

Form 990

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/Form990) for instructions and the latest information.

2023

Open to Public  
Inspection

A For the 2023 calendar year, or tax year beginning APR 1, 2023 and ending MAR 31, 2024

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>UNITED WAY OF OLMSTED COUNTY INC</b>		<b>D</b> Employer identification number <b>41-0695594</b>
	Doing business as		<b>E</b> Telephone number <b>507-287-2000</b>
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>903 WEST CENTER STREET NO 100</b>		<b>G</b> Gross receipts \$ <b>4,665,829.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>ROCHESTER, MN 55902</b>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<b>F</b> Name and address of principal officer: <b>JEROME FERSON</b> <b>SAME AS C ABOVE</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
	<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(c)</b> Group exemption number
<b>J</b> Website: <b>WWW.UWOLMSTED.ORG</b>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <b>L</b> Year of formation: <b>1925</b> <b>M</b> State of legal domicile: <b>MN</b>			

## Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <b>UNITING PEOPLE AND RESOURCES TO IMPROVE PEOPLE'S LIVES IN OUR COMMUNITY.</b>		
	2	Check this box <input type="checkbox"/> 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)	3	21
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	21
	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	5	34
	6	Total number of volunteers (estimate if necessary)	6	309
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	2,733,410.	2,563,848.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	655,158.	676,699.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	32,911.	51,333.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	30,016.	19,685.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,451,495.	3,311,565.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	1,656,211.	1,408,795.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	1,533,931.	1,527,808.
	16b	Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
Expenses	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	514,655.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	740,196.	666,998.
	19	Revenue less expenses. Subtract line 18 from line 12	3,930,338.	3,603,601.
	20	Total assets (Part X, line 16)	-478,843.	-292,036.
	21	Total liabilities (Part X, line 26)		
Net Assets or Fund Balances	22	Net assets or fund balances. Subtract line 21 from line 20	Beginning of Current Year	End of Year
			4,601,041.	4,229,833.
			841,332.	647,585.
			3,759,709.	3,582,248.

## 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			
	<b>JEROME FERSON, PRESIDENT</b>	<b>10-12-24</b>			
Paid Preparer	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> self-employed	PTIN
	<b>KATHERINE LUTZKE, CPA</b>	<b>KATHERINE LUTZKE, CP</b>	<b>10/15/24</b>		<b>P01760889</b>
Use Only	Firm's name	Firm's EIN	Phone no.		
	<b>CLIFTONLARSONALLEN LLP</b>	<b>41-0746749</b>	<b>507-280-2300</b>		
	Firm's address				
	<b>2689 COMMERCE DRIVE NW, SUITE 201</b>				
	<b>ROCHESTER, MN 55901</b>				

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

LHA For Paperwork Reduction Act Notice, see the separate instructions.

332001 12-21-23

Form 990 (2023)

**Part III** Statement of Program Service Accomplishments

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

☒ X**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 \$ 1,079,216. including grants of \$ 1,079,216. ) (Revenue \$ 0. )

GRANTS: UNITED WAY OF OLMSTED COUNTY IS FOCUSED ON THESE BUILDING  
BLOCKS OF A GOOD QUALITY OF LIFE. WE FIGHT FOR EVERY INDIVIDUAL IN OUR  
COMMUNITY BY FOCUSING ON: FINANCIAL STABILITY - MOVING INDIVIDUALS AND  
FAMILIES TOWARD FINANCIAL INDEPENDENCE AND ENSURING BASIC NEEDS ARE  
MET. EDUCATION - PREPARING CHILDREN AND YOUTH TO SUCCEED IN SCHOOL AND  
IN THE COMMUNITY. HEALTH - PROMOTING PHYSICAL AND MENTAL WELL BEING.  
OUR GOAL IS TO CREATE LASTING CHANGE BY ADDRESSING THE UNDERLYING  
CAUSES OF SOCIAL PROBLEMS. WE ARE MOBILIZING THE COMMUNITY AND BUILDING  
COLLABORATIONS THAT PRODUCE RESULTS. TOGETHER, WE ARE CHANGING OLMSTED  
COUNTY FOR THE BETTER FOR ALL OF US.

**4b** (Code: ) (Expenses \$ 523,216. including grants of \$ 0. ) (Revenue \$ 676,699. )

PARTNERSHIPS AND INITIATIVES: (1) RUNNING START FOR SCHOOL MOBILIZES  
THE COMMUNITY TO COLLECT BACKPACKS AND SCHOOL SUPPLIES THROUGH THE  
SUMMER MONTHS AND THEN DISTRIBUTES THE DONATED SUPPLIES TO LOCAL  
SCHOOLS FOR CHILDREN WHO ARE ELIGIBLE FOR FREE OR REDUCED LUNCH. (2)  
211 IS A FREE, CONFIDENTIAL, AND MULTILINGUAL HUMAN SERVICE INFORMATION  
AND REFERRAL RESOURCE AVAILABLE BY PHONE, TEXT, ONLINECHAT, AND ONLINE  
SELF-SEARCH. INFORMATION IS AVAILABLE 24 HOURS A DAY ON A VARIETY OF  
TOPICS INCLUDING CHILDCARE, COUNSELING, FOOD, HEALTH SERVICES, HOUSING,  
LEGAL ASSISTANCE, TRANSPORTATION, VOLUNTEERING, ANDMORE. (3) GET  
CONNECTED, 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 INTERESTS. (4)

**4c** (Code: ) (Expenses \$ 329,579. including grants of \$ 329,579. ) (Revenue \$ 0. )

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.

**4d** Other program services (Describe on Schedule O.)

(Expenses \$ 767,927. including grants of \$ 0. ) (Revenue \$ 0. )

**4e** Total program service expenses 2,699,938.

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**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

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

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
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? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	19	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		



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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	34
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
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	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
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	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
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	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	<b>Sponsoring organizations maintaining donor advised funds.</b>		
a	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	<b>Section 501(c)(7) organizations.</b> 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	<b>Section 501(c)(12) organizations.</b> 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	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> 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	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note:</b> 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	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
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	X
17	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

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

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

☒**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year ..... <b>1a</b> 21 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
<b>b</b> Enter the number of voting members included on line 1a, above, who are independent ..... <b>1b</b> 21		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? ..... <b>2</b>		X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? ..... <b>3</b>		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? ..... <b>4</b>		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? ..... <b>5</b>		X
<b>6</b> Did the organization have members or stockholders? ..... <b>6</b>		X
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? ..... <b>7a</b>		X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? ..... <b>7b</b>		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? ..... <b>8a</b>	X	
<b>b</b> Each committee with authority to act on behalf of the governing body? ..... <b>8b</b>	X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O ..... <b>9</b>		X

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? ..... <b>10a</b>		X
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? ..... <b>10b</b>		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? ..... <b>11a</b>	X	
<b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990. .... <b>11b</b>		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 ..... <b>12a</b>	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? ..... <b>12b</b>	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done ..... <b>12c</b>	X	
<b>13</b> Did the organization have a written whistleblower policy? ..... <b>13</b>	X	
<b>14</b> Did the organization have a written document retention and destruction policy? ..... <b>14</b>	X	
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official ..... <b>15a</b>	X	
<b>b</b> Other officers or key employees of the organization ..... <b>15b</b>	X	
If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? ..... <b>16a</b>		X
<b>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? ..... <b>16b</b>		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed MN

**18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

**19** Describe on 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  
JEROME FERSON - 507-287-2000  
903 W CENTER STREET STE 100, ROCHESTER, MN 55902

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) JEROME FERSON PRESIDENT	38.00			X				149,266.	0.	19,266.
(2) DALE O'GROSKE CHIEF FINANCIAL OFFICER	38.00			X				87,534.	0.	18,196.
(3) JULIE RUZEK PROGRAM DIRECTOR	38.00					X		102,040.	0.	3,620.
(4) EMILY JOHNSTON CHIEF OPERATING OFFICER	38.00			X				83,311.	0.	14,530.
(5) PIPER NIETERS SU CHAIR	2.00	X		X				0.	0.	0.
(6) ARMIN BUDIMLIC VICE CHAIR	2.00	X		X				0.	0.	0.
(7) PAUL TIESKOETTER TREASURER	2.00	X		X				0.	0.	0.
(8) LUKE FREUND ASSISTANT TREASURER	1.00	X		X				0.	0.	0.
(9) JOHN ECKERMAN DIRECTOR	1.00	X						0.	0.	0.
(10) SIDNEY FRYE II DIRECTOR	1.00	X						0.	0.	0.
(11) STEPHANIE HEDRICK DIRECTOR	1.00	X						0.	0.	0.
(12) ALEX ALEXANDER DIRECTOR	1.00	X						0.	0.	0.
(13) SARAH JOYNT DIRECTOR	1.00	X						0.	0.	0.
(14) SHRUTHI NAIK DIRECTOR	1.00	X						0.	0.	0.
(15) LILLYAM ARROYAVE DIRECTOR	1.00	X						0.	0.	0.
(16) KERI OLSON DIRECTOR	1.00	X						0.	0.	0.
(17) MOHAMED OSMAN 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 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) CHARLIE PERKINS DIRECTOR	1.00	X						0.	0.	0.
(19) SHELLY SANNES DIRECTOR	1.00	X						0.	0.	0.
(20) JEFFREY STILWELL DIRECTOR	1.00	X						0.	0.	0.
(21) LILLYAM ARROYAVE-GOMEZ DIRECTOR	1.00	X						0.	0.	0.
(22) CALLY BUNNE DIRECTOR	1.00	X						0.	0.	0.
(23) SARA-LOUISE HENRY DIRECTOR	1.00	X						0.	0.	0.
(24) RANDY SCHUBRING DIRECTOR	1.00	X						0.	0.	0.
(25) ACACIA WARD DIRECTOR	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								422,151.	0.	55,612.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								422,151.	0.	55,612.

**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

2

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		
<b>2</b> 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	

Form 990 (2023)



**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1 a	Federated campaigns .....	1a	33,569.			
	b	Membership dues .....	1b				
	c	Fundraising events .....	1c				
	d	Related organizations .....	1d				
	e	Government grants (contributions) .....	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	2,530,279.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 42,143.			
	h	<b>Total.</b> Add lines 1a-1f .....		2,563,848.			
<b>Program Service Revenue</b>	2 a <b>PROGRAM SERVICES</b>			Business Code			
				624100	676,699.	676,699.	
	b						
	c						
	d						
	e						
	f	All other program service revenue .....					
	g	<b>Total.</b> Add lines 2a-2f .....			676,699.		
<b>Other Revenue</b>	3	Investment income (including dividends, interest, and other similar amounts) .....			62,199.		62,199.
	4	Income from investment of tax-exempt bond proceeds .....					
	5	Royalties .....					
	6 a	Gross rents .....	6a	(i) Real 166,745.	(ii) Personal		
	b	Less: rental expenses ...	6b	178,030.			
	c	Rental income or (loss) .....	6c	-11,285.			
	d	Net rental income or (loss) .....			-11,285.		-11,285.
	7 a	Gross amount from sales of assets other than inventory .....	7a	(i) Securities 1,158,526.	(ii) Other		
	b	Less: cost or other basis and sales expenses .....	7b	1,169,392.			
	c	Gain or (loss) .....	7c	-10,866.			
	d	Net gain or (loss) .....			-10,866.		-10,866.
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	8a	13,175.			
	b	Less: direct expenses .....	8b	6,842.			
	c	Net income or (loss) from fundraising events .....			6,333.		6,333.
	9 a	Gross income from gaming activities. See Part IV, line 19 .....	9a				
	b	Less: direct expenses .....	9b				
	c	Net income or (loss) from gaming activities .....					
	10 a	Gross sales of inventory, less returns and allowances .....	10a				
b	Less: cost of goods sold .....	10b					
c	Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>	11 a <b>UNCOLLECTED PLEDGES</b>			Business Code			
				624100	20,697.		20,697.
	b <b>COST RECOVERY FEES</b>			900099	3,940.		3,940.
	c .....						
	d All other revenue .....						
e <b>Total.</b> Add lines 11a-11d .....				24,637.			
12	<b>Total revenue.</b> See instructions .....				3,311,565.	676,699.	0.
						71,018.	

**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
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,408,795.	1,408,795.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	372,104.	131,655.	207,376.	33,073.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	903,355.	620,989.	39,942.	242,424.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	34,492.	27,239.	2,122.	5,131.
<b>9</b> Other employee benefits	130,098.	71,501.	18,362.	40,235.
<b>10</b> Payroll taxes	87,759.	54,933.	12,910.	19,916.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	3,750.		3,750.	
<b>c</b> Accounting	22,108.	3,220.	18,888.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	25,088.		25,088.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	62,435.	3.		62,432.
<b>12</b> Advertising and promotion	64,288.	21,182.	400.	42,706.
<b>13</b> Office expenses	28,737.	14,258.	4,714.	9,765.
<b>14</b> Information technology	75,111.	31,990.	15,334.	27,787.
<b>15</b> Royalties				
<b>16</b> Occupancy	36,211.	24,693.	4,853.	6,665.
<b>17</b> Travel	10,823.	11,813.	-1,706.	716.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	58,003.	29,302.	20,981.	7,720.
<b>20</b> Interest				
<b>21</b> Payments to affiliates	35,142.	27,573.	3,517.	4,052.
<b>22</b> Depreciation, depletion, and amortization				
<b>23</b> Insurance	14,688.	2,521.	11,389.	778.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> PROGRAM EXPENSES	209,552.	209,552.		
<b>b</b> MISCELLANEOUS	21,062.	8,719.	1,088.	11,255.
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	3,603,601.	2,699,938.	389,008.	514,655.
<b>26</b> 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 type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	182.	<b>1</b>	182.
	<b>2</b> Savings and temporary cash investments .....	518,928.	<b>2</b>	704,818.
	<b>3</b> Pledges and grants receivable, net .....	1,492,167.	<b>3</b>	1,408,364.
	<b>4</b> Accounts receivable, net .....	107,200.	<b>4</b>	6,372.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	46,156.	<b>9</b>	32,070.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	2,034,210.		
	<b>b</b> Less: accumulated depreciation .....	1,528,762.		
	<b>11</b> Investments - publicly traded securities .....	551,789.	<b>10c</b>	505,448.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	1,884,619.	<b>11</b>	1,572,579.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>12</b>	
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	4,601,041.	<b>15</b>		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	4,601,041.	<b>16</b>	4,229,833.
	<b>18</b> Grants payable .....	93,189.	<b>17</b>	68,903.
	<b>19</b> Deferred revenue .....	312,739.	<b>18</b>	249,984.
	<b>20</b> Tax-exempt bond liabilities .....	8,486.	<b>19</b>	917.
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>20</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>21</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>22</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>23</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>24</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	426,918.	<b>25</b>	327,781.
<b>Net Assets or Fund Balances</b>	<b>27</b> <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>	841,332.	<b>26</b>	647,585.
	<b>28</b> Net assets without donor restrictions .....			
	<b>29</b> Net assets with donor restrictions .....	1,672,138.	<b>27</b>	1,660,216.
	<b>30</b> <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>	2,087,571.	<b>28</b>	1,922,032.
	<b>31</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>32</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>33</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>34</b> Total net assets or fund balances .....	3,759,709.	<b>32</b>	3,582,248.
	<b>35</b> Total liabilities and net assets/fund balances .....	4,601,041.	<b>33</b>	4,229,833.

Form 990 (2023)

**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	3,311,565.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,603,601.
3	Revenue less expenses. Subtract line 2 from line 1	3	-292,036.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,759,709.
5	Net unrealized gains (losses) on investments	5	114,575.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,582,248.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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 on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
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 on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2023)

Department of the Treasury  
Internal Revenue Service

OMB No. 1545-0047

2023

**Open to Public Inspection**

Name of the organization

UNITED WAY OF OLMSTED COUNTY INC

Employer identification number

41-0695594

<b>Part I</b>	<b>Reason for Public Charity Status.</b> (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).)
- 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 **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- 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). \_\_\_\_\_

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		
<b>Total</b>						

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

332021 12-21-23

Schedule A (Form 990) 2023



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2951232.	3669470.	3182159.	2733410.	2563848.	15100119.
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 <b>Total.</b> Add lines 1 through 3	2951232.	3669470.	3182159.	2733410.	2563848.	15100119.
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)						1370660.
6 <b>Public support.</b> Subtract line 5 from line 4.						13729459.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	2951232.	3669470.	3182159.	2733410.	2563848.	15100119.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	263,375.	237,507.	230,191.	239,456.	228,944.	1199473.
9 Net income from unrelated business activities, whether or not the business is regularly carried on				20,332.	6,333.	26,665.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 <b>Total support.</b> Add lines 7 through 10						16326257.
12 Gross receipts from related activities, etc. (see instructions)					12	2,533,806.
13 <b>First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b>						<input type="checkbox"/>

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

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	84.09	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	88.07	%
16a <b>33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
b <b>33 1/3% support test - 2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization			<input type="checkbox"/>
17a <b>10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b <b>10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

Schedule A (Form 990) 2023

**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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 <b>Total.</b> 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 <b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 on 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 <b>Total support.</b> (Add lines 9, 10a, 11, and 12.)						

14 **First 5 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 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

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

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2023.** 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 - 2022.** 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

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

**Part IV** Supporting Organizations (continued)

- 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 on lines 11b and 11c below, the governing body of a supported organization?
- b A family member of a person described on line 11a above?
- c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

	Yes	No
11a		
11b		
11c		

**Section B. Type I Supporting Organizations**

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

	Yes	No
1		
2		

**Section C. Type II Supporting Organizations**

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

	Yes	No
1		

**Section D. All Type III Supporting Organizations**

- 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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

**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 ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c ☐ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b 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? 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.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3 Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

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

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( *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	<b>Adjusted Net Income</b> (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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (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 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990) 2023



**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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	5
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	<b>Total of lines 3a through 3e</b>		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
7	<b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

Schedule A (Form 990) 2023

## Part VI

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

**SCHEDULE 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

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).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

	Held at the End of the Tax Year
a Total number of conservation easements .....	2a
b Total acreage restricted by conservation easements .....	2b
c Number of conservation easements on a certified historic structure included on line 2a .....	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, 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 2d 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 FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public 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 FASB 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 .....	\$ .....
b Assets included in Form 990, Part X .....	\$ .....

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

Schedule D (Form 990) 2023

332051 09-28-23

**Schedule B**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Name of the organization

UNITED WAY OF OLMSTED COUNTY INC

Employer identification number

41-0695594

Organization type (check one):

**Filers of:****Section:**

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.**Special Rules**☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ .....**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Name of organization

Employer identification number

UNITED WAY OF OLMSTED COUNTY INC

41-0695594

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>469,152.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>425,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>69,950.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>60,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)





Name of organization	Employer identification number
UNITED WAY OF OLMSTED COUNTY INC	41-0695594

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee
	(e) Transfer of gift		
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee

**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 make significant use of its collection items (check all that apply).

a ☐ Public exhibition

d ☐ Loan or exchange program

b ☐ Scholarly research

e ☐ Other \_\_\_\_\_

c ☐ Preservation for future generations

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:

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

	Amount
1c	
1d	
1e	
1f	

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	448,804.	535,390.	553,499.	453,702.	511,965.
b Contributions					
c Net investment earnings, gains, and losses	73,708.	-31,112.	11,909.	129,242.	-28,132.
d Grants or scholarships		51,180.	25,520.	25,700.	26,100.
e Other expenditures for facilities and programs					
f Administrative expenses	4,242.	4,294.	4,498.	3,745.	4,031.
g End of year balance	518,270.	448,804.	535,390.	553,499.	453,702.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment .0000 %

b Permanent endowment 100 %

c Term endowment .0000 %

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?

(ii) Related organizations?

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

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

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

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

Complete if the organization answered "Yes" 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		1,810,552.	1,382,629.	427,923.
c Leasehold improvements				
d Equipment		146,133.	146,133.	0.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				505,448.

Schedule D (Form 990) 2023

**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) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

**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) .....		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

**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) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	

**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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DONOR DESIGNATIONS PAYABLE	327,781.
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	

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

Schedule D (Form 990) 2023

**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	3,100,967.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	114,575.
b	Donated services and use of facilities	2b	8,000.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	6,842.
e	Add lines 2a through 2d	2e	129,417.
3	Subtract line 2e from line 1	3	2,971,550.
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	10,436.
b	Other (Describe in Part XIII.)	4b	329,579.
c	Add lines 4a and 4b	4c	340,015.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,311,565.

**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	3,278,428.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	8,000.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	6,842.
e	Add lines 2a through 2d	2e	14,842.
3	Subtract line 2e from line 1	3	3,263,586.
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	10,436.
b	Other (Describe in Part XIII.)	4b	329,579.
c	Add lines 4a and 4b	4c	340,015.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,603,601.

**Part XIII Supplemental Information**

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

**PART V, LINE 4:**

PROCEEDS FROM THE ENDOWMENT FUND HELD AT THE ROCHESTER AREA FOUNDATION  
WILL BE USED FOR PROGRAM SERVICES.

**PART X, LINE 2:**

THE ORGANIZATION IS CLASSIFIED AS A TAX-EXEMPT ORGANIZATION UNDER SECTION  
501(C)(3) OF THE INTERNAL REVENUE CODE AND, ACCORDINGLY, IS NOT SUBJECT TO  
FEDERAL INCOME TAXES. AS SUCH, IT IS SUBJECT TO FEDERAL AND STATE INCOME  
TAXES ON NET UNRELATED BUSINESS INCOME.

THE ORGANIZATION FOLLOWS THE ACCOUNTING STANDARDS FOR CONTINGENCIES IN  
EVALUATING UNCERTAIN TAX POSITIONS AND FILES AS A TAX-EXEMPT ORGANIZATION.



**Part XIII** Supplemental Information (continued)

SHOULD THAT STATUS BE CHALLENGED IN THE FUTURE, ALL YEARS SINCE INCEPTION  
COULD BE SUBJECT TO REVIEW BY THE INTERNAL REVENUE SERVICE.

## PART XI, LINE 2D - OTHER ADJUSTMENTS:

DIRECT EXPENSES RELATED TO SPECIAL EVENTS 6,842.

## PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED PLEDGES 329,579.

## PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT EXPENSES RELATED TO SPECIAL EVENTS 6,842.

## PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED PLEDGES 329,579.

**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.  
Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ABILITY BUILDING COMMUNITY 1911 14TH ST NW ROCHESTER, MN 55901	41-0829178	501 ( C ) 3	16,184.	0.			PROGRAM AWARD AND DESIGNATION
AMERICAN RED CROSS SOUTHEAST MINNESOTA - 305 ALLIANCE PL NE - ROCHESTER, MN 55906	41-0693841	501 ( C ) 3	10,517.	0.			DESIGNATION
BARBERSHOP & SOCIAL SERVICES 3270 19TH ST SUITE 208 ROCHESTER, MN 55901	83-1558495	501 ( C ) 3	73,855.	0.			PROGRAM AWARD
BEAR CREEK SERVICES INC 3108 HWY 52 HWY N ROCHESTER, MN 55901	41-1390671	501 ( C ) 3	52,966.	0.			PROGRAM AWARD AND DESIGNATION
BIG BROTHERS BIG SISTERS OF SOUTHERN MINNESOTA - 545 DUNNELL DR - OWATONNA, MN 55060	36-3501479	501 ( C ) 3	10,000.	0.			PROGRAM AWARD
BOY SCOUTS OF AMERICA GAMEHAVEN COUNCIL - 607E CENTER ST - ROCHESTER, MN 55904	41-0698309	501 ( C ) 3	9,861.	0.			DESIGNATION

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **49.**

**3** Enter total number of other organizations listed in the line 1 table **0.**

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

Schedule I (Form 990) 2023

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BYRON PUBLIC SCHOOLS ISD 531 630 1 ST AVE NW BYRON, MN 55920	41-6002825	GOVERNMENT	14,379.	0.			PROGRAM AWARD
CATHOLIC CHARITIES OF SOUTHERN MINNESOTA (THE DIOCESE OF WINONA-ROCHESTER) - 111 MARKET ST SUITE 2 PO BOX 379 - WINONA, MN	41-0721636	501 ( C ) 3	12,789.	0.			PROGRAM AWARD AND DESIGNATION
CENTER CITY HOUSING CORPORATION 105 1/2 W 1ST ST DULUTH, MN 55802	36-3485584	501 ( C ) 3	32,498.	0.			PROGRAM AWARD
CHANNEL ONE REGIONAL FOOD BANK 131 35TH ST SE ROCHESTER, MN 55904	41-1379713	501 ( C ) 3	84,582.	0.			PROGRAM AWARD AND DESIGNATION
CHILDREN'S DENTAL HEALTH SERVICES 903 W CENTER ST SUITE 130 ROCHESTER, MN 55902	20-3677586	501 ( C ) 3	15,002.	0.			PROGRAM AWARD
COMMUNITY CELEBRATION CHURCH ASSEMBLY OF GOD - 27337 COUNTY HWY 34 - KASSON, MN 55944	41-1928344	501 ( C ) 3	15,793.	0.			DESIGNATION
COMMUNITY HEALTH SERVICE INC 2310 4TH AVE N MOORHEAD, MN 56560	41-1000060	501 ( C ) 3	29,998.	0.			PROGRAM AWARD
DAMASCUS WAY RE-ENTRY CENTER INC 1515 E 66E TH ST RICHFIELD, MN 55423	41-1356073	501 ( C ) 3	13,753.	0.			PROGRAM AWARD
DODGE COUNTY DARE PROGRAM 721 MAIN STREET NORTH DEPT 45 MANTORVILLE, MN 55955	41-6005790	GOVERNMENT	6,000.	0.			PROGRAM AWARD

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ELDER NETWORK 1130 1/2 7TH ST NW SUITE 205 ROCHESTER, MN 55901	41-1704390	501 ( C ) 3	27,232.	0.			PROGRAM AWARD AND DESIGNATION
FAITH IN ACTION OF DODGE COUNTY PO BOX 246 KASSON, MN 55944	01-0616587	501 ( C ) 3	7,000.	0.			PROGRAM AWARD
FAMILIES FIRST OF MINNESOTA 126 WOODLAKE DR SE ROCHESTER, MN 55904	41-0987753	501 ( C ) 3	117,023.	0.			PROGRAM AWARD AND DESIGNATION
FAMILY PROMISE ROCHESTER 913 1ST ST NW ROCHESTER, MN 55901	41-1953191	501 ( C ) 3	30,870.	0.			PROGRAM AWARD AND DESIGNATION
FAMILY SERVICE ROCHESTER INC 4600 18TH AVE NW ROCHESTER, MN 55901	41-0883453	501 ( C ) 3	95,354.	0.			PROGRAM AWARD AND DESIGNATION
GOOD NEWS CHILDREN'S CENTER INC 2645 N BROADWAY ROCHESTER, MN 55906	41-2001068	501 ( C ) 3	33,486.	0.			PROGRAM AWARD AND DESIGNATION
HEALTHY SMILES 63407 130TH AVE CLAREMONT, MN 55924	26-3105129	501 ( C ) 3	11,000.	0.			PROGRAM AWARD
INTERCULTURAL MUTUAL ASSISTANCE ASSOCIATION (IMAA) - 2500 VALLEYHIGH DR NW - ROCHESTER, MN 55901	41-1497753	501 ( C ) 3	72,454.	0.			PROGRAM AWARD AND DESIGNATION
LEGAL ASSISTANCE OF OLMSTED COUNTY (LAOC) - 1700 BROADWAY AVE N SUITE 124 - ROCHESTER, MN 55906	41-0992471	501 ( C ) 3	50,000.	0.			PROGRAM AWARD

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIFE AND COMMUNITY DEVELOPMENT CORPORATION - 2391 BENJAMIN E MAYS DR SW - ATLANTA, GA 30311	58-1122346	501 ( C ) 3	26,252.	0.			PROGRAM AWARD
NAMI SOUTHEAST MINNESOTA (NATIONAL ALLIANCE ON MENTAL ILLNESS) - 2746 SUPERIOR DR NW SUITE 110 - ROCHESTER, MN 55901	36-3504277	501 ( C ) 3	6,175.	0.			PROGRAM AWARD AND DESIGNATION
NEXT CHAPTER MINISTRIES PO BOX 9321 MN, MN 55903	30-0050922	501 ( C ) 3	10,475.	0.			PROGRAM AWARD AND DESIGNATION
OLMSTED COUNTY HEALTH, HOUSING, AND HUMAN SERVICES - 2100 CAMPUS DR SE SUITE 100 - ROCHESTER, MN 55904	41-6005859	GOVERNMENT	10,000.	0.			PROGRAM AWARD
PATRICIA D WRIGHT FOUNDATION & SCHOLARSHIP FUND INC - 1316 AVON DR - CINCINNATI, OH 45229	81-1511258	501 ( C ) 3	7,020.	0.			DESIGNATION
PAWS AND CLAWS HUMANE SOCIETY 3224 19TH ST NW ROCHESTER, MN 55901	41-1311160	501 ( C ) 3	11,975.	0.			DESIGNATION
PROPEL NONPROFITS 1 MAIN ST SE SUITE 600 MINNEAPOLIS, MN 55414	41-1916337	501 ( C ) 3	15,002.	0.			PROGRAM AWARD
RECOVERY IS HAPPENING 25 16TH ST NE ROCHESTER, MN 55906	45-1259706	501 ( C ) 3	14,132.	0.			PROGRAM AWARD AND DESIGNATION
RIDEABILITY PO BOX 646 PINE ISLAND, MN 55963-0646	41-1977446	501 ( C ) 3	5,500.	0.			PROGRAM AWARD AND DESIGNATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROCHESTER AREA FOUNDATION 12 ELTON HILLS DR NW ROCHESTER, MN 55901	41-6017740	501 ( C ) 3	60,130.	0.			PROGRAM AWARD AND DESIGNATION
ROCHESTER PUBLIC SCHOOLS ISD 535 615 7TH ST SW ROCHESTER, MN 55902	41-6002803	GOVERNMENT	38,231.	42,143. FMV		SCHOOL SUPPLIES	PROGRAM AWARD AND SCHOOL SUPPLIES
SAMARITAN'S PURSE INTERNATIONAL RELIEF - 801 BAMBOO ROAD - BOONE, NC 28607	58-1437002	501 ( C ) 3	5,200.	0.			DESIGNATION
SEWCAC INC ADMINISTRATIVE OFFICE 204 S ELM ST PO BOX 549 RUSHFORD, MN 55971	41-0907135	501 ( C ) 3	7,622.	0.			PROGRAM AWARD AND DESIGNATION
SOCIETY OF ST VINCENT DE PAUL PAX CHRISTI CONFERENCE ROCHESTER MINNESOTA - 2157 PONSEROSA DR SW - ROCHESTER, MN 55902	46-5044559	501 ( C ) 3	5,640.	0.			DESIGNATION
SOUTHERN HILLS CHRISTIAN CHURCH 2115 MAPLE ST CAROLITON, GA 30117	58-2248010	501 ( C ) 3	9,892.	0.			DESIGNATION
SPORTS MENTORSHIP ACADEMY (SMA) 3270 19TH ST NW SUITE 208 ROCHESTER, MN 55901	06-1777757	501 ( C ) 3	60,532.	0.			PROGRAM AWARD AND DESIGNATION
THE SALVATION ARMY NORTHERN DIVISION - SERVING MN & ND - 2445 PRIOR AVE N - ROSEVILLE, MN 55113	41-0698597	501 ( C ) 3	7,240.	0.			DESIGNATION
THE SALVATION ARMY ROCHESTER MINNESOTA - 20 1ST AVE NE - ROCHESTER, MN 55906	36-2167910	CHURCH	60,000.	0.			PROGRAM AWARD

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TWO RIVERS HABITAT FOR HUMANITY (ROCHESTER AREA HABITAT FOR HUMANITY) - 1530 GREENVIEW DR SW SUITE 107 - ROCHESTER, MN 55902	41-1664586	501 ( C ) 3	6,059.	0.			DESIGNATION
UNITED WAY OF GOODHUE, WABASHA, AND PIERCE COUNTIES - 1755 OLD WEST MAIN ST SUITE 101 - REDWING, MN 55066	41-0643633	501 ( C ) 3	5,722.	0.			DESIGNATION
UNITED WAY OF MOWER COUNTY INC 111 N MAIN ST SUITE 202 AUSTIN, MN 55912	41-0831896	501 ( C ) 3	6,751.	0.			DESIGNATION
UNITED WAY OF STEELE COUNTY 1850 AUSTIN RD SUITE 103 OWATONNA, MN 55060	23-7366680	501 ( C ) 3	5,196.	0.			DESIGNATION
UNIVERSITY OF WISCONSIN-PLATTEVILLE FOUNDATION - 1 UNIVERSITY PLAZA - PLATTEVILLE, WI 53818	39-6051705	501 ( C ) 3	9,100.	0.			DESIGNATION
WOMEN'S SHELTER AND SUPPORT CENTER PO BOX 457 ROCHESTER, MN 55903	41-1316614	501 ( C ) 3	50,847.	0.			PROGRAM AWARD AND DESIGNATION
ZUMERO VALLEY MEDICAL SOCIETY PO BOX 9264 ROCHESTER, MN 55903	41-6024102	501 ( C ) 3	22,500.	0.			PROGRAM AWARD

Schedule I (Form 990)





**Part IV** Supplemental Information

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.

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.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

UNITED WAY OF OLMSTED COUNTY INC

Employer identification number  
41-0695594

**Part I Questions Regarding Compensation**

	Yes	No
<b>1a</b> 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.		
<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 (such as maid, chauffeur, chef)		
<b>b</b> If any of the boxes on 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		
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	X	
<b>3</b> Indicate which, if any, of the following the 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.		
<input checked="" type="checkbox"/> Compensation committee		
<input type="checkbox"/> Independent compensation consultant		
<input checked="" type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
<b>4</b> 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:		
<b>a</b> Receive a severance payment or change-of-control payment?		X
<b>b</b> Participate in or receive payment from a supplemental nonqualified retirement plan?		X
<b>c</b> Participate in or receive payment from an equity-based compensation arrangement?		X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
<b>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> 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:		
<b>a</b> The organization?		X
<b>b</b> Any related organization?		X
If "Yes" on line 5a or 5b, describe in Part III.		
<b>6</b> 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:		
<b>a</b> The organization?		X
<b>b</b> Any related organization?		X
If "Yes" on line 6a or 6b, describe in Part III.		
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III		X
<b>8</b> 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		X
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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

Schedule J (Form 990) 2023



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.

Area with horizontal lines for supplemental information.

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

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 .....				
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 ( <u>OTHER SUPPLIES</u> )	X	2,989	42,143	COST
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 V, Donee Acknowledgement .....

29

0

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 3 years from the date of the initial contribution, and which isn't required to be used for  
exempt purposes for the entire holding period? .....

	Yes	No
30a		X
31	X	
32a		X
33		

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? .....

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash  
contributions? .....

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,  
describe in Part II.

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

Schedule M (Form 990) 2023

**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.

SCHEDULE M, PART I, COLUMN (B):

COLUMN (B) REPORTS THE NUMBER OF ITEMS CONTRIBUTED.

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF OLMSTED COUNTY INC

Employer identification number

41-0695594

FORM 990, PAGE 1, BOX L:

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.

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

IMAGINATION LIBRARY PROVIDES CHILDREN LIVING IN OLMSTED COUNTY 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. (5) THE VITA FREE TAX PREPARATION  
INITIATIVE CONNECTS LOW-TO MODERATE-INCOME FAMILIES TO OPPORTUNITIES TO  
FILE THEIR TAXES FOR FREE. (6) 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 SEVEN SITES. EACH  
SITE HAS GOALS ESTABLISHED IN THE AREAS OF ATTENDANCE, BEHAVIOR AND  
CURRICULUM IMPROVEMENTS AND UTILIZES RESULTS BASED ACCOUNTABILITY TO  
TRACK GROWTH. (7) CRADLE 2CAREER IS A COMMUNITY WIDE INITIATIVE THAT  
UTILIZES THE NATIONALLY RECOGNIZED STRIVE TOGETHER MODEL TO IMPLEMENT A  
MULTIYEAR, MULTIPHASE PROGRAM TO IMPROVE EDUCATIONAL OUTCOMES IN OUR  
COMMUNITY AND ENSURE EVERY CHILD AND YOUNG ADULT SUCCEEDS CRADLE TO

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization

UNITED WAY OF OLMSTED COUNTY INC

Employer identification number

41-0695594

CAREER, THROUGH SHARED PURPOSE, ALIGNMENT AND ACCOUNTABILITY AMONG  
COMMUNITY PARTNERS. UNITED WAY OF OLMSTED COUNTY IS ONE OF SEVERAL  
PARTNER ORGANIZATIONS AND SERVES A VARIETY OF ROLES WITHIN THE  
COMMUNITY WIDE INITIATIVE, INCLUDING ADMINISTRATIVE SUPPORT, DATA  
SUPPORT AND LEADERSHIP.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

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.

EXPENSES \$ 767,927. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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 AND APPROVES THE  
IRS FORM 990 BEFORE IT IS FILED.

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



Name of the organization

UNITED WAY OF OLMSTED COUNTY INC

Employer identification number

41-0695594

GOVERNANCE COMMITTEE, WITH MONITORING MONTHLY. BEFORE 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 PRESIDENT AND GOVERNANCE COMMITTEE REVIEW THE MINUTES OF THE MEETINGS FOR COMPLIANCE OF THE POLICY. THE PRESIDENT MONITORS STAFF ACTIVITIES FOR COMPLIANCE.

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.

THE PROCESS DESCRIBED HERE WAS LAST COMPLETED IN 2024.

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](http://WWW.UWOLMSTED.ORG). OUR GOVERNING DOCUMENTS AND

Name of the organization

UNITED WAY OF OLMSTED COUNTY INC

Employer identification number

41-0695594

CONFLICT OF INTEREST POLICY CAN BE OBTAINED UPON REQUEST BY CALLING US AT  
507-287-2000.

FORM 990, PART IX, LINE 25:

THE STANDARD FORMULA FOR CALCULATING THE OVERHEAD RATIO AMONG UNITED  
WAY ORGANIZATIONS IS AS FOLLOWS: IRS 990, PART IX LINE 25, COLUMN C +  
COLUMN D (DIVIDED BY) FORM 990, PART VIII, LINE 12, COLUMN A (TOTAL  
REVENUE) THE UNITED WAY OF OLMSTED COUNTY, INC OVERHEAD RATIO IS: 27%

FORM 990, PART IX, LINE 21:

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.

FORM 990, PART XII, LINE 2C:

THE AUDIT COMMITTEE, ORGANIZED WITH BOARD OF DIRECTOR MEMBERS IN

Name of the organization

UNITED WAY OF OLMSTED COUNTY INC

Employer identification number

41-0695594

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.

**Mail To:**

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

**STATE OF MINNESOTA**  
**CHARITABLE ORGANIZATION**  
**ANNUAL REPORT FORM**

C2

(Pursuant to Minn. Stat. ch. 309)

**Website Address:**

www.ag.state.mn.us/charity

**SECTION A: Organization Information**Legal Name of Organization UNITED WAY OF OLMSTED COUNTY INCFederal EIN: 41-0695594Fiscal Year-End: 03312024

mm/dd/yyyy

Did the organization's fiscal year-end change? ☐ Yes ☒ No

<b>Mailing Address:</b> <b>JEROME FERSON</b>	<b>Physical Address:</b> <b>JEROME FERSON</b>
Contact Person <u>903 WEST CENTER STREET NO 100</u>	Contact Person <u>903 WEST CENTER STREET NO 100</u>
Street Address <u>ROCHESTER, MN 55902</u>	Street Address <u>ROCHESTER, MN 55902</u>
City, State, and ZIP Code <u>507-287-2000</u>	City, State, and ZIP Code <u>507-287-2000</u>
Phone Number <u>JEROMEF@UWOLMSTED.ORG</u>	Phone Number <u>JEROMEF@UWOLMSTED.ORG</u>
Email Address	Email Address

1. Organization's website: WWW.UWOLMSTED.ORG

2. List all of the organization's alternate and former names (attach list if more space is needed).

UNITED WAY OF DODGE COUNTY
☒ Alternate ☐ Former  
☐ Alternate ☐ Former

3. List all names under which the organization solicits contributions (attach list if more space is needed).

UNITED WAY OF OLMSTED COUNTY INC4. Is the organization incorporated pursuant to Minn. Stat. ch. 317A? ☒ Yes ☐ No5. Total amount of contributions the organization received from Minnesota donors: \$ 2,530,279.

6. Has the organization's tax-exempt status with the IRS changed?

☐ Yes ☒ No If yes, attach explanation.

7. Has the organization significantly changed its purpose(s) or program(s)?

☐ Yes ☒ No If yes, attach explanation.

**CHARITABLE ORGANIZATION ANNUAL REPORT FORM**  
(Continued)

8. Has the organization been denied the right to solicit contributions by any court or government agency?

☐ Yes ☒ No If yes, attach explanation.

9. Does the organization use the services of a professional fundraiser (outside solicitor or consultant) to solicit contributions in Minnesota? ☐ Yes ☒ No

If yes, provide the following information for each (attach list if more space is needed):

Name of Professional Fundraiser	Compensation
---------------------------------	--------------

Street Address	City, State, and ZIP Code
----------------	---------------------------

10. Is the organization a food shelf? ☐ Yes ☒ No

If yes, is the organization required to file an audit? ☐ Yes, audit attached ☐ No

**Note:** An organization that has total revenue of more than \$750,000 is required to file an audit prepared in accordance with generally accepted accounting principles by an independent CPA or LPA. The value of donated food to a nonprofit food shelf may be excluded from the total revenue if the food is donated for subsequent distribution at no charge and is not resold.

11. Do any directors, officers, or employees of the organization or its related organization(s) receive total compensation\* of more than \$100,000? ☒ Yes ☐ No

If yes, provide the following information for the five highest paid individuals:

Name and title	Compensation*	Other compensation
JEROME FERSON PRESIDENT	149,266.	19,266.
JULIE RUZEK PROGRAM DIRECTOR	102,040.	3,620.

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

12. A full list of the organization's board of directors, including names, addresses, and total compensation paid to each (attach list if more space is needed).

SEE STATEMENT 1

**CHARITABLE ORGANIZATION ANNUAL REPORT FORM**  
(Continued)

13. A full list of the names of all banks or other financial institutions in which the organization's funds are deposited. DO NOT include account numbers. (Attach list if more space is needed.)

BREMER BANK NATIONAL ASSOCIATION

WELLS FARGO BANK

**SECTION B: Financial Information**

This section must be completed by organizations that file an IRS Form 990-EZ, 990-PF, or 990-N.

Organizations that file an IRS Form 990 may skip Section B and go directly to Section C.

**INCOME**

1. Contributions Received	\$		1
2. Government Grants	\$		2
3. Program Service Revenue	\$		3
4. Other Revenue	\$		4
5. <b>TOTAL INCOME</b>	\$		5

**EXPENSES**

6. Program Expenses	\$		6
7. Management & General Expenses	\$		7
8. Fund-raising Expenses	\$		8
9. <b>TOTAL EXPENSES</b>	\$		9
10. <b>EXCESS or DEFICIT</b>	\$		10
(Line 5 minus Line 9)			

**ASSETS**

11. Cash	\$		11
12. Land, Buildings & Equipment	\$		12
13. Other Assets	\$		13
14. <b>TOTAL ASSETS</b>	\$		14

**LIABILITIES**

15. Accounts Payable	\$		15
16. Grants Payable	\$		16
17. Other Liabilities	\$		17
18. <b>TOTAL LIABILITIES</b>	\$		18

**FUND BALANCE/NET WORTH**

(Line 14 minus Line 18)

\$

**CHARITABLE ORGANIZATION ANNUAL REPORT FORM**  
(Continued)

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

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

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

**CHARITABLE ORGANIZATION ANNUAL REPORT FORM**  
(Continued)

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

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

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

BOARD CHAIR (Title) and PRESIDENT (Title) respectively, and

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

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

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

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

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

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

ARMIN BUDIMLIC

Name (Print)

Signature

BOARD CHAIR

Title

Date

JEROME FERSON

Name (Print)

Signature

PRESIDENT

Title

Date



ANNUAL REPORT  
INITIAL REGISTRATION

## BOARD OF DIRECTORS

## STATEMENT 1

<u>NAME AND ADDRESS</u>	<u>COMPENSATION</u>
PIPER NIETERS SU	0.
ARMIN BUDIMLIC	0.
PAUL TIESKOETTER	0.
LUKE FREUND	0.
JOHN ECKERMAN	0.
SIDNEY FRYE II	0.
STEPHANIE HEDRICK	0.
ALEX ALEXANDER	0.
SARAH JOYNT	0.
SHRUTHI NAIK	0.
LILLYAM ARROYAVE	0.
KERI OLSON	0.
MOHAMED OSMAN	0.

UNITED WAY OF OLMSTED COUNTY INC

41-0695594

CHARLIE PERKINS

0.

SHELLY SANNES

0.

JEFFREY STILWELL

0.

LILLYAM ARROYAVE-GOMEZ

0.

CALLY BUNNE

0.

SARA-LOUISE HENRY

0.

RANDY SCHUBRING

0.

ACACIA WARD

0.

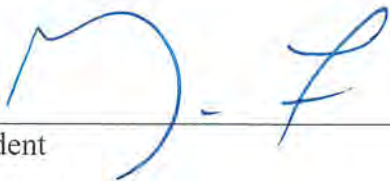
**IRS Form 990 Certification**

CEO/CFO IRS Form 990 Certification

**CERTIFICATION**

I hereby certify that:

1. I have read the IRS Form 990 of United Way of Olmsted County, Inc. for the fiscal year ended March 31, 2024.
2. Based on my knowledge, these financial statements do not contain any untrue statement of a material fact or omit to state a material fact necessary to make the statements made, in light of the circumstances under which such statements were made, not misleading.
3. Based on my knowledge, the financial statements and other financial information included in this report, fairly present, in all material respects, the financial condition, results of operations and cash flows of United Way of Olmsted County, Inc. as of and for the period ended March 31, 2024.



\_\_\_\_\_  
President

Date 10.21.24



\_\_\_\_\_  
Chief Financial Officer

Date 12-12-24