

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

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**A** For the 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

<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 SOUTHWEST MINNESOTA</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>P.O. BOX 41</b> City or town, state or province, country, and ZIP or foreign postal code <b>MARSHALL, MN 56258</b> <b>F</b> Name and address of principal officer: <b>MEG LOUWAGIE</b> <b>800 E MAIN ST, MARSHALL, MN 56258</b>	<b>D</b> Employer identification number <b>41-6023143</b> <b>E</b> Telephone number <b>(507) 929-2273</b> <b>G</b> Gross receipts \$ <b>496,703.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: ▶ <b>WWW.UNITEDWAYSWMN.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>1962</b>		<b>M</b> State of legal domicile: <b>MN</b>

**Part I Summary**

	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O.</b>		
<b>Activities &amp; Governance</b>	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>15</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>15</b>
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>2</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>111</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
	<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 523,539.	<b>Current Year</b> 487,449.
	<b>9</b> Program service revenue (Part VIII, line 2g)	585.	0.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,469.	1,096.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,800.	1,157.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	534,393.	489,702.
	<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	368,795.
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		124,936.	122,367.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>63,914.</b>			
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		56,444.	55,596.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		550,175.	477,078.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	-15,782.	12,624.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 840,720.	<b>End of Year</b> 830,695.
	<b>21</b> Total liabilities (Part X, line 26)	249,632.	226,983.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	591,088.	603,712.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>MEG LOUWAGIE, CEO</b> Type or print name and title	Date			
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>NATALIE MCHUGH</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN <b>P01311957</b>
	Firm's name ▶ <b>DANA F COLE &amp; COMPANY, LLP</b>	Firm's EIN ▶ <b>47-0526649</b>	Phone no. (507) 532-2295		
	Firm's address ▶ <b>310 WEST COLLEGE DRIVE MARSHALL, MN 56258</b>				

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: UNITING PEOPLE AND RESOURCES TO IMPROVE LIVES AND STRENGTHEN COMMUNITIES IN SOUTHWEST MINNESOTA.

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

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

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

4a (Code: ) (Expenses \$ 306,791. including grants of \$ 224,217. ) (Revenue \$ ) COMMUNITY IMPACT: UNITED WAY OF SOUTHWEST MINNESOTA IS A MINNESOTA NONPROFIT CORPORATION. IT IS A LOCAL AUTONOMOUS 501(C)(3) ORGANIZATION WORKING TO CREATE LASTING CHANGES IN PEOPLE'S LIVES AND THE COMMUNITIES IN LINCOLN, LYON, MURRAY, YELLOW MEDICINE AND PORTIONS OF COTTONWOOD, LAC QUI PARLE, NOBLES AND REDWOOD COUNTIES OF MINNESOTA. WE ACCOMPLISH THIS BY PARTNERING WITH NON-PROFIT AGENCIES, SCHOOLS OR LOCAL UNITS OF GOVERNMENT THAT SERVE PEOPLE IN THIS AREA OF THE STATE OF MINNESOTA AND BY TARGETING GRANTS FOR SPECIFIC PROGRAMS THAT PRODUCE OUTCOMES WITHIN THE AREAS OF HEALTH, EDUCATION, FINANCIAL STABILITY, HUNGER, AND SAFETY & WELL-BEING.

4b (Code: ) (Expenses \$ 74,898. including grants of \$ 74,898. ) (Revenue \$ ) INTERNAL PROGRAMS: UNITED WAY OF SOUTHWEST MINNESOTA FOCUSES ON HEALTH, EDUCATION, FINANCIAL STABILITY, HUNGER, AND SAFETY & WELL-BEING. THE UNITED WAY SUCCESS BY 6 INITIATIVE STRIVES TO MAKE SURE THAT ALL CHILDREN ARE READY TO SUCCEED WHEN THEY ENTER KINDERGARTEN. CHILDREN WHO START BEHIND, STAY BEHIND. KEY STRATEGIES INCLUDE SPONSORSHIP OF THE DOLLY PARTON IMAGINATION LIBRARY PROGRAM WHICH PUTS QUALITY, AGE APPROPRIATE BOOKS INTO THE HANDS OF CHILDREN (BIRTH - AGE 5) EACH MONTH AT NO COST TO THEIR FAMILIES; PREPARATION AND DISTRIBUTION OF SCHOOL READINESS KITS FOR ALL CHILDREN PRIOR TO ENTERING KINDERGARTEN; AND PLANNING AND IMPLEMENTATION OF LITERACY BUILDING AND ENHANCEMENT PROGRAMS.

4c (Code: ) (Expenses \$ 0. including grants of \$ 0. ) (Revenue \$ ) OTHER INITIATIVES EXAMPLES: ANNUAL BACK-TO-SCHOOL SUPPLY DRIVES SMALL GRANTS PROGRAM: IS TO PROVIDE SUPPORT FOR COMMUNITY PROJECTS, PROGRAMS OR INITIATIVES IN NEED OF A SMALL, ONE-TIME GRANT FOR WORK THAT ALIGNS WITH UWSWMN GOALS FOR THE COMMON GOOD. UWSWMN SMALL GRANTS GRANTS CAN BE USED FOR PROJECTS SUCH AS: PROGRAM WORK INCLUDING PLANNING, TRAINING AND/OR DEVELOPMENT; ORGANIZATIONAL CAPACITY BUILDING INCLUDING STRATEGIC PLANNING, GOVERNANCE AND OTHER TYPES OF ORGANIZATIONAL PLANNING AND/OR DEVELOPMENT ACTIVITIES; COMMUNITY AND/OR HUMAN SERVICE WORK THAT INCLUDES VOLUNTEER PARTICIPATION OR EMERGING OR UNMET NEEDS; AND/OR TO SUPPORT INNOVATIVE SOLUTIONS TO LOCAL ISSUES. THERE WERE NO GRANTS PROVIDED OUT OF THE SMALL GRANTS PROGRAM IN THE CURRENT YEAR.

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

4e Total program service expenses 381,689.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and other IRS filings.

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 [ ]

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (15), 1b (15), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9. Marked with 'X' in Yes/No columns.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b. Marked with 'X' in Yes/No columns.

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.
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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. 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) SARAH KICMAL PREVIOUS CEO	40.00			X				51,971.	0.	0.
(2) AL CASTOR RESOURCE DEVELOPMENT	3.00	X		X				0.	0.	0.
(3) MICHELLE WARME TREASURER	3.00	X		X				0.	0.	0.
(4) SHAWNA CHRISTIANSON DIRECTOR	3.00	X						0.	0.	0.
(5) BRIAN JEREMIASON COMMUNITY IMPACT	3.00	X		X				0.	0.	0.
(6) HANS ZAHRBOCK DIRECTOR	3.00	X						0.	0.	0.
(7) JOSEPH KARANJA DIRECTOR	3.00	X						0.	0.	0.
(8) TERRY KRIZ CHAIR	3.00	X		X				0.	0.	0.
(9) KEVIN VELDHIJSEN DIRECTOR	3.00	X						0.	0.	0.
(10) CURT SCHAKE DIRECTOR	3.00	X						0.	0.	0.
(11) RACHEL NUESE VICE CHAIR	3.00	X		X				0.	0.	0.
(12) HAYLEY FRUIN DIRECTOR	3.00	X						0.	0.	0.
(13) KRISTA KOPPERUD DIRECTOR	3.00	X						0.	0.	0.
(14) SEE MOUA-LESKE DIRECTOR	3.00	X						0.	0.	0.
(15) MELANIE PEDERSEN PAST CHAIR	3.00	X		X				0.	0.	0.
(16) MOLLY PETERSON DIRECTOR	3.00	X						0.	0.	0.
(17) MEG LOUWAGIE CEO	40.00			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			
<b>1b Subtotal</b> .....							51,971.	0.	0.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							51,971.	0.	0.	

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

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

**Section B. Independent Contractors**

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

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

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



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>	15,766.				
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	471,683.				
	<b>g</b> Noncash contributions included in lines 1a-1f .....	<b>1g</b>	\$				
	<b>h Total.</b> Add lines 1a-1f .....			487,449.			
<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		1,096.			1,096.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>					
	<b>c</b> Rental income or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss) .....						
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities				
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>					
	<b>c</b> Gain or (loss) .....	<b>7c</b>					
	<b>d</b> Net gain or (loss) .....						
<b>8 a</b> Gross income from fundraising events (not including \$ 15,766. of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>		7,001.				
			7,001.				
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....			0.				
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>	<b>11 a</b> REIMBURSEMENTS	<b>Business Code</b>	900099	1,157.	1,157.		
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....			1,157.			
<b>12 Total revenue.</b> See instructions .....			489,702.	1,157.	0.	1,096.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	299,115.	299,115.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	50,717.	21,569.	9,597.	19,551.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	48,720.	23,932.	9,113.	15,675.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	15,576.	7,405.	3,143.	5,028.
10 Payroll taxes	7,354.	3,383.	1,397.	2,574.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	5,594.	2,806.	1,011.	1,777.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,966.	110.	1,029.	827.
12 Advertising and promotion				
13 Office expenses	2,227.	1,511.	284.	432.
14 Information technology	4,044.	1,480.	275.	2,289.
15 Royalties				
16 Occupancy	18,000.	12,190.	2,033.	3,777.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	2,149.	762.	526.	861.
20 Interest				
21 Payments to affiliates	8,181.	3,764.	1,554.	2,863.
22 Depreciation, depletion, and amortization	704.	324.	134.	246.
23 Insurance	2,151.	990.	409.	752.
24 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.)				
a PROMOTION	5,475.			5,475.
b TELEPHONE	2,131.	980.	405.	746.
c MEMBERSHIPS AND DUES	1,754.	807.	333.	614.
d EQUIPMENT LEASE	1,220.	561.	232.	427.
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	477,078.	381,689.	31,475.	63,914.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  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 .....	15,067.	<b>1</b>	9,652.
	<b>2</b> Savings and temporary cash investments .....	736,125.	<b>2</b>	731,618.
	<b>3</b> Pledges and grants receivable, net .....	82,985.	<b>3</b>	82,273.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<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 .....	104.	<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	5,649.	<b>9</b>	6,406.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 18,450.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 17,704.	765.	<b>10c</b> 746.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....	25.	<b>14</b>	0.
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	840,720.	<b>16</b>	830,695.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,982.	<b>17</b>	2,766.
	<b>18</b> Grants payable .....	247,650.	<b>18</b>	224,217.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to 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>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	249,632.	<b>26</b>	226,983.
<b>Net Assets or Fund Balances</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>			
	<b>27</b> Net assets without donor restrictions .....	508,103.	<b>27</b>	521,439.
	<b>28</b> Net assets with donor restrictions .....	82,985.	<b>28</b>	82,273.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	591,088.	<b>32</b>	603,712.
<b>33</b> Total liabilities and net assets/fund balances .....	840,720.	<b>33</b>	830,695.	

**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	489,702.
2	Total expenses (must equal Part IX, column (A), line 25)	2	477,078.
3	Revenue less expenses. Subtract line 2 from line 1	3	12,624.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	591,088.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	603,712.

**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 Single Audit Act and OMB Circular A-133? _____		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 (2021)



**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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	610,794.	635,481.	561,211.	534,393.	487,449.	2829328.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	610,794.	635,481.	561,211.	534,393.	487,449.	2829328.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						1245863.
<b>6 Public support.</b> Subtract line 5 from line 4.						1583465.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 .....	610,794.	635,481.	561,211.	534,393.	487,449.	2829328.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	4,659.	8,161.	14,423.	3,469.	1,096.	31,808.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						2861136.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	54,535.
<b>13 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**

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)).....	<b>14</b>	55.34 %
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....	<b>15</b>	54.03 %
<b>16a 33 1/3% support test - 2021.</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 - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2021.</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 - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>	

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

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c 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 Total support. (Add lines 9, 10c, 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

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2021. 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; 19b 33 1/3% support tests - 2020. 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 in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

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



Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

**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 (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<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).		

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

Section D - Distributions		Current Year
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2021 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021			
<b>a</b> From 2016			
<b>b</b> From 2017			
<b>c</b> From 2018			
<b>d</b> From 2019			
<b>e</b> From 2020			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017			
<b>b</b> Excess from 2018			
<b>c</b> Excess from 2019			
<b>d</b> Excess from 2020			
<b>e</b> Excess from 2021			

**Schedule A Identification of Excess Contributions Included on Part II, Line 5 2021**

**\*\* Do Not File \*\***  
**\*\*\* Not Open to Public Inspection \*\*\***

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

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Name of the organization

UNITED WAY OF SOUTHWEST MINNESOTA

Employer identification number

41-6023143

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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).

Name of organization <b>UNITED WAY OF SOUTHWEST MINNESOTA</b>	Employer identification number <b>41-6023143</b>
--	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	BREMER BANK 208 E COLLEGE DRIVE MARSHALL, MN 56258	\$ 12,049.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	NORTH STAR MUTUAL INSURANCE 269 BARSTAD RD SOUTH COTTONWOOD, MN 56229	\$ 62,047.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	SCHWAN'S CORPORATE GIVING FOUNDATION 115 W COLLEGE DRIVE MARSHALL, MN 56258	\$ 75,778.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	US BANK FOUNDATION 1310 MADRID ST MARSHALL, MN 56258	\$ 81,789.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	RUNNINGS 901 N HIGHWAY 59 MARSHALL, MN 56258	\$ 11,532.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	AVERA MARSHALL REGIONAL MEDICAL CENTER 300 S BRUCE ST MARSHALL, MN 56258	\$ 14,531.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>UNITED WAY OF SOUTHWEST MINNESOTA</b>	Employer identification number  <b>41-6023143</b>
--	---

**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
7	CARR FAMILY FOUNDATION  PO BOX 1215  MARSHALL, MN 56258	\$ 20,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>UNITED WAY OF SOUTHWEST MINNESOTA</b>	Employer identification number  <b>41-6023143</b>
--	---

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____



Name of organization  <b>UNITED WAY OF SOUTHWEST MINNESOTA</b>	Employer identification number  <b>41-6023143</b>
--	---

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

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization UNITED WAY OF SOUTHWEST MINNESOTA Employer identification number 41-6023143

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.

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, number of easements, acreage, and expenses, and two yes/no questions about monitoring and reporting.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures, and amounts required to be reported.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021

**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
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 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 on 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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  \_\_\_\_\_ %
  - b Permanent endowment  \_\_\_\_\_ %
  - c Term endowment  \_\_\_\_\_ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes    | No |
|--|--------|----|
| (i) Unrelated organizations  | 3a(i)  |    |
| (ii) Related organizations   | 3a(ii) |    |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b     |    |
- 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				
b Buildings				
c Leasehold improvements				
d Equipment		18,450.	17,704.	746.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				746.

**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, col. (B) line 12.) ▶		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

**Part IX Other Assets.**

Complete if the organization answered "Yes" 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, col. (B) line 15.) ▶	

**Part X Other Liabilities.**

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

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

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements		<b>1</b>	501,497.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>		
<b>b</b>	Donated services and use of facilities	<b>2b</b>	11,578.	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	217.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>		11,795.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	489,702.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>		0.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)		<b>5</b>	489,702.

**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.

<b>1</b>	Total expenses and losses per audited financial statements		<b>1</b>	488,873.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities	<b>2a</b>	11,578.	
<b>b</b>	Prior year adjustments	<b>2b</b>		
<b>c</b>	Other losses	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	217.	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>		11,795.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>		<b>3</b>	477,078.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>		0.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)		<b>5</b>	477,078.

**Part XIII Supplemental Information.**

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

**PART X, LINE 2:**

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

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

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

**Part XIII** Supplemental Information *(continued)*

PART XII, LINE 2D - OTHER ADJUSTMENTS:

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

Multiple horizontal lines for data entry.



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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		POWER OF THE PURSE (event type)	BEER DINNER (event type)	2 (total number)		
Revenue	1	Gross receipts	11,921.	7,503.	3,343.	22,767.
	2	Less: Contributions	8,563.	4,460.	2,743.	15,766.
	3	Gross income (line 1 minus line 2)	3,358.	3,043.	600.	7,001.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes	171.			171.
	6	Rent/facility costs	500.	400.		900.
	7	Food and beverages	2,470.	2,643.	600.	5,713.
	8	Entertainment				
	9	Other direct expenses	217.			217.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
11	Net income summary. Subtract line 10 from line 3, column (d)					0.

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

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

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_





**Part IV** Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**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

**2021**

**Open to Public  
Inspection**

Name of the organization **UNITED WAY OF SOUTHWEST MINNESOTA** Employer identification number **41-6023143**

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
MARSHALL FOOD4KIDS PO BOX 771 MARSHALL, MN 56258	83-0865066	501(C)(3)	7,500.	0.			HUNGER
UNITED COMMUNITY ACTION PARTNERSHIP - KITCHEN TABLE FOOD SHELF - 1400 S SARATOGA STREET - MARSHALL, MN 56258	41-0904860	501(C)(3)	40,822.	0.			HUNGER
LUTHERAN SOCIAL SERVICES OF MINNESOTA - 715 N 11TH ST #401C - MOORHEAD, MN 56560	41-0872993	501(C)(3)	16,500.	0.			HEALTH
WOMEN'S RURAL ADVOCACY PROGRAM PO BOX 1193 MARSHALL, MN 56258-1193	41-1831918	501(C)(3)	27,500.	0.			SAFETY & WELL-BEING
UNITED COMMUNITY ACTION PARTNERSHIP - VOLUNTEER INCOME TAX ASSISTANCE PROG - 1400 S SARATOGA STREET - MARSHALL, MN 56258	41-0904860	501(C)(3)	12,000.	0.			FINANCIAL STABILITY
IMAGINATION LIBRARY 800 E MAIN STREET MARSHALL, MN 56258	41-6023143	501(C)(3)	58,173.	0.			EDUCATION

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 11.

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

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

Schedule I (Form 990) 2021

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW HORIZONS CRISIS CENTER - CRIME VICTIMS SERVICES - 109 S 5TH STREET - MARSHALL, MN 56258	41-1404769	501(C)(3)	32,500.	0.			SAFETY & WELL-BEING
UNITED COMMUNITY ACTION PARTNERSHIP - THE REFUGE - 1400 S SARATOGA STREET - MARSHALL, MN 56258	41-0904860	501(C)(3)	19,500.	0.			FINANCIAL STABILITY
NEW HORIZONS CRISIS CENTER - PARENTING TIME PROGRAM - 109 S 5TH STREET - MARSHALL, MN 56258	41-1404769	501(C)(3)	15,000.	0.			SAFETY AND WELL-BEING
PRAIRIE FIVE MEALS - PRAIRIE FIVE COMMUNITY ACTION COUNCIL - PO BOX 159 - MONTEVIDEO, MN 56265	41-0904802	501(C)(3)	8,000.	0.			HUNGER
SERVEMINNESOTA 120 SOUTH 6TH ST, SUITE 2260 MINNEAPOLIS, MN 55402	41-2010058	501(C)(3)	23,500.	0.			EDUCATION

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

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

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

PART I, LINE 2:

GRANT AWARDS AND ALLOCATIONS - WE VERIFY NONPROFIT STATUS, COMPLIANCE WITH THE PATRIOT ACT, AND ADHERENCE TO REGULATIONS TO OPERATE ON A NON-DISCRIMINATORY BASIS. TO ASSURE EFFECTIVE PROGRAM PERFORMANCES AND FINANCIAL RESPONSIBILITY AND ACCOUNTABILITY, WE ALSO REVIEW AUDIT AND FINANCIAL INFORMATION, AS WELL AS PROGRAM OUTCOME EXPECTATIONS (PROGRAM RESOURCES, ACTIVITIES, OUTPUTS, OUTCOMES, INDICATORS AND PROGRAM TARGETS). ALL GRANT APPLICATIONS ARE REVIEWED TO ASSURE THAT THEY ALIGN WITH THE UNITED WAY OF SOUTHWEST MINNESOTA GOALS FOR THE COMMON GOOD. EACH AGENCY

**Part IV Supplemental Information**

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

PART II, LINE 1:

HEALTH - INCREASE THE NUMBER OF YOUTH AND ADULTS WHO ARE HEALTHY AND AVOID RISKY BEHAVIORS - GRANTS HAVE BEEN USED: TO ACHIEVE A HEALTHIER START TO LIFE; TO INCREASE COMMUNITY CONDITIONS THAT SUPPORT HEALTHY BEHAVIORS; TO PROMOTE HEALTHY EATING AND PHYSICAL ACTIVITY; FOR SENIORS AND PEOPLE WITH DISABILITIES TO MAXIMIZE THEIR SELF-SUFFICIENCY. A GRANT FOR THIS PURPOSE HAS BEEN GIVEN TO: LUTHERAN SOCIAL SERVICE OF MINNESOTA.

EDUCATION - HELP CHILDREN AND YOUTH ACHIEVE THEIR POTENTIAL - GRANTS HAVE BEEN USED: TO HELP CHILDREN ENTER KINDERGARTEN DEVELOPMENTALLY ON TRACK IN THE AREAS OF LITERACY AND IN SOCIAL, EMOTIONAL AND COGNITIVE SKILLS; FOR ACADEMIC ACHIEVEMENT WHICH MEANS ELEMENTARY-AGE STUDENTS ARE PREPARED TO SUCCEED IN LATER GRADES AND TO GRADUATE FROM HIGH SCHOOL; TO HELP YOUNG ADULTS (18-24) MAKE THE TRANSITION FROM HIGH SCHOOL TO THE WORKING WORLD. GRANTS FOR THIS PURPOSE HAVE BEEN GIVEN TO: SUCCESS BY 6 INCLUDING FUNDS FOR IMAGINATION LIBRARY, STUFF THE BUS SCHOOL SUPPLY INITIATIVE, READ FOR THE RECORD, SUMMER PROGRAM, AND STUDENT EMERGENCY FUNDS; AND SERVEMINNESOTA. NOTE: ALL SCHOOLS IN OUR SERVICE AREA ARE INVITED TO APPLY EACH SPRING FOR STUDENT EMERGENCY FUND GRANTS WHICH ARE AWARDED BASED UPON EACH SCHOOL'S NUMBER OF

**Part IV Supplemental Information**

STUDENTS ELIGIBLE FOR FREE OR REDUCED LUNCH.

FINANCIAL STABILITY GRANTS HAVE BEEN USED FOR: YOUTH DEVELOPMENT OF FINANCIAL LITERACY SKILLS; LOWER-INCOME INDIVIDUALS AND FAMILIES TO MOVE TOWARD FINANCIAL STABILITY; COMMUNITY MEMBERS TO HAVE RESOURCES TO OVERCOME DISASTERS AND EMOTIONAL OR FINANCIAL CRISES. GRANTS FOR THIS PURPOSE HAVE BEEN GIVEN TO: VOLUNTEER INCOME TAX ASSISTANCE PROGRAM OF UNITED COMMUNITY ACTION PARTNERSHIP AND THE REFUGE OF UNITED COMMUNITY ACTION PARTNERSHIP.

HUNGER GRANTS HAVE BEEN USED: TO INCREASE NUTRITION AWARENESS AND OUTREACH; TO CONNECT WITH VULNERABLE SENIORS, DISADVANTAGED OR PERSONS WITH DISABILITIES; TO INCREASE ACCESS TO FOOD. GRANTS FOR THIS PURPOSE HAVE BEEN GIVEN TO: MARSHALL FOOD4KIDS; PRAIRIE FIVE COMMUNITY ACTION - PRAIRIE FIVE MEALS; AND KITCHEN TABLE FOOD SHELVES OF UNITED COMMUNITY ACTION PARTNERSHIP.

SAFETY & WELL-BEING GRANTS HAVE BEEN USED: TO BUILD AWARENESS, EDUCATION AND RESPECT FOR THE CONSEQUENCES OF BULLYING; TO INCREASE SUICIDE PREVENTION AND AWARENESS; TO STRENGTHEN SUPPORT AND PREVENTION PROGRAMS. GRANTS FOR THIS PURPOSE HAVE BEEN GIVEN TO: CRIME VICTIMS SERVICES OF NEW HORIZONS CRISIS CENTER; PARENTING TIME PROGRAM OF NEW HORIZONS CRISIS CENTER; AND WOMEN'S RURAL ADVOCACY PROGRAM (WRAP).

SMALL GRANTS ARE GIVEN OUT EACH YEAR FOR VARIOUS PURPOSES. FUNDS ARE SET ASIDE FOR GRANTS TO PROVIDE SUPPORT TO NETWORKS OR PROJECTS OF NON-PROFIT AND/OR CHARITABLE ORGANIZATIONS THAT MEET ONE OF THE FOLLOWING: 1) STRENGTHEN OUR COMMITMENT TO NEW ACTIVITIES OR PROGRAMS





**SCHEDULE 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

**2021**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF SOUTHWEST MINNESOTA

Employer identification number

41-6023143

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

UNITED WAY OF SOUTHWEST MINNESOTA IS AN INDEPENDENT LOCAL, AUTONOMOUS  
501(C)(3) ORGANIZATION WORKING TO CREATE LASTING CHANGES IN PEOPLE'S  
LIVES AND THE COMMUNITIES IN LINCOLN, LYON, MURRAY, YELLOW MEDICINE AND  
PORTIONS OF COTTONWOOD, LAC QUI PARLE, NOBLES AND REDWOOD COUNTIES OF  
MINNESOTA. UNITING PEOPLE AND RESOURCES TO IMPROVE LIVES AND  
STRENGTHEN COMMUNITIES IN SOUTHWEST MINNESOTA.

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

UPON RESOURCES GATHERED DURING THE PRECEDING FUND-RAISING CAMPAIGN.  
QUALIFYING ORGANIZATIONS THAT SERVE LOCAL PEOPLE ARE INVITED TO PREPARE  
GRANT PROPOSALS THAT ADDRESS STRATEGIES WITHIN THE ABOVE LISTED  
PRIORITY AREAS. GRANT APPLICATIONS UNDERGO REVIEW THROUGH AN ORGANIZED  
CITIZEN REVIEW PROCESS (OUTLINED IN PART IV, SCHEDULE I, PART 1, LINE  
2). RECOMMENDATIONS ARE THEN PRESENTED TO THE UNITED WAY OF SOUTHWEST  
MINNESOTA BOARD OF DIRECTORS FOR FINAL REVIEW AND APPROVAL. APPROVED  
GRANTS BECOME AVAILABLE JULY 1 OF EACH YEAR. ALL COMMUNITY IMPACT  
GRANTS ARE PAID OUT IN QUARTERLY INSTALLMENTS.

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

WHERE UNITED WAY OF SOUTHWEST MINNESOTA PROVIDES STAFF SUPPORT,  
VOLUNTEERS, PUBLICITY, AND SERVES AS FISCAL AGENT; SUMMER PROGRAMS; AND  
UNITED WAY STAFF ORGANIZE AND RECRUIT VOLUNTEERS FOR TARGETED COMMUNITY  
PROJECTS, I.E. DAYS OF ACTION, FOOD COLLECTION, VOLUNTEER READING  
EFFORTS; DISTRIBUTION OF PRESCRIPTION DRUG DISCOUNT CARDS TO PHARMACIES

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

Schedule O (Form 990) 2021

132211 11-11-21

Name of the organization

UNITED WAY OF SOUTHWEST MINNESOTA

Employer identification number

41-6023143

AND PLACES WHERE PEOPLE WHO NEED THEM WILL BE ABLE TO ACCESS THE CARDS;  
 ANNUAL PREPARATION, PRINTING AND DISTRIBUTION OF COMMUNITY RESOURCE  
 GUIDES, A PRINTED SUPPLEMENT TO THE UNITED WAY 211 INFORMATION AND  
 REFERRAL SERVICE IS DONE BY UNITED WAY OF SOUTHWEST MINNESOTA STAFF AND  
 VOLUNTEERS. INITIATIVES ARE DEVELOPED OR SUPPORTED WHEN UNITED WAY OF  
 SOUTHWEST MINNESOTA IDENTIFIES A GAP OR A NEED THAT IS SIGNIFICANT  
 ENOUGH TO TAKE ACTION.

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

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

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

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

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

Name of the organization UNITED WAY OF SOUTHWEST MINNESOTA	Employer identification number 41-6023143
---	--

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

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

PUBLIC AVAILABILITY OF INFO: THE IRS FORM 990 AND THE ANNUAL REPORT ARE AVAILABLE FOR REVIEW AT THE UNITED WAY OF SOUTHWEST MINNESOTA OFFICE. IN ADDITION, SEVERAL KEY POLICY DOCUMENTS ARE AVAILABLE ON OUR WEBSITE WWW.UNITEDWAYSWMN.ORG, GET TO KNOW US TAB, PUBLIC ACCOUNTABILITY: CODE OF ETHICS (WHICH INCLUDES CONFLICT OF INTEREST AND WHISTLE BLOWER POLICIES); BYLAWS; AND OUR ANNUAL REPORT (WHICH INCLUDES A GRAPH OF THE ANNUAL FINANCIAL STATEMENT). THE ANNUAL REPORT IS ALSO PRINTED AND IS AVAILABLE TO ANYONE REQUESTING A COPY.

FORM 990, PART XII, LINE 2C:

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

**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

**Website Address:**

www.ag.state.mn.us/charity

(Pursuant to Minn. Stat. ch. 309)

**SECTION A: Organization Information**

Legal Name of Organization UNITED WAY OF SOUTHWEST MINNESOTA

Federal EIN: 41-6023143

Fiscal Year-End: 06302022  
mm/dd/yyyy

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

<b>Mailing Address:</b> <u>MEG LOUWAGIE</u> Contact Person <u>P.O. BOX 41</u> Street Address <u>MARSHALL, MN 56258</u> City, State, and ZIP Code <u>507-929-2273</u> Phone Number <u>MEG.LOUWAGIE@UNITEDWAYSWMN.ORG</u> Email Address	<b>Physical Address:</b> <u>MEG LOUWAGIE</u> Contact Person <u>800 E MAIN STREET</u> Street Address <u>MARSHALL, MN 56258</u> City, State, and ZIP Code <u>507-929-2273</u> Phone Number <u>MEG.LOUWAGIE@UNITEDWAYSWMN.ORG</u> Email Address
---	--

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

2. List all of the organization's alternate and former names (attach list if more space is needed).  
UNITED WAY OF LYON COUNTY  Alternate  Former  
UNITED WAY OF MARSHALL  Alternate  Former

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

4. Is the organization incorporated pursuant to Minn. Stat. ch. 317A?  Yes  No

5. Total amount of contributions the organization received from Minnesota donors: \$ 484,254.

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

\*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.

CHARITABLE ORGANIZATION ANNUAL REPORT FORM  
(Continued)

**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>	<b>\$ _____</b>	<b>5</b>

**EXPENSES**

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

**ASSETS**

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

**LIABILITIES**

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

**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.

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

CEO (Title) and BOARD CHAIR (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 8TH

day of NOVEMBER, 2022, 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.

MEG LOUWAGIE  
Name (Print)

RACHEL NUESE  
Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

CEO  
Title

BOARD CHAIR  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date