTORING, TUTORING, AND OUT-OF-CLASSROOM LEARNING EXPERIENCES > 750 YOUTH ARE BUILDING HEALTHY RELATIONSHIP SKILLS WITH HELP FROM AFTER-SCHOOL AND SUMMER PROGRAMMING THAT PROMOTE SOCIAL SKILLS AND HANDS-ON LEARNING > 618 CHILDREN IN NEED ARE NOW ACHIEVING AGE-APPROPRIATE DEVELOPMENTAL MILESTONES TO HELP THEM BECOME KINDERGARTEN-READY THROUGH PROGRAMS THAT PROVIDE EARLY CHILDHOOD EDUCATION, FAMILY SUPPORT, AND TUITION ASSISTANCE HEALTH > 2,706 PEOPLE IN NEED RECEIVED MENTAL HEALTH EDUCATION AND TREATMENT THROUGH PARTNERS THAT WORK WITH INDIVIDUALS, STUDENTS, AND FAMILIES IMPACTED BY MENTAL ILLNESS AND POOR MENTAL HEALTH > 20,975 HOURS WERE DONATED BY VOLUNTEERS HELPING SENIORS IN NEED, WHETHER BY PROVIDING COMPANIONSHIP AND FRIENDLY VISITATION OR CAREGIVER SUPPORT > 2,457 PEOPLE IN NEED OBTAINED OR RETAINED HEALTH INSURANCE THROUGH PROGRAMS SERVING RECENT IMMIGRANTS AND REFUGEES, PROVIDING SUPPORTIVE HOUSING, AND PROVIDING HEALTH SERVICES FINANCIAL STABILITY > 150 PEOPLE MOVED FROM IMMEDIATE, SHORT-TERM SHELTER INTO STABLE HOUSING WITH HELP FROM PARTNERS THAT PROVIDE SUPPORTIVE HOUSING, RENT ASSISTANCE, AND WHOLE-FAMILY SUPPORT > 2,847,742 PEOPLE RECEIVED NUTRITIOUS MEALS THROUGH MEAL DELIVERY PROGRAMS, COMMUNITY-STYLE MEALS, AND FOOD SHELVES AND FOOD BANKS > 763 CHILDREN AND YOUTH IN NEED EXPERIENCED SAFE INTERACTIONS WITH CARING ADULTS THROUGH PARTNERS PROVIDING SHORT-TERM CHILDCARE AND SAFE VISITATION SERVICES

Form 990, Part III, Line 4b:

INTERNAL INITIATIVES IN ADDITION TO UNITING THE COMMUNITY TO CREATE LASTING CHANGE THROUGH FUNDED PARTNER AGENCIES, UNITED WAY OF OLMSTED COUNTY FOCUSES ON SEVERAL INTERNAL INITIATIVES TO FURTHER OUR WORK THESE INTERNAL INITIATIVES ARE AS FOLLOWS 1 RUNNING START FOR SCHOOL COLLECTS BACKPACKS AND SCHOOL SUPPLIES THROUGH THE SUMMER MONTHS AND DISTRIBUTES THE DONATED AND PURCHASED SUPPLIES TO CHILDREN WHO ARE ELIGIBLE FOR FREE AND REDUCED LUNCH \$79,0812 2-1-1 IS A FREE, CONFIDENTIAL, AND MULTILINGUAL HUMAN SERVICE PHONE RESOURCE'S INFORMATION IS AVAILABLE 24 HOURS A DAY ON A VARIETY OF(CONTINUED ON SCHEDULE O)TOPICS INCLUDING CHILDCARE, COUNSELING, FOOD, HEALTH SERVICES, HOUSING, LEGAL ASSISTANCE, TRANSPORTATION, VOLUNTEERING, AND MORE \$34,2523 VOLUNTEER CENTER, GET CONNECTED IS UNITED WAY'S ONLINE TOOL TO CONNECT VOLUNTEERS TO OPPORTUNITIES AND EVENTS, ALLOWS PEOPLE TO VOLUNTEER WITH LOCAL ORGANIZATIONS THAT FIT THE VOLUNTEER'S SCHEDULE AND INTEREST \$20,1824 IMAGINATION LIBRARY PROVIDES ALL CHILDREN LIVING IN OUR SERVICE AREA THE OPPORTUNITY TO RECEIVE A FREE, AGE APPROPRIATE BOOK IN THE MAIL EACH MONTH FROM BIRTH TO THEIR FIFTH BIRTHDAY EACH BOOK IS SELECTED FOR THE DEVELOPMENTAL BENEFITS IT BRINGS \$143,1565 FREE TAX PREPARATION CONNECTS LOW TO MODERATE INCOME FAMILIES TO OPPORTUNITIES TO FILE THEIR TAXES FOR FREE, IN PARTNERSHIP WITH AARP TRAINED PREPARERS THIS ASSISTANCE OFTEN RESULTS IN FILERS RECEIVING ADDITIONAL MONEY THROUGH THE EARNED INCOME TAX CREDIT \$15,5016 A COMMUNITY SCHOOL IS BOTH A PLACE AND SET OF COLLECTIVE PARTNERSHIPS BETWEEN ROCHESTER PUBLIC SCHOOLS, UNITED WAY OF OLMSTED COUNTY, THE INDIVIDUAL SCHOOL SITE, AND OTHER COMMUNITY RESOURCES UNITED WAY OF OLMSTED COUNTY SERVES AS A LEAD PARTNER WITH ROCHESTER PUBLIC SCHOOLS TO FACILITATE THE PARTNERSHIP AND ORGANIZE COMMUNITY RESOURCES TO SUPPORT STUDENT SUCCESS AT THREE SITES GAGE ELEMENTARY, RIVERSIDE ELEMENTARY AND ROCHESTER ALTERNATIVE LEARNING CENTER EACH SITE HAS GOALS ESTABLISHED IN THE AREAS OF ATTENDANCE, BEHAVIOR AND CURRICULUM IMPROVEMENTS \$91,6047 CRADLE TO CAREER IS A COMMUNITY WIDE INITIATIVE THAT UTILIZES THE NATIONALLY RECOGNIZED STRIVE TOGETHER MODEL TO PLAN A MULTI-YEAR, MULTI-PHASE PROGRAM THAT AIMS TO FACILITATE, ADVANCE, AND EVOLVE A COMMON AGENDA TO IMPROVE EDUCATIONAL OUTCOMES AND ENSURE ALL CHILDREN HAVE A CLEAR PATH TO ECONOMIC PROSPERITY THROUGH FAMILY, EDUCATION, AND COMMUNITY OPPORTUNITIES TO HELP THEM BECOME PRODUCTIVE, THRIVING ADULTS UNITED WAY OF OLMSTED COUNTY IS ONE OF SEVERAL PARTNER ORGANIZATIONS AND SERVES AVARIETY OF ROLES WITHIN THE DEVELOPING INITIATIVE, INCLUDING ADMINISTRATIVE SUPPORT, DATA SUPPORT AND LEADERSHIP \$129,837

Form 990, Part III, Line 4c:

DONOR DESIGNATIONS AS A SERVICE TO OUR DONORS, LOCAL AGENCIES, AND COMPANIES THAT RUN CAMPAIGNS, WE WILL PROCESS CONTRIBUTIONS DESIGNATED BY THE DONOR TO A SPECIFIC AGENCY WE WILL RAISE, COLLECT AND FORWARD DONOR CONTRIBUTIONS TO THE DONOR'S CHOSEN NONPROFIT ORGANIZATION EXPENSES ONLY INCLUDE DESIGNATED DOLLARS TO BE DISTRIBUTED, AND DO NOT INCLUDE ANY EXPENSES FOR FUNDRAISING OR PROCESSING OF THE DESIGNATED DONATIONS

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF OLMSTED COUNTY INC

Employer identification number

41-0695594

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	4,017,026	3,945,408	3,601,559	3,684,610	3,475,197	18,723,800
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	4,017,026	3,945,408	3,601,559	3,684,610	3,475,197	18,723,800
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,139,242
6	Public support. Subtract line 5 from line 4						17,584,558

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4	4,017,026	3,945,408	3,601,559	3,684,610	3,475,197	18,723,800
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	275,065	236,841	206,093	221,626	249,479	1,189,104
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						19,912,904
12	Gross receipts from related activities, etc. (see instructions)					12	503,421

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	88.310%
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	86.700%

16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. 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 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	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	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	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? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
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	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 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	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			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	Distributable Amount. 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
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:

Software Version:

EIN: 41-0695594

Name: UNITED WAY OF OLMSTED COUNTY INC

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

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
UNITED WAY OF OLMSTED COUNTY INC

Employer identification number
41-0695594

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

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

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

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

4 Number of states where property subject to conservation easement is located ► _____

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ _____

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

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

a Revenue included on Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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" on 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 |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 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" on 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	543,334	528,359	496,431	571,488	550,762
b Contributions	500		295	313	7,417
c Net investment earnings, gains, and losses	-806	46,314	37,455	-21,252	32,842
d Grants or scholarships		27,100		48,200	14,000
e Other expenditures for facilities and programs	27,000				
f Administrative expenses	4,063	4,239	5,822	5,918	5,533
g End of year balance	511,965	543,334	528,359	496,431	571,488

- 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 ▶ 100 000 %
 - c** Temporarily restricted endowment ▶
- The percentages on 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
- | | | |
|--|-----|----|
| (i) unrelated organizations | Yes | No |
| (ii) related organizations | Yes | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | Yes | No |
- 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" on 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		77,525		77,525
b Buildings		1,677,838	1,169,325	508,513
c Leasehold improvements				
d Equipment		155,211	131,692	23,519
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				609,557

Part VII Investments—Other Securities. Complete if the organization answered "Yes" on 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)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)		

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, 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)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13.)		

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

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

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
DONOR DESIGNATIONS PAYABLE	544,233
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	544,233

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' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	3,149,859
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	-27,771
b	Donated services and use of facilities	2b	5,273
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	39,033
e	Add lines 2a through 2d	2e	16,535
3	Subtract line 2e from line 1	3	3,133,324
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	592,225
c	Add lines 4a and 4b	4c	592,225
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	3,725,549

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	3,243,466
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	5,273
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	39,033
e	Add lines 2a through 2d	2e	44,306
3	Subtract line 2e from line 1	3	3,199,160
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	592,225
c	Add lines 4a and 4b	4c	592,225
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	3,791,385

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 41-0695594

Name: UNITED WAY OF OLMSTED COUNTY INC

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	PROCEEDS FROM THE ENDOWMENT FUND HELD AT THE ROCHESTER AREA FOUNDATION WILL BE USED FOR PROGRAM SERVICES

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	DIRECT EXPENSES RELATED TO SPECIAL EVENTS 39,033

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	DONOR DESIGNATED PLEDGES 592,225

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	DIRECT EXPENSES RELATED TO SPECIAL EVENTS 39,033

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	DONOR DESIGNATED PLEDGES 592,225

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding
Fundraising or Gaming Activities

OMB No 1545-0047

2018

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY OF OLMSTED COUNTY INC

Employer identification number
41-0695594

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				▶		

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

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

Revenue		(a)Event #1	(b) Event #2	(c)Other events	(d)
		POWER OF THE PURSE (event type)	CELEBRATION (event type)	(total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	52,676	7,240		59,916
	2 Less Contributions	20,669	214		20,883
	3 Gross income (line 1 minus line 2)	32,007	7,026		39,033
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	1,000	1,000		2,000
	7 Food and beverages	9,379	4,199		13,578
	8 Entertainment	14,500			14,500
	9 Other direct expenses	7,128	1,827		8,955
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				39,033
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				0

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

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶					

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in
- | | | |
|----------|-----------------------------|---|
| a | The organization's facility | % |
| b | An outside facility | % |

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
------------------	-------------

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule I
(Form 990)**

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

OMB No 1545-0047

2018

**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue Service

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

▶ Attach to Form 990.

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

Name of the organization
UNITED WAY OF OLMSTED COUNTY INC

Employer identification number
41-0695594

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" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 54

3 Enter total number of other organizations listed in the line 1 table ▶ 1

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) DISTRIBUTED SCHOOL SUPPLIES	2033		65,824	FMV	SCHOOL SUPPLIES AND BACKPACKS
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2	UNITED WAY OF OLMSTED COUNTY, INC MONITORS NONPROFIT STATUS AND COMPLIANCE WITH THE PATRIOT ACT AND GOING CONCERN OF EACH ORGANIZATION RECEIVING AWARDS EVERY SIX MONTHS UNITED WAY STAFF MONITOR THE ACTUAL RESULTS OF ALL FUNDED PROGRAMS AGAINST THE EXPECTED RESULTS ARTICULATED IN THE PROGRAM FUNDING APPLICATION ADDITIONALLY, STAFF LEARN OF PROGRAM SUCCESSES, ACHIEVEMENTS, AND CHALLENGES DURING EACH SIX-MONTH REPORTING PERIOD FACE-TO-FACE CONVERSATIONS ARE HELD TO FOSTER OPEN COMMUNICATION AND DIALOGUE TO STRENGTHEN THE NONPROFIT SECTOR'S ABILITY TO ADVANCE OUR MISSION DONOR DESIGNATED GRANTS UNITED WAY OF OLMSTED COUNTY MONITORS NONPROFIT STATUS AND COMPLIANCE WITH THE PATRIOT ACT OF EACH ORGANIZATION RECEIVING DONOR DESIGNATED FUNDS WE DO NOT MONITOR THE AGENCIES' USE OF THESE FUNDS
SCHEDULE I, PART II, LINE 1(A)	UNITED WAY OF OLMSTED COUNTY AWARDS GRANTS TO BE PAID OUT AS ONE-TIME PAYMENTS, OR EQUAL PAYMENTS OVER APPLICABLE MONTHS THESE AWARDS ARE ACCRUED AS EXPENSES AND LIABILITIES IN THE PERIOD WHEN THE CONTRACT IS SIGNED THIS SCHEDULE REPRESENTS PAYMENTS TO ORGANIZATIONS FOR THE PERIOD COVERED ON THIS TAX RETURN, WHICH MAY HAVE BEEN ACCRUED AS EXPENSE AND LIABILITIES IN A PREVIOUS PERIOD

Additional Data

Software ID:
Software Version:
EIN: 41-0695594
Name: UNITED WAY OF OLMSTED COUNTY INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ABILITY BUILDING CENTER 1911 14TH STREET NW ROCHESTER, MN 55901	41-0829178	501(C)(3)	74,160				PROGRAM GRANT AND DONOR DESIGNATIONS
AMERICAN RED CROSS 305 ALLIANCE PL NE ROCHESTER, MN 55906	41-0693841	501(C)(3)	8,926				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
AUTUMN RIDGE CHURCH 3611 SALEM RD SW ROCHESTER, MN 55902	41-0721677	501(C)(3)	10,207				DONOR DESIGNATIONS
BEAR CREEK CHRISTIAN CHURCH 619 30TH ST NE ROCHESTER, MN 55906	27-0314680	501(C)(3)	5,000				PROGRAM GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BIG BROTHERS BIG SISTERS 7 RIVERS REGION 51 E 4TH ST SUITE 401 WINONA, MN 55987	36-3501479	501(C)(3)	6,000				PROGRAM GRANT
BOY SCOUTS OF AMERICA GAMEHAVEN COUNCIL 1124 11-1/2 ST SE ROCHESTER, MN 55904	41-0698309	501(C)(3)	13,957				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BOYS & GIRLS CLUB OF ROCHESTER 1026 E CENTER ST ROCHESTER, MN 55904	41-1945875	501(C)(3)	103,111				PROGRAM GRANT AND DONOR DESIGNATIONS
BYRON PUBLIC SCHOOLS ISD 531 630 1ST AVE NW BYRON, MN 55920	41-6002825	170(C)(1)	7,042				PROGRAM GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CATHOLIC CHARITIES OF THE DIOCESE OF WINONA-ROCHESTER 111 MARKET STREET STE 2 WINONA, MN 55987	41-0721636	501(C)(3)	53,277				PROGRAM GRANT AND DONOR DESIGNATIONS
CENTER CITY HOUSING CORPORATION 105 1/2 WEST FIRST STREET DULUTH, MN 55802	36-3485584	501(C)(3)	44,121				PROGRAM GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CHANNEL ONE FOOD BANK 131 35TH STREET SE ROCHESTER, MN 55904	41-1379713	501(C)(3)	104,846				PROGRAM GRANT AND DONOR DESIGNATIONS
CHILDREN'S DENTAL HEALTH SERVICES 903 W CENTER STREET STE 130 ROCHESTER, MN 55902	20-3677586	501(C)(3)	33,544				PROGRAM GRANT AND DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CIVIC LEAGUE DAY NURSERY 427 6TH AVENUE SW ROCHESTER, MN 55902	41-0721719	501(C)(3)	63,057				PROGRAM GRANT AND DONOR DESIGNATIONS
COMMUNITY CELEBRATION CHURCH ASSEMBLY OF GOD 27337 COUNTY HIGHWAY 34 KASSON, MN 55944	41-1928344	501(C)(3)	11,568				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
DOLLYWOOD FOUNDATION 111 DOLLYWOOD LANE PIGEON FORGE, TN 37863	62-1348105	501(C)(3)	136,284				PROGRAM SERVICES
ELDER NETWORK 1130 1/2 7TH STREET NW STE 205 ROCHESTER, MN 55901	41-1704390	501(C)(3)	28,846				PROGRAM GRANT AND DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
FAMILIES FIRST OF MINNESOTA 126 WOODLAKE DRIVE SE ROCHESTER, MN 559045533	41-0987753	501(C)(3)	165,072				PROGRAM GRANT AND DONOR DESIGNATIONS
FAMILY PROMISE ROCHESTER 811 7TH STREET NW ROCHESTER, MN 55901	41-1953191	501(C)(3)	36,827				PROGRAM GRANT AND DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
FAMILY SERVICE ROCHESTER INC 4600 18TH AVENUE NW ROCHESTER, MN 55901	41-0883453	501(C)(3)	255,971				PROGRAM GRANT AND DONOR DESIGNATIONS
GIFT OF LIFE TRANSPLANT HOUSE 705 2ND STREET SW ROCHESTER, MN 55902	41-1495845	501(C)(3)	5,308				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIRL SCOUTS OF MN AND WI RIVER VALLEYS 400 ROBERT STREET S SAINT PAUL, MN 55107	41-0693910	501(C)(3)	65,037				PROGRAM GRANT AND DONOR DESIGNATIONS
GOOD NEWS CHILDREN'S CENTER 2645 N BROADWAY ROCHESTER, MN 55906	41-2001068	501(C)(3)	40,910				PROGRAM GRANT AND DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
GRACE LUTHERAN CHURCH 404 CENTRAL AVENUE N DODGE CENTER, MN 55927	41-1289402	501(C)(3)	5,023				DONOR DESIGNATIONS
HEART OF DANCE 500 E GRANT ST SUITE 1308 MINNEAPOLIS, MN 55404	47-3089587	501(C)(3)	16,000				PROGRAM GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
HIAWATHA VALLEY MENTAL HEALTH CENTER 420 E SARNIA ST WINONA, MN 55987	41-0889423	501(C)(3)	6,000				PROGRAM GRANT
INTERCULTURAL MUTUAL ASSISTANCE 2500 VALLEYHIGH DRIVE NW ROCHESTER, MN 55901	41-1497753	501(C)(3)	102,318				PROGRAM GRANT AND DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
LEGAL ASSISTANCE OF OLMSTED COUNTY 1700 N BROADWAY STE 124 ROCHESTER, MN 55906	41-0992471	501(C)(3)	35,628				PROGRAM GRANT AND DONOR DESIGNATIONS
NAMI SE MN 1700 N BROADWAY STE 104 ROCHESTER, MN 55906	36-3504277	501(C)(3)	38,262				PROGRAM GRANT AND DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
OLMSTED COUNTY 151 4TH STREET SE ROCHESTER, MN 55904	41-6005859	170(C)(1)	28,068				PROGRAM GRANT
PAWS AND CLAWS HUMANE SOCIETY 3224 19TH STREET NW ROCHESTER, MN 55901	41-1311160	501(C)(3)	10,422				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
POSSABILITIES OF SOUTHERN MN 1808 3RD AVENUE SE ROCHESTER, MN 55904	41-0853397	501(C)(3)	35,607				PROGRAM GRANT AND DONOR DESIGNATIONS
ROCHESTER PUBLIC SCHOOLS ISD 53 700 4TH AVE SE ROCHESTER, MN 55904	41-6002803	170(C)(1)	81,810				PROGRAM GRANT AND DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
RONALD MCDONALD HOUSE 850 2ND STREET SW ROCHESTER, MN 55902	41-1344744	501(C)(3)	6,306				DONOR DESIGNATIONS
ROCHESTER PUBLIC LIBRARY FOUNDATION 101 2ND STREET SE ROCHESTER, MN 55904	41-1859534	501(C)(3)	13,299				PROGRAM GRANT AND DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
SEMCAC INC 204 S ELM ST RUSHFORD, MN 55971	41-0907135	501(C)(3)	6,080				PROGRAM GRANT AND DONOR DESIGNATIONS
THE SALVATION ARMY NORTHERN DIV - SERVING MN & ND 2445 PRIOR AVE N ROSEVILLE, MN 55113	41-0698597	501(C)(3)	140,481				PROGRAM GRANT AND DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
TRI-VALLEY OPPORTUNITY COUNCIL INC 1026 E CENTER STREET ROCHESTER, MN 55904	41-0888488	501(C)(3)	14,086				PROGRAM OPERATING COST AND DONOR DESIGNATIONS
UNITED WAY GOODHUE WABASHA AND PIERCE COUNTIES PO BOX 319 RED WING, MN 550660319	41-6043633	501(C)(3)	16,145				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
UNITED WAY OF DODGE COUNTY PO BOX 718 DODGE CENTER, MN 55927	41-1657224	501(C)(3)	39,055				DONOR DESIGNATIONS
UNITED WAY OF MOWER COUNTY 301 MAIN STREET N AUSTIN, MN 55912	41-0831896	501(C)(3)	8,568				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
UNITED WAY OF STEELE COUNTY 1850 AUSTIN RD STE 103 OWATONNA, MN 55060	23-7366680	501(C)(3)	5,906				DONOR DESIGNATIONS
WINONA ORC INDUSTRIES INC AKA WINONA ORC 1053 E MARK ST WINONA, MN 55987	41-1225014	501(C)(3)	6,000				PROGRAM GRANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
WINONA STATE UNIVERSITY BRIDGES HEALTH WINONA 175 W MARK ST WINONA, MN 55987	23-7079002	501(C)(3)	6,000				PROGRAM GRANT
WINONA VOLUNTEER SERVICES INC 402 E 2ND ST WINONA, MN 55987	23-7376207	501(C)(3)	8,700				PROGRAM GRANT AND DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
WOMEN'S SHELTER INC PO BOX 457 ROCHESTER, MN 55903	41-1316614	501(C)(3)	8,105				DONOR DESIGNATIONS
YMCA OF ROCHESTER INC 709 1ST AVE SW ROCHESTER, MN 55902	41-0807581	501(C)(3)	30,179				PROGRAM GRANT AND DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
FRIENDS OF QUARRY HILL NATURE CENTER INC 701 SILVER CREEK ROAD NE ROCHESTER, MN 55906	36-3416399	501(C)(3)	15,229				PROGRAM GRANT AND DONOR DESIGNATIONS
LUTHERAN SOCIAL SERVICE OF MINNESOTA 816 S BROADWAY ROCHESTER, MN 55904	41-0872993	501(C)(3)	8,975				PROGRAM GRANT AND DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
THREE RIVERS COMMUNITY ACTION INC 1414 NORTHSTAR DRIVE ZUMBROTA, MN 55992	41-0906178	501(C)(3)	15,185				PROGRAM GRANT AND DONOR DESIGNATIONS
B'NAI ISRAEL SYNAGOGUE 150 7TH AVENUE SW ROCHESTER, MN 55902	23-7305164	501(C)(3)	6,000				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
GENERAL CONFERENCE OF SEVENTH DAY ADVENTIST 12501 OLD COLUMBIA PIKE SILVER SPRING, MD 20904	52-0643036	501(C)(3)	10,046				DONOR DESIGNATIONS
PROJECT LEGACY INC 2928 20TH STREET NE ROCHESTER, MN 55906	81-1223253	501(C)(3)	8,016				DONOR DESIGNATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ROCHESTER AREA HABITAT FOR HUMANITY 1530 GREENVIEW DRIVE SW STE 107 ROCHESTER, MN 55902	41-1664586	501(C)(3)	5,919				DONOR DESIGNATIONS
SPORTS MENTORSHIP ACADEMY 3270 19TH STREET NW STE 207 ROCHESTER, MN 55901	06-1777757	501(C)(3)	31,446				PROGRAM GRANT AND DONOR DESIGNATIONS

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**
▶ **Attach to Form 990.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No 1545-0047

2018

Open to Public Inspection

Name of the organization
UNITED WAY OF OLMSTED COUNTY INC

Employer identification number
41-0695594

Part I Questions Regarding Compensation

		Yes	No		
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b				
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2	Yes			
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization</p>					
<p>a Receive a severance payment or change-of-control payment?</p>	4a		No		
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b		No		
<p>c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</p>	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>					
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p>					
<p>a The organization?</p>	5a		No		
<p>b Any related organization? If "Yes," on line 5a or 5b, describe in Part III</p>	5b		No		
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p>					
<p>a The organization?</p>	6a		No		
<p>b Any related organization? If "Yes," on line 6a or 6b, describe in Part III</p>	6b		No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7		No		
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
SCHEDULE J, PART I	SEE SCHEDULE O DESCRIPTION OF FORM 990, PART VII, COLUMN F OTHER COMPENSATION

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2018

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
UNITED WAY OF OLMSTED COUNTY INC

Employer identification number

41-0695594

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		65,824	FAIR MARKET VALUE
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (OTHER SUPPLIES)	X	1	995	FAIR MARKET VALUE
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II **Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

2018
Open to Public Inspection

Department of the Treasury

Name of the organization

UNITED WAY OF OLMSTED COUNTY INC

Employer identification number

41-0695594

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE IRS FORM 990 IS PREPARED BY A THIRD PARTY TAX PREPARER, REVIEWED BY SENIOR MANAGEMENT, REVIEWED BY THE FINANCE COMMITTEE, APPROVED AND SENT TO THE BOARD OF DIRECTORS THE BOARD OF DIRECTORS REVIEWS THE IRS FORM 990 BEFORE IT IS FILED, AND APPROVES EITHER BEFORE FILING OR AT THE NEXT MEETING AFTER FILING

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	MONITORING AND COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY IS ACHIEVED BY CONFLICT OF INTEREST FORMS BEING COMPLETED ANNUALLY BY ALL BOARD, COMMITTEE AND STAFF MEMEBERS THESE FORMS ARE REVIEWED BY THE PRESIDENT AND GOVERNANCE COMMITTEE, WITH MONITORING MONTHLY BEF ORE EACH MEETING, PARTICIPANTS ARE REQUESTED TO DISCLOSE ANY CONFLICT OF INTEREST BASED ON THE AGENDA, OR AS AGENDA ITEMS ARISE WHERE A PREVIOUS DECLARATION WAS NOT NOTED THE PRES IDENT AND GOVERNANCE COMMITTEE REVIEW THE MINUTES OF THE MEETINGS FOR COMPLIANCE OF THE PO LICY THE PRESIDENT MONITORS STAFF ACTIVITIES FOR COMPLIANCE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION FOR THE PRESIDENT IS REVIEWED ANNUALLY BY THE COMPENSATION COMMITTEE THE COMPENSATION COMMITTEE REVIEWS CURRENT SALARY AND BENEFITS, CONSIDERS EFFECTIVENESS AND RESULTS OF THE INDIVIDUAL, USES COMPARABILITY DATA FROM UNITED WAY WORLDWIDE HUMAN CAPITAL SURVEY, DELIBERATES, DISCUSSES, AND PRESENTS A RECOMMENDATION TO THE BOARD OF DIRECTORS FOR APPROVAL THE BOARD OF DIRECTORS DISCUSSES THE RECOMMENDATION, AND EITHER APPROVES, CHANGES, OR REJECTS THE RECOMMENDATION KEY EMPLOYEES' COMPENSATION IS REVIEWED ANNUALLY BY THE PRESIDENT OF THE ORGANIZATION THE PRESIDENT REVIEWS CURRENT SALARY AND BENEFITS, CONSIDERS EFFECTIVENESS AND RESULTS OF THE INDIVIDUALS, USES COMPARABILITY DATA FROM UNITED WAY WORLDWIDE HUMAN CAPITAL SURVEY, AND IS RESPONSIBLE FOR DETERMINING THE COMPENSATION WITHIN ALLOWED LIMITS SET BY THE BOARD OF DIRECTORS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE AUDIT OF THE PAST YEAR FINANCIAL STATEMENTS AND THE IRS 990 ARE AVAILABLE ON OUR WEBSITE AT WWW.UWOLMSTED.ORG OUR GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY CAN BE OBTAINED UPON REQUEST BY CALLING US AT 507-287-2000

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 9 ADDRESSES OF BOARD MEMBERS	LINDSEY LEHMAN 4416 7TH ST NW, ROCHESTER, MN 55901 DONNA LUN 3418 CHALET CT NW ROCHESTER, MN 55901 ANGELA PUFFER 1070 8TH AVE NW, BYRON, MN 55920 JEFF HAZARD 310 S BROADWAY, STE 300, ROCHESTER, MN 55904 TORY JOHNSON 2008 SHANNON OAKS BLVD NE, ROCHESTER, MN 55906 JAMIE ROTHE 990 CEDAR POINTE LN SE, ORONOCO, MN 55960 DAVID OETH 1313 NORTHWAY LN NE, ROCHESTER, MN 55906 KIM SIN 2011 9TH AVE SE, ROCHESTER, MN 55904 EMILY COLBENSON 985 11 1/4 ST SW, ROCHESTER, MN 55902 DIANE WOTTRENG 429 WATERVIEW LN NW, ROCHESTER, MN 55901 SHAMILA AMARASEKERA 6159 TEAL LN NW, ROCHESTER, MN 55901 OMAR NUR 707 6TH AVE NW, ROCHESTER, MN 55901 GREG GRIFFITHS 30 3RD ST SE, STE 400, ROCHESTER MN 55904 MELISSA JOHNSON 2424 RIVERVIEW HEIGHTS DR NE, ROCHESTER, MN 55906 PAUL TIESKOETTER 45 28TH ST SE, ROCHESTER, MN 55904 CHAD DECOOK 5200 MEMBERS PKWY NW, ROCHESTER, MN 55901 JOHN ECKERMAN 4208 SAPPHIRE LN NW, ROCHESTER, MN 55901 SASHA GENTLING 823 4TH ST SW, ROCHESTER, MN 55902 MARK HETTINGER 320 ALLIANCE PL NE, ROCHESTER MN 55906 SANDRA MEANS 105 26TH ST NW, ROCHESTER, MN 55901

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART XII, LINE 2C CHOICE OF INDEPENDENT AUDITOR AND OVERSIGHT OF THE AUDIT	THE AUDIT COMMITTEE, ORGANIZED WITH BOARD OF DIRECTOR MEMBERS IN COMPLIANCE WITH SECTION 301 AND 407 OF SARBANES-OXLEY, MEETS WITH THE AUDITOR BEFORE THE AUDIT TO SIGN AN ENGAGEMENT LETTER, AND TO DISCUSS ANY WORK TO BE DONE BY THE AUDITORS. THE AUDIT COMMITTEE MEMBERS ARE AVAILABLE TO THE AUDITORS DURING THE AUDIT TO DISCUSS ANY SIGNIFICANT FINDINGS. THE AUDIT COMMITTEE MEETS WITH THE AUDITORS TO REVIEW THE MANAGEMENT LETTER AND A DRAFT COPY OF THE AUDIT REPORT IN COMPLIANCE WITH SECTION 204 OF SARBANES-OXLEY. THE AUDIT COMMITTEE MAY REQUEST FORMAT CHANGES TO THE AUDIT OR APPROVE THE AUDIT REPORT TO BE FORWARDED TO THE BOARD OF DIRECTORS. THE BOARD OF DIRECTORS PROVIDES A FINAL APPROVAL OF THE AUDIT REPORT FOR PUBLIC INSPECTION. SELECTION OF AN INDEPENDENT ACCOUNTANT IS PERFORMED BY THE AUDIT COMMITTEE EVERY THREE YEARS. A REQUEST FOR PROPOSAL IS ISSUED BY THE AUDIT COMMITTEE, PROPOSALS ARE REVIEWED AND SCORED BY THE AUDIT COMMITTEE, AND AN AUDIT FIRM IS CHOSEN FOR RECOMMENDATION TO THE BOARD OF DIRECTORS. THE BOARD OF DIRECTORS APPROVES THE AUDIT FIRM. IN THE CASE THAT THE SAME AUDIT FIRM IS SELECTED, THE LEAD AUDIT PARTNER OR COORDINATING PARTNER MUST ROTATE OFF THE AUDIT EVERY FIVE YEARS. THE PROCESS OF CHOOSING AN INDEPENDENT AUDITOR AND OVERSEEING THE AUDIT HAS NOT CHANGED FROM PRIOR YEARS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
HEADING, ITEM L YEAR OF FORMATION	ON OCTOBER 29, 1925, A JOINT MEETING OF THE KIWANIS AND ROTARY CLUBS ALONG WITH THE "BUSINESS MEN OF ROCHESTER" WAS HELD AND THE COMMUNITY CHEST WAS FORMED IN JANUARY OF 1963, THE COMMUNITY CHEST BECAME THE UNITED FUND OF GREATER ROCHESTER IN 1972 THE UNITED FUND OF GREATER ROCHESTER BECAME THE UNITED WAY OF OLMSTED COUNTY, INC

990 Schedule O, Supplemental Information

Return Reference	Explanation
PART IX, LINE 21 PAYMENTS TO AFFILIATES	MEMBERSHIP IN UNITED WAY WORLDWIDE CONSTITUTES AN AFFILIATED RELATIONSHIP UNDER THE IRS DEFINITION OF FEDERATED FUNDRAISING AGENCIES, AND AS SUCH, DUES ARE PAID TO UNITED WAY WORLDWIDE BY UNITED WAY OF OLMSTED COUNTY, INC AS REPORTED ON LINE 21, PART IX OF FORM 990 THE PAYMENT REPORTED HERE IS A QUOTA SUPPORT PAYMENT TO UNITED WAY WORLDWIDE FOR WHICH UNITED WAY OF OLMSTED COUNTY, INC RECEIVES THE RIGHT TO USE THE NATIONAL BRAND IN CHARITABLE ENDEAVORS, NATIONAL ADVOCACY OF ISSUES, MEMBER EDUCATION AND TRAININGS, CENTRALIZED CREATION AND SUPPORT FOR MARKETING OF FUNDRAISING CAMPAIGNS, FOSTERING OF RELATIONSHIPS WITH NATIONAL ORGANIZATIONS THAT SUPPORT MULTIPLE MEMBERS, ESTABLISHMENT AND MONITORING OF COMPLIANCE WITH STANDARDS OF ACCOUNTABILITY BY MEMBERS, ESTABLISHMENT OF POLICIES AND PROCESSES THAT IMPROVE OPERATIONAL EFFICIENCIES AMONG MEMBERS, AND PROMOTION OF THE CONCEPT OF LOCAL COMMUNITY IMPACT ON A NATIONAL SCALE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 25 OVERHEAD RATIO	THE STANDARD FORMULA FOR CALCULATING THE OVERHEAD RATIO AMONG UNITED WAY ORGANIZATIONS IS AS FOLLOWS 990 FORM, PART IX, LINE 25, COLUMN C + COLUMN D (DIVIDED BY) 990 FORM, PART VI II, LINE 12, COLUMN A (TOTAL REVENUE) THE UNITED WAY OF OLMSTED COUNTY, INC OVERHEAD RATIO IS 18.9%