

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047

2015

Open to Public Inspection

A For the 2015 calendar year, or tax year beginning **APR 1, 2015** and ending **MAR 31, 2016**

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	C Name of organization UNITED WAY OF OLMSTED COUNTY, INC.		D Employer identification number 41-0695594
	Doing business as		E Telephone number (507)287-2000
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 4,306,836.
	903 WEST CENTER STREET	100	
	City or town, state or province, country, and ZIP or foreign postal code ROCHESTER, MN 55902		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
F Name and address of principal officer: WALT LING SAME AS C ABOVE		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
I 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			H(c) Group exemption number ▶
J Website: WWW.UWOLMSTED.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1925	M State of legal domicile: MN

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: UNITING PEOPLE AND RESOURCES TO IMPROVE LIVES IN OUR COMMUNITY.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	20
	6 Total number of volunteers (estimate if necessary)	6	1050
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 4,017,026.	Current Year 3,945,408.
	9 Program service revenue (Part VIII, line 2g)	85,002.	77,617.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	135,870.	105,038.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	47,852.	-3,634.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,285,750.	4,124,429.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,043,750.	2,944,232.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	863,535.	937,695.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 311,044.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	356,008.	372,396.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	4,263,293.	4,254,323.	
19 Revenue less expenses. Subtract line 18 from line 12	22,457.	-129,894.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 5,768,379.	End of Year 5,322,261.
	21 Total liabilities (Part X, line 26)	1,219,651.	1,161,010.
	22 Net assets or fund balances. Subtract line 21 from line 20	4,548,728.	4,161,251.

Part II Signature Block

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

Sign Here	Signature of officer	Date			
	WALT LING, BOARD CHAIR Type or print name and title	8/16/2016			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	JASON P. BOYNTON	JASON P. BOYNTON	08/15/16		P00029979
Preparer Use Only	Firm's name ▶ SMITH, SCHAFER AND ASSOC., LTD.	Firm's EIN ▶ 41-1489071			
	Firm's address ▶ 220 SOUTH BROADWAY, SUITE 102 ROCHESTER, MN 55904	Phone no. (507)288-3277			

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

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

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

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

4a (Code:) (Expenses \$ 1,885,482. including grants of \$ 1,885,482.) (Revenue \$ 77,617.) PROGRAM GRANTS, AWARDS AND ALLOCATIONS: UNITED WAY OF OLMSTED COUNTY UNITES PEOPLE AND RESOURCES TO IMPROVE LIVES IN THE COMMUNITY WITH A FOCUS ON EDUCATION, INCOME, HEALTH, AND BASIC NEEDS - THE BUILDING BLOCKS FOR A GOOD QUALITY OF LIFE. UNITED WAY ACHIEVES THESE GOALS BY CONVENING THE COMMUNITY TO ADDRESS KEY ISSUES, COLLABORATING TO ACHIEVE A MEASURABLE IMPACT, AND CONNECTING HUMAN AND FINANCIAL RESOURCES.

PEOPLE IN NEED REACH THEIR POTENTIAL:
* PEOPLE'S BASIC NEEDS ARE MET (BASIC NEEDS); \$608,663 GRANTED
* INDIVIDUALS AND FAMILIES ARE FINANCIALLY STABLE (INCOME); \$179,681 GRANTED
(CONTINUED ON SCHEDULE O)

4b (Code:) (Expenses \$ 516,427. including grants of \$ 245,425.) (Revenue \$ 0.) INTERNAL INITIATIVES: IN ADDITION TO UNITING THE COMMUNITY TO CREATE LASTING CHANGE THROUGH FUNDED PARTNER AGENCIES, UNITED WAY OF OLMSTED COUNTY FOCUSES ON SEVERAL INTERNAL INITIATIVES TO FURTHER OUR WORK. THESE INTERNAL INITIATIVES ARE AS FOLLOWS:

1. RUNNING START FOR SCHOOL COLLECTS BACKPACKS AND SCHOOL SUPPLIES THROUGH THE SUMMER MONTHS AND DISTRIBUTES THE DONATED AND PURCHASED SUPPLIES TO CHILDREN WHO ARE ELIGIBLE FOR FREE AND REDUCED LUNCH. \$105,707
2. 2-1-1 IS A FREE, CONFIDENTIAL, AND MULTILINGUAL HUMAN SERVICE PHONE RESOURCE'S. INFORMATION IS AVAILABLE 24 HOURS A DAY ON A VARIETY OF
(CONTINUED ON SCHEDULE O)

4c (Code:) (Expenses \$ 813,325. including grants of \$ 813,325.) (Revenue \$ 3,958.) DONOR DESIGNATIONS: AS A SERVICE TO OUR DONORS, LOCAL AGENCIES, AND COMPANIES THAT RUN CAMPAIGNS, WE WILL PROCESS CONTRIBUTIONS DESIGNATED BY THE DONOR TO A SPECIFIC AGENCY. WE WILL RAISE, COLLECT AND FORWARD DONOR CONTRIBUTIONS TO THE DONOR'S CHOSEN NONPROFIT ORGANIZATION. EXPENSES ONLY INCLUDE DESIGNATED DOLLARS TO BE DISTRIBUTED, AND DO NOT INCLUDE ANY EXPENSES FOR FUNDRAISING OR PROCESSING OF THE DESIGNATED DONATIONS.

4d Other program services (Describe in Schedule O) (Expenses \$ 438,550. including grants of \$) (Revenue \$)

4e Total program service expenses 3,653,784.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
20b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
25b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
35b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O

Table with columns for question numbers (1a-14b), Yes, and No. Contains various tax compliance questions and their corresponding 'Yes' or 'No' responses.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 16		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	X	

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **MN**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **JEROME FERSON - (507)287-2000**
903 WEST CENTER STREET, SUITE 100, ROCHESTER, MN 55902

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAVID OETH DIRECTOR	2.00	X						0.	0.	0.
(2) PATRICIA BARRIER DIRECTOR	1.00	X						0.	0.	0.
(3) JOHN EDMONDS DIRECTOR	1.00	X						0.	0.	0.
(4) JEFF ELSTAD TREASURER	2.00	X		X				0.	0.	0.
(5) PAUL FLEISSNER DIRECTOR	1.00	X						0.	0.	0.
(6) JEFF HAZARD DIRECTOR	2.00	X						0.	0.	0.
(7) VIRGINIA MERRITT DIRECTOR	2.00	X						0.	0.	0.
(8) TORY JOHNSON DIRECTOR	1.00	X						0.	0.	0.
(9) WALT LING VICE CHAIR	4.00	X		X				0.	0.	0.
(10) KELLY MCDONOUGH DIRECTOR	2.00	X						0.	0.	0.
(11) MICHAEL MUNOZ DIRECTOR	2.00	X						0.	0.	0.
(12) CHRIS NELSON BOARD CHAIR	4.00	X		X				0.	0.	512.
(13) JOANNE ROSENER DIRECTOR	2.00	X						0.	0.	0.
(14) DON SUPALLA DIRECTOR	2.00	X						0.	0.	0.
(15) EMILY TIES DIRECTOR	3.00	X						0.	0.	0.
(16) DIANE WOTRENG DIRECTOR	3.00	X						0.	0.	0.
(17) JEROME FERSON PRESIDENT	38.00			X				130,386.	0.	21,631.

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 3,291.				
	b Membership dues	1b				
	c Fundraising events	1c 4,948.				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 3,937,169.				
	g Noncash contributions included in lines 1a-1f: \$	64,217.				
	h Total. Add lines 1a-1f	▶ 3,945,408.				
	Program Service Revenue	2 a PROGRAM SERVICES	Business Code 624100	77,617.	77,617.	
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f		▶ 77,617.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶ 105,038.			105,038.	
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
	6 a Gross rents	(i) Real	131,803.			
		(ii) Personal				
		b Less: rental expenses	139,395.			
		c Rental income or (loss)	-7,592.			
	d Net rental income or (loss)	▶ -7,592.			-7,592.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)	▶				
	8 a Gross income from fundraising events (not including \$ 4,948. of contributions reported on line 1c). See Part IV, line 18	a	43,012.			
		b Less: direct expenses	43,012.			
c Net income or (loss) from fundraising events		▶ 0.				
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities	▶				
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory	▶				
Miscellaneous Revenue		Business Code				
11 a COST RECOVERY FEES	624100	3,958.	3,958.			
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d	▶ 3,958.				
12 Total revenue. See instructions.	▶ 4,124,429.	81,575.	0.	97,446.		

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	2,698,807.	2,698,807.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	245,425.	245,425.		
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	335,056.	178,517.	69,061.	87,478.
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	476,470.	256,185.	93,097.	127,188.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	28,947.	13,296.	7,603.	8,048.
9 Other employee benefits	35,380.	18,463.	11,660.	5,257.
10 Payroll taxes	61,842.	33,138.	11,856.	16,848.
11 Fees for services (non-employees):				
a Management				
b Legal	417.		417.	
c Accounting	16,889.		16,889.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	25,111.		23,914.	1,197.
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	28,253.	11,703.	1,243.	15,307.
13 Office expenses	22,431.	10,161.	6,205.	6,065.
14 Information technology	45,269.	28,732.	7,411.	9,126.
15 Royalties				
16 Occupancy	55,056.	31,599.	12,528.	10,929.
17 Travel	13,499.	7,041.	3,482.	2,976.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	25,821.	15,099.	3,659.	7,063.
20 Interest				
21 Payments to affiliates	40,447.	25,422.	6,248.	8,777.
22 Depreciation, depletion, and amortization	5,097.	1,650.	2,513.	934.
23 Insurance	8,651.	1,953.	5,695.	1,003.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROGRAM EXPENSES	72,278.	72,278.		
b MISCELLANEOUS	13,177.	4,315.	6,014.	2,848.
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	4,254,323.	3,653,784.	289,495.	311,044.
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	
Assets	1	Cash - non-interest-bearing	300.	1	300.
	2	Savings and temporary cash investments	429,958.	2	528,080.
	3	Pledges and grants receivable, net	2,347,080.	3	2,044,196.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	30,844.	9	34,792.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,864,720.		
	b	Less: accumulated depreciation	10b 1,221,012.	10c	643,708.
	11	Investments - publicly traded securities	2,310,070.	11	2,071,185.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	5,768,379.	16	5,322,261.	
Liabilities	17	Accounts payable and accrued expenses	33,489.	17	57,070.
	18	Grants payable	516,497.	18	505,258.
	19	Deferred revenue	27,830.	19	22,084.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	109,321.	23	78,077.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	532,514.	25	498,521.
	26	Total liabilities. Add lines 17 through 25	1,219,651.	26	1,161,010.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	1,524,308.	27	1,260,601.
	28	Temporarily restricted net assets	3,024,420.	28	2,900,650.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	Total net assets or fund balances	4,548,728.	33	4,161,251.	
34	Total liabilities and net assets/fund balances	5,768,379.	34	5,322,261.	

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	4,124,429.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,254,323.
3	Revenue less expenses. Subtract line 2 from line 1	3	-129,894.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,548,728.
5	Net unrealized gains (losses) on investments	5	-257,583.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,161,251.

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

UNITED WAY OF OLMSTED COUNTY, INC.

Employer identification number

41-0695594

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

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

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

g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization (described on lines 1-9 above (see instructions)), (iv) Is the organization listed in your governing document? (Yes/No), (v) Amount of monetary support (see instructions), (vi) Amount of other support (see instructions).

Total

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	105,781.	4,144,364.	4,003,927.	4,017,026.	3,945,408.	16,216,506.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	105,781.	4,144,364.	4,003,927.	4,017,026.	3,945,408.	16,216,506.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,295,000.
6 Public support. Subtract line 5 from line 4.						14,921,506.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	105,781.	4,144,364.	4,003,927.	4,017,026.	3,945,408.	16,216,506.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	49,889.	232,896.	238,782.	275,065.	236,841.	1,033,473.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						17,249,979.
12 Gross receipts from related activities, etc. (see instructions)					12	401,399.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	86.50 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	86.75 %
16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2014. 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 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):
- a** The organization satisfied the Activities Test. Complete line 2 below.
- b** The organization is the parent of each of its supported organizations. Complete line 3 below.
- c** The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7:			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2015

Name of the organization

Employer identification number

UNITED WAY OF OLMSTED COUNTY, INC.

41-0695594

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization UNITED WAY OF OLMSTED COUNTY, INC.	Employer identification number 41-0695594
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MAYO CLINIC 200 1ST STREET SW ROCHESTER, MN 55905	\$ 410,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	MCNEILUS TRUCK AND MANUFACTURING, INC. 524 E. HIGHWAY STREET DODGE CENTER, MN 55927	\$ 102,154.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	HGST, INC 3605 HIGHWAY 52 N ROCHESTER, MN 55901	\$ 82,096.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	OTTO BREMER FOUNDATION 445 MINNESOTA ST, STE 2250 ST. PAUL, MN 55101	\$ 93,945.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

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

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

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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

Name of the organization

UNITED WAY OF OLMSTED COUNTY, INC.

Employer identification number

41-0695594

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include Total number at end of year, Aggregate value of contributions, and questions about donor information.

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

Form with multiple sections for conservation easements, including questions about purpose, monitoring, and expenses. Includes a table for 'Held at the End of the Tax Year'.

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.

Form with questions about reporting art and historical treasures, including revenue and asset amounts.

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	Amount
1c	
1d	
1e	
1f	

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided 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	571,488.	550,762.	321,331.	296,256.	
b Contributions	313.	7,417.	190,697.	7,548.	275,414.
c Net investment earnings, gains, and losses	-21,252.	32,842.	43,803.	21,265.	21,128.
d Grants or scholarships	48,200.	14,000.			
e Other expenditures for facilities and programs					
f Administrative expenses	5,918.	5,533.	5,069.	3,738.	286.
g End of year balance	496,431.	571,488.	550,762.	321,331.	296,256.

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 95.00 %
 - c Temporarily restricted endowment 5.00 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		77,525.		77,525.
b Buildings		1,629,644.	1,066,688.	562,956.
c Leasehold improvements				
d Equipment		157,551.	154,324.	3,227.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				643,708.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (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)		
Total. (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)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DONOR DESIGNATIONS PAYABLE	498,521.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	498,521.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements		1	3,101,233.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-257,583.	
b	Donated services and use of facilities	2b	4,700.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	43,012.	
e	Add lines 2a through 2d	2e	-209,871.	
3	Subtract line 2e from line 1	3	3,311,104.	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	813,325.	
c	Add lines 4a and 4b	4c	813,325.	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	4,124,429.	

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

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

1	Total expenses and losses per audited financial statements		1	3,488,710.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	4,700.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	43,012.	
e	Add lines 2a through 2d	2e	47,712.	
3	Subtract line 2e from line 1	3	3,440,998.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	813,325.	
c	Add lines 4a and 4b	4c	813,325.	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,254,323.	

Part XIII Supplemental Information.

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

PART V, LINE 4:

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

PART XI, LINE 2D - OTHER ADJUSTMENTS:

DIRECT EXPENSES RELATED TO SPECIAL EVENTS 43,012.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED PLEDGES 813,325.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT EXPENSES RELATED TO SPECIAL EVENTS 43,012.

Part XIII Supplemental Information *(continued)*

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED PLEDGES

813,325.

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
		POWER OF THE PURSE (event type)	(event type)	5 (total number)	(add col. (a) through col. (c))
Revenue	1	Gross receipts	44,309.	3,651.	47,960.
	2	Less: Contributions	11,399.		11,399.
	3	Gross income (line 1 minus line 2)	32,910.	3,651.	36,561.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	12,908.	50.	12,958.
	7	Food and beverages		4,383.	4,383.
	8	Entertainment	15,500.	25.	15,525.
	9	Other direct expenses	4,502.	5,644.	10,146.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			43,012.
	11	Net income summary. Subtract line 10 from line 3, column (d)			-6,451.

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			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

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

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

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

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

Name ▶ _____

Address ▶ _____

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

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

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

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

**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.

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

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

UNITED WAY OF OLMSTED COUNTY, INC.

Employer identification number
41-0695594

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ABILITY BUILDING CENTER 1911 14TH STREET NW ROCHESTER, MN 55901	41-0829178	501(C)(3)	81,500.	0.			PROGRAM OPERATING COST AND DONOR DESIGNATIONS
AMERICAN RED CROSS 310 14TH STREET SE ROCHESTER, MN 55904	53-0196605	501(C)(3)	10,038.	0.			DONOR DESIGNATIONS
BOY SCOUTS OF AMERICA, GAMEHAVEN COUNCIL - 1124 11 1/2 STREET SE - ROCHESTER, MN 55904	41-0698309	501(C)(3)	14,360.	0.			DONOR DESIGNATIONS
BOYS & GIRLS CLUB OF ROCHESTER 1026 E CENTER STREET ROCHESTER, MN 55904	41-1945875	501(C)(3)	119,072.	0.			PROGRAM OPERATING COST AND DONOR DESIGNATIONS
BYRON SCHOOL DISTRICT 501 10TH AVENUE NE BYRON, MN 55920	41-6002825	170(C)(1)	16,498.	0.			PROGRAM OPERATING COST
CAMP COMPANION INC PO BOX 7478 ROCHESTER, MN 55903	32-0165702	501(C)(3)	6,406.	0.			DONOR DESIGNATIONS

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

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

48.

1.

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

Schedule I (Form 990) (2015)

UNITED WAY OF OLMSTED COUNTY, INC.

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES 903 W CENTER STREET, STE 220 ROCHESTER, MN 55902	41-0721636	501(C)(3)	59,656.	0.			PROGRAM OPERATING COST AND DONOR DESIGNATIONS
CENTER CITY HOUSING 105 1/2 WEST FIRST STREET DULUTH, MN 55802	36-3485584	501(C)(3)	19,999.	0.			PROGRAM OPERATING COST
CHANNEL ONE 131 35TH STREET SE ROCHESTER, MN 55904	41-1379713	501(C)(3)	124,165.	0.			PROGRAM OPERATING COST AND DONOR DESIGNATIONS
CHILDREN OF DESTINY 3270 19TH STREET NW, STE 208 ROCHESTER, MN 55901	06-1777757	501(C)(3)	55,303.	0.			PROGRAM OPERATING COST AND DONOR DESIGNATIONS
CHILDREN'S DENTAL HEALTH 903 W CENTER STREET ROCHESTER, MN 55902	20-3677586	501(C)(3)	34,304.	0.			PROGRAM OPERATING COST AND DONOR DESIGNATIONS
CIVIC LEAGUE DAY NURSERY 427 6TH AVENUE SW ROCHESTER, MN 55902	41-0721719	501(C)(3)	127,803.	0.			PROGRAM OPERATING COST AND DONOR DESIGNATIONS
COMMUNITY CELEBRATION CHURCH 27401 COUNTY HIGHWAY 34 KASSON, MN 55944	41-1928344	501(C)(3)	15,179.	0.			DONOR DESIGNATIONS
ELDER NETWORK 1130 1/2 7TH STREET NW, STE 205 ROCHESTER, MN 55901	41-1704390	501(C)(3)	31,061.	0.			PROGRAM OPERATING COST AND DONOR DESIGNATIONS
FAMILIES FIRST OF MINNESOTA 126 WOODLAKE DRIVE SE ROCHESTER, MN 55904-5533	41-0987753	501(C)(3)	210,554.	0.			PROGRAM OPERATING COST AND DONOR DESIGNATIONS

UNITED WAY OF OLMSTED COUNTY, INC.

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY PROMISE ROCHESTER 811 7TH STREET NW ROCHESTER, MN 55901	41-1953191	501(C)(3)	42,316.	0.			PROGRAM OPERATING COST AND DONOR DESIGNATIONS
FAMILY SERVICE ROCHESTER INC 4600 18TH AVENUE NW ROCHESTER, MN 55901	41-0883453	501(C)(3)	289,530.	0.			PROGRAM OPERATING COST AND DONOR DESIGNATIONS
GIFT OF LIFE TRANSPLANT HOUSE 705 2ND STREET SW ROCHESTER, MN 55902	41-1495845	501(C)(3)	8,400.	0.			DONOR DESIGNATIONS
GIRL SCOUTS OF MN AND WI RIVER FALLS - 4228 8TH STREET SW - ROCHESTER, MN 55902	41-0693910	501(C)(3)	70,733.	0.			PROGRAM OPERATING COST AND DONOR DESIGNATIONS
GOOD NEWS CHILDREN'S CENTER 2645 N BROADWAY ROCHESTER, MN 55906	41-2001068	501(C)(3)	25,905.	0.			PROGRAM OPERATING COST AND DONOR DESIGNATIONS
GRACE LUTHERAN CHURCH 404 CENTRAL AVENUE N DODGE CENTER, MN 55927	41-1289402	501(C)(3)	5,748.	0.			DONOR DESIGNATIONS
HAWTHORNE EDUCATION CENTER C/O JULIE NIGON - 700 4TH AVENUE SE - ROCHESTER, MN 55904	41-1628288	501(C)(3)	140,946.	0.			PROGRAM OPERATING COST AND DONOR DESIGNATIONS
INTERCULTURAL MUTUAL ASSISTANCE 2500 VALLEY HIGH DRIVE NW ROCHESTER, MN 55901	41-1497753	501(C)(3)	50,790.	0.			PROGRAM OPERATING COST AND DONOR DESIGNATIONS
LEGAL ASSISTANCE OF OLMSTED COUNTY 1700 N BROADWAY, STE 124 ROCHESTER, MN 55906	41-0992471	501(C)(3)	46,181.	0.			PROGRAM OPERATING COST AND DONOR DESIGNATIONS

Schedule I (Form 990)

UNITED WAY OF OLMSTED COUNTY, INC.

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAMI SE MN 1700 N BROADWAY, STE 124 ROCHESTER, MN 55906	36-3504277	501(C)(3)	41,416.	0.			PROGRAM OPERATING COST AND DONOR DESIGNATIONS
NEW LIFE FAMILY SERVICES 902 N BROADWAY ROCHESTER, MN 55906	51-0153937	501(C)(3)	8,045.	0.			DONOR DESIGNATIONS
OLMSTED COUNTY FINANCE DEPT 140 4TH STREET SE ROCHESTER, MN 55904	41-6005859	170(C)(1)	35,786.	0.			PROGRAM OPERATING COST
OLMSTED OUTREACH PROJECT LEGACY PO BOX 882 ROCHESTER, MN 55903	41-1941871	501(C)(3)	5,599.	0.			DONOR DESIGNATIONS
PAWS AND CLAWS 3224 19TH STREET NW ROCHESTER, MN 55901	41-1311160	501(C)(3)	11,877.	0.			DONOR DESIGNATIONS
PLANNED PARENTHOOD MN/SD 1200 LAGOON AVENUE MINNEAPOLIS, MN 55408	41-0948382	501(C)(3)	5,787.	0.			DONOR DESIGNATIONS
POSSIBILITIES OF SOUTHERN MN 1808 3RD AVENUE SE ROCHESTER, MN 55904	41-0853397	501(C)(3)	47,511.	0.			PROGRAM OPERATING COST AND DONOR DESIGNATIONS
QUARRY HILL NATURE CENTER 701 SILVER CREEK ROAD ROCHESTER, MN 55906	36-3416399	501(C)(3)	39,010.	0.			PROGRAM OPERATING COST AND DONOR DESIGNATIONS
READING CENTER/DYSLEXIA INSTITUTE OF AMERICA - 847 5TH STREET NW - ROCHESTER, MN 55901	41-1633734	501(C)(3)	13,554.	0.			PROGRAM OPERATING COST AND DONOR DESIGNATIONS

UNITED WAY OF OLMSTED COUNTY, INC.

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990) Part II).							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROCHESTER AREA FAMILY Y 709 1ST AVENUE SW ROCHESTER, MN 55902	41-0807581	501(C)(3)	91,160.	0.			PROGRAM OPERATING COST AND DONOR DESIGNATIONS
ROCHESTER AREA FOUNDATION 12 ELTON HILLS DRIVE NW ROCHESTER, MN 55901	41-6017740	501(C)(3)	11,107.	0.			PROGRAM OPERATING COST AND DONOR DESIGNATIONS
ROCHESTER CENTRAL LUTHERAN SCHOOL 2619 9TH AVENUE NW ROCHESTER, MN 55901	41-0830223	501(C)(3)	5,113.	0.			DONOR DESIGNATIONS
RONALD McDONALD HOUSE 850 2ND STREET SW ROCHESTER, MN 55902	41-1344744	501(C)(3)	5,214.	0.			DONOR DESIGNATIONS
SERVE MINNESOTA 120 S 6TH STREET, STE 2260 MINNEAPOLIS, MN 55402	41-2010058	501(C)(3)	5,000.	0.			PROGRAM OPERATING COST
SOUTHBROOK CHRISTIAN CHURCH 9095 WASHINGTON CHURCH ROAD MIAMISBURG, OH 45342	31-1170733	501(C)(3)	9,579.	0.			DONOR DESIGNATIONS
THE SALVATION ARMY 20 1ST AVENUE NE ROCHESTER, MN 55906	36-2167910	501(C)(3)	190,432.	0.			PROGRAM OPERATING COST AND DONOR DESIGNATIONS
TRI-VALLEY OPPORTUNITY COUNCIL INC 1026 E CENTER STREET ROCHESTER, MN 55904	41-0888488	501(C)(3)	21,054.	0.			PROGRAM OPERATING COST
UNITED WAY GOODHUE WABASHA AND PIERCE COUNTY - 413 W 3RD STREET - RED WING, MN 55066	41-6043633	501(C)(3)	24,343.	0.			DONOR DESIGNATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF DODGE COUNTY PO BOX 718 DODGE CENTER, MN 55927	41-1657224	501(C)(3)	63,934.	0.			DONOR DESIGNATIONS
UNITED WAY OF MOWER COUNTY 301 N MAIN STREET, STE 6 AUSTIN, MN 55912	41-0831896	501(C)(3)	24,308.	0.			DONOR DESIGNATIONS
UNITED WAY OF STEELE COUNTY 110 N CEDAR AVENUE OWATONNA, MN 55060	23-7366680	501(C)(3)	5,264.	0.			DONOR DESIGNATIONS
UNITED WAY OF THE GREATER WINONA AREA - 902 E 2ND STREET, STE 330 - WINONA, MN 55987	41-0706134	501(C)(3)	10,882.	0.			DONOR DESIGNATIONS
WOMEN'S SHELTER INC PO BOX 457 ROCHESTER, MN 55903	41-1316614	501(C)(3)	13,234.	0.			DONOR DESIGNATIONS
WORKFORCE DEVELOPMENT INC 2070 COLLEGEVIEW ROAD EAST ROCHESTER, MN 55904	41-1484613	501(C)(3)	9,311.	0.			PROGRAM OPERATING COST
ZUMBRO VALLEY HEALTH CENTER 343 WOOD LAKE DRIVE SE ROCHESTER, MN 55904	41-6052022	501(C)(3)	22,623.	0.			PROGRAM OPERATING COST AND DONOR DESIGNATIONS

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 non-cash assistance
DISTRIBUTED SCHOOL SUPPLIES	4459	0.	70,041.	FMV	SCHOOL SUPPLIES
DISTRIBUTED WINTER OUTERWEAR	1667	0.	26,589.	THRIFT VALUE	NEW AND USED COATS

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:

UNITED WAY OF OLMSTED COUNTY, INC. MONITORS NONPROFIT STATUS AND COMPLIANCE WITH THE PATRIOT ACT AND GOING CONCERN OF EACH ORGANIZATION RECEIVING AWARDS. EVERY SIX MONTHS UNITED WAY VOLUNTEERS AND STAFF MONITOR THE ACTUAL RESULTS OF ALL FUNDED PROGRAMS AGAINST THE EXPECTED RESULTS ARTICULATED IN THE PROGRAM FUNDING APPLICATION. ADDITIONALLY, VOLUNTEERS LEARN OF PROGRAM SUCCESSES, ACHIEVEMENTS, AND CHALLENGES DURING EACH SIX-MONTH REPORTING PERIOD. FACE-TO-FACE CONVERSATIONS ARE HELD TO FOSTER OPEN COMMUNICATION AND DIALOGUE TO STRENGTHEN THE NONPROFIT SECTOR'S

Part IV Supplemental Information

ABILITY TO ADVANCE THE COMMON GOOD. PREDETERMINED OUTCOMES ARE DEVELOPED BY GROUPS OF VOLUNTEERS, SUPERVISED BY THE VISION COUNCIL, AND APPROVED BY THE BOARD OF DIRECTORS.

DONOR DESIGNATED GRANTS - UNITED WAY OF OLMSTED COUNTY MONITORS NONPROFIT STATUS AND COMPLIANCE WITH THE PATRIOT ACT OF EACH ORGANIZATION RECEIVING DONOR DESIGNATED FUNDS. WE DO NOT MONITOR THE AGENCIES' USE OF THESE FUNDS.

SCHEDULE I, PART II, LINE 1(A)

UNITED WAY OF OLMSTED COUNTY AWARDS GRANTS TO BE PAID OUT AS ONE-TIME PAYMENTS, OR EQUAL PAYMENTS OVER APPLICABLE MONTHS. THESE AWARDS ARE ACCRUED AS EXPENSES AND LIABILITIES IN THE PERIOD WHEN THE CONTRACT IS SIGNED. THIS SCHEDULE REPRESENTS PAYMENTS TO ORGANIZATIONS FOR THE PERIOD COVERED ON THIS TAX RETURN, WHICH MAY HAVE BEEN ACCRUED AS EXPENSE AND LIABILITIES IN A PREVIOUS PERIOD.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2015

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization

UNITED WAY OF OLMSTED COUNTY, INC.

Employer identification number

41-0695594

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input checked="" type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

1b **X**

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

2 **X**

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

4a **X**

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

4b **X**

c Participate in, or receive payment from, an equity-based compensation arrangement?

4c **X**

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

5a **X**

b Any related organization?

5b **X**

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

6a **X**

b Any related organization?

6b **X**

If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III

7 **X**

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

8 **X**

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

9

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

Schedule J (Form 990) 2015

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

UNITED WAY OF OLMSTED COUNTY, INC.

Employer identification number

41-0695594

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications	X		70,041.	FAIR MARKET VALUE
5 Clothing and household goods	X		26,589.	THRIFT VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()				
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

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

29

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

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

Schedule M (Form 990) (2015)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

UNITED WAY OF OLMSTED COUNTY, INC.

Employer identification number

41-0695594

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

* INDIVIDUALS ARE PHYSICALLY AND MENTALLY HEALTHY (HEALTH); \$318,000

GRANTED

* CHILDREN AND YOUTH REACH THEIR POTENTIAL IN SCHOOL AND IN THE

COMMUNITY (EDUCATION); \$779,138 GRANTED

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

TOPICS INCLUDING CHILDCARE, COUNSELING, FOOD, HEALTH SERVICES,
HOUSING, LEGAL ASSISTANCE, TRANSPORTATION, VOLUNTEERING, AND MORE.

\$24,565

3. VOLUNTEER CENTER, GET CONNECTED IS UNITED WAY'S ONLINE TOOL TO

CONNECT VOLUNTEER TO OPPORTUNITIES AND EVENTS, ALLOWS PEOPLE TO

VOLUNTEER WITH LOCAL ORGANIZATIONS THAT FIT THE VOLUNTEER'S SCHEDULE

AND INTEREST. \$77,061

4. IMAGINATION LIBRARY PROVIDES ALL CHILDREN LIVING IN OUR SERVICE AREA

THE OPPORTUNITY TO RECEIVE A FREE, AGE APPROPRIATE BOOK IN THE MAIL

EACH MONTH FROM BIRTH TO THEIR FIFTH BIRTHDAY. EACH BOOK IS SELECTED

FOR THE DEVELOPMENTAL BENEFITS IT BRINGS. \$158,487

5. WINTER OUTERWEAR COLLECTS INTER COATS AND OTHER ITEMS THROUGHOUT

SEPTEMBER AND OCTOBER TO HELP INDIVIDUALS AND FAMILIES STAY WARM EACH

WINTER. \$44,512

6. FREE TAX PREPARATION CONNECTS LOW TO MODERATE INCOME FAMILIES TO

OPPORTUNITIES TO FILE THEIR TAXES FOR FREE, IN PARTNERSHIP WITH AARP

TRAINED PREPARERS. THIS ASSISTANCE OFTEN RESULTS IN FILERS RECEIVING

ADDITIONAL MONEY THROUGH THE EARNED INCOME TAX CREDIT. \$25,202

7. COMMUNITY INFORMATION SHARING SYSTEM ACHIEVES GREAT COMMUNITY IMPACT

Name of the organization

UNITED WAY OF OLMSTED COUNTY, INC.

Employer identification number

41-0695594

THROUGH INFORMATION SHARING BETWEEN AGENCIES. PARTICIPATING ORGANIZATIONS ARE ABLE TO SHARE INFORMATION TO IMPROVE DELIVERY OF DIRECT SERVICES AS WELL AS OFFER REFERRALS. \$11,876

8. GANG INITIATIVE, IS CONVENED AND COORDINATED BY UNITED WAY, AS A COMMUNITY PLAN OF ACTION TO ADDRESS YOUTH AND ADULT GANG ISSUES IN THE ROCHESTER AREA. \$47,149

9. EVALUATIVE THINKING IS AN INITIATIVE, MADE POSSIBLE BY A GRANT FROM THE OTTO BREMER TRUS, TO DEVELOP AND STRNGTHEN UNITED WAY'S INTERNAL SYSTEMS AND PRACTICES TO BETTER MANAGE LEARNING AND KNOWLEDGE, TO CONTINUOUSLY IMPROVE ITSELF AND SPREAD LEARNING ACROSS OUR COMMUNITY. \$21,677

10. COMMUNITY SCHOOLS IS A PARTNERSHIP WITH ROCHESTER PUBLIC SCHOOLS ON A TWO-YEAR PILOT AT GAGE AND RIVERSIDE CENTRAL ELEMENTARY SCHOOLS. UNITED WAY'S ROLE AS LEAD PARTNER IN THE PILOT IS TO FACILIAATE ACROSS VARIOUS PARTNERSHIPS AND MOBILIZE COMMUNITY RESOURCES TO IMPROVE EDUCATIONAL, HEALTH, SOCIAL, FAMILY AND ECONOMIC CONDITIONS AT THE SCHOOLS AND IN ADJACENT NEIGHBORHOODS. \$191

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

COMMUNITY IMPACT, ADVOCACY, GRANT MAKING, CAPACITY BUILDING AND RESULT TRACKING: EXPENSES INCURRED BY THE ORGANIZATION TO ASSESS COMMUNITY NEEDS, PROVIDE OUTCOME MEASUREMENT TRAINING TO VARIOUS ENTITIES IN THE COMMUNITY; PROVIDE PROGRAM ASSESSMENT, REVIEW AND SELECTION; ADMINISTER GRANTS; PROVIDE FINANCIAL AND STEWARDSHIP OVERSIGHT OF GRANT RECIPIENTS; PROVIDE CAPACITY BUILDING FOR AGENCIES; ADVOCATE FOR CAUSES; AND PARTICIPATE IN COMMUNITY PARTNERSHIPS TO ADVANCE COMMON GOALS IN THE FOUR FOCUSED AREAS.

EXPENSES \$ 438,550. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

Name of the organization

UNITED WAY OF OLMSTED COUNTY, INC.

Employer identification number

41-0695594

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

THE IRS FORM 990 IS PREPARED BY A THIRD PARTY TAX PREPARER, REVIEWED BY SENIOR MANAGEMENT, REVIEWED BY THE FINANCE COMMITTEE, APPROVED AND SENT TO THE BOARD OF DIRECTORS. THE BOARD OF DIRECTORS REVIEWS THE IRS FORM 990 BEFORE IT IS FILED, AND APPROVES EITHER BEFORE FILING OR AT THE NEXT MEETING AFTER FILING.

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

MONITORING AND COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY IS ACHIEVED BY CONFLICT OF INTEREST FORMS BEING COMPLETED ANNUALLY BY ALL BOARD, COMMITTEE AND STAFF MEMEBERS. THESE FORMS ARE REVIEWED BY THE PRESIDENT AND GOVERNANCE COMMITTEE, WITH MONITORING MONTHLY. BEFORE EACH MEETING, PARTICIPANTS ARE REQUESTED TO DISCLOSE ANY CONFLICT OF INTEREST BASED ON THE AGENDA, OR AS AGENDA ITEMS ARISE WHERE A PREVIOUS DECLARATION WAS NOT NOTED. THE PRESIDENT AND GOVERNANCE COMMITTEE REVIEW THE MINUTES OF THE MEETINGS FOR COMPLIANCE OF THE POLICY. THE PRESIDENT MONITORS STAFF ACTIVITIES FOR COMPLIANCE.

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

COMPENSATION FOR THE PRESIDENT IS REVIEWED ANNUALLY BY THE COMPENSATION COMMITTEE. THE COMPENSATION COMMITTEE REVIEWS CURRENT SALARY AND BENEFITS, CONSIDERS EFFECTIVENESS AND RESULTS OF THE INDIVIDUAL, USES COMPARABILITY DATA FROM UNITED WAY WORLDWIDE HUMAN CAPITAL SURVEY, DELIBERATES, DISCUSSES, AND PRESENTS A RECOMMENDATION TO THE BOARD OF DIRECTORS FOR APPROVAL. THE BOARD OF DIRECTORS DISCUSSES THE RECOMMENDATION, AND EITHER APPROVES, CHANGES, OR REJECTS THE RECOMMENDATION. KEY EMPLOYEES' COMPENSATION IS REVIEWED ANNUALLY BY THE PRESIDENT OF THE ORGANIZATION.

Name of the organization

UNITED WAY OF OLMSTED COUNTY, INC.

Employer identification number

41-0695594

THE PRESIDENT REVIEWS CURRENT SALARY AND BENEFITS, CONSIDERS EFFECTIVENESS AND RESULTS OF THE INDIVIDUALS, USES COMPARABILITY DATA FROM UNITED WAY WORLDWIDE HUMAN CAPITAL SURVEY, AND IS RESPONSIBLE FOR DETERMINING THE COMPENSATION WITHIN ALLOWED LIMITS SET BY THE BOARD OF DIRECTORS.

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

THE AUDIT OF THE PAST YEAR FINANCIAL STATEMENTS AND THE IRS 990 ARE AVAILABLE ON OUR WEBSITE AT WWW.UWOLMSTED.ORG. OUR GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY CAN BE OBTAINED UPON REQUEST BY CALLING US AT 507-287-2000.

FORM 990, PART VI, SECTION A, LINE 9: ADDRESSES OF BOARD MEMBERS

PATRICIA BARRIER: 1010 SKYLINE DR SW ROCHESTER, MN 55906

JOHN EDMONDS: 2117 CAMPUS DR SE ROCHESTER, MN 55904

JEFF ELSTAD: 1887 2ND AVE NW BYRON, MN 55920

PAUL FLEISSNER 2117 CAMPUS DRIVE SE ROCHESTER, MN 55904

JEFF HAZARD: 310 S BROADWAY, STE 300 ROCHESTER, MN 55904

TORY JOHNSON: 3605 HWY 52 N ROCHESTER, MN 55901

WALT LING: 907 KAITO LN SW ROCHESTER, MN 55902

KELLY MCDONOUGH: 320 ALLIANCE PL NE ROCHESTER, MN 55906

VIRGINIA MERRITT: 1700 N BROADWAY STE 124 ROCHESTER, MN 55906

MICHAEL MUNOZ: 615 7TH ST SW ROCHESTER, MN 55902

CHRISTOPHER NELSON: 30 3RD ST SE STE 400 ROCHESTER, MN 55904

DAVID OETH: 310 S BROADWAY STE 300 ROCHESTER, MN 55904

JOANNE ROSENER: 4130 57TH ST LN NW ROCHESTER, MN 55901

DON SUPALLA: 318 1ST AVE SW ROCHESTER, MN 55902

EMILY TIES: 985 11 1/4 ST SW ROCHESTER, MN 55902

DIANE WOTTRENG: 429 WATERVIEW LN NW ROCHESTER, MN 55901

Name of the organization

UNITED WAY OF OLMSTED COUNTY, INC.

Employer identification number

41-0695594

PART XII, LINE 2C: CHOICE OF INDEPENDENT AUDITOR AND OVERSIGHT OF THE AUDIT

THE AUDIT COMMITTEE, ORGANIZED WITH BOARD OF DIRECTOR MEMBERS IN COMPLIANCE WITH SECTION 301 AND 407 OF SARBANES-OXLEY, MEETS WITH THE AUDITOR BEFORE THE AUDIT TO SIGN AN ENGAGEMENT LETTER, AND TO DISCUSS ANY WORK TO BE DONE BY THE AUDITORS. THE AUDIT COMMITTEE MEMBERS ARE AVAILABLE TO THE AUDITORS DURING THE AUDIT TO DISCUSS ANY SIGNIFICANT FINDINGS. THE AUDIT COMMITTEE MEETS WITH THE AUDITORS TO REVIEW THE MANAGEMENT LETTER AND A DRAFT COPY OF THE AUDIT REPORT IN COMPLIANCE WITH SECTION 204 OF SARBANES-OXLEY. THE AUDIT COMMITTEE MAY REQUEST FORMAT CHANGES TO THE AUDIT OR APPROVE THE AUDIT REPORT TO BE FORWARDED TO THE BOARD OF DIRECTORS. THE BOARD OF DIRECTORS PROVIDES A FINAL APPROVAL OF THE AUDIT REPORT FOR PUBLIC INSPECTION. SELECTION OF AN INDEPENDENT ACCOUNTANT IS PERFORMED BY THE AUDIT COMMITTEE EVERY THREE YEARS. A REQUEST FOR PROPOSAL IS ISSUED BY THE AUDIT COMMITTEE, PROPOSALS ARE REVIEWED AND SCORED BY THE AUDIT COMMITTEE, AND AN AUDIT FIRM IS CHOSEN FOR RECOMMENDATION TO THE BOARD OF DIRECTORS. THE BOARD OF DIRECTORS APPROVES THE AUDIT FIRM. IN THE CASE THAT THE SAME AUDIT FIRM IS SELECTED, THE LEAD AUDIT PARTNER OR COORDINATING PARTNER MUST ROTATE OFF THE AUDIT EVERY FIVE YEARS.

THE PROCESS OF CHOOSING AN INDEPENDENT AUDITOR AND OVERSEEING THE AUDIT HAS NOT CHANGED FROM PRIOR YEARS.

HEADING, ITEM L: YEAR OF FORMATION

ON OCTOBER 29, 1925, A JOINT MEETING OF THE KIWANIS AND ROTARY CLUBS

Name of the organization

UNITED WAY OF OLMSTED COUNTY, INC.

Employer identification number

41-0695594

ALONG WITH THE "BUSINESS MEN OF ROCHESTER" WAS HELD AND THE COMMUNITY CHEST WAS FORMED. IN JANUARY OF 1963, THE COMMUNITY CHEST BECAME THE UNITED FUND OF GREATER ROCHESTER. IN 1972 THE UNITED FUND OF GREATER ROCHESTER BECAME THE UNITED WAY OF OLMSTED COUNTY, INC.

PART IX, LINE 21: PAYMENTS TO AFFILIATES

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

FORM 990, PART IX, LINE 25: OVERHEAD RATIO

THE STANDARD FORMULA FOR CALCULATING THE OVERHEAD RATIO AMONG UNITED WAY ORGANIZATIONS IS AS FOLLOWS:

990 FORM, PART IX, LINE 25, COLUMN C + COLUMN D (DIVIDED BY) 990 FORM, PART VIII, LINE 12, COLUMN A (TOTAL REVENUE)

THE UNITED WAY OF OLMSTED COUNTY, INC. OVERHEAD RATIO IS: 14.6%

Name of the organization

UNITED WAY OF OLMSTED COUNTY, INC.

Employer identification number

41-0695594

FORM 990, PART VII, COLUMN F: OTHER COMPENSATION

OTHER COMPENSATION FOR EMPLOYEE OFFICERS INCLUDES BENEFITS ONLY FROM
 EMPLOYER CONTRIBUTIONS TO RETIREMENT PLAN, GROUP LIFE INSURANCE,
 LONG-TERM DISABILITY, HEALTH INSURANCE, AND CELL PHONE. OTHER
 COMPENSATION TO THE BOARD CHAIR INCLUDES ONLY TRAVEL, HOTEL AND
 CONFERENCE FEES FOR THE UNITED WAY WORLDWIDE COMMUNITY LEADERS
 CONFERENCE.

STATE OF MINNESOTA

CHARITABLE ORGANIZATION INITIAL REGISTRATION & ANNUAL REPORT FORM

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

Annual Reporting Initial Registration

FEDERAL EIN NUMBER: 41-0695594

FOR YEAR ENDING: 03/31/2016

SECTION A: REQUIRED INFORMATION FOR INITIAL REGISTRATION & ANNUAL REPORTING

1. *Legal Name of Organization:* UNITED WAY OF OLMSTED COUNTY, INC.

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

If so, please state former name: _____

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

3. *Mailing Address of Organization (required)* *Physical Address of Organization (required)*
903 WEST CENTER STREET 903 WEST CENTER STREET
ROCHESTER, MN 55902 ROCHESTER, MN 55902

4. *Contact Person* JEROME FERSON *E-mail* _____
Tel. No. (507) 287-2000 *Fax No.* _____

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

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

Name _____
Address _____
City _____ State _____ ZIP _____ Compensation _____

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

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

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

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

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

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

INCOME

Contributions from the public	\$	<u>3,945,408.</u>
Government Grants	\$	<u>0.</u>
Other revenue	\$	<u>179,021.</u>
TOTAL REVENUE	\$	<u>4,124,429.</u>

EXCESS or DEFICIT	\$	<u>-129,894.</u>
TOTAL Assets	\$	<u>5,322,261.</u>
TOTAL Liabilities	\$	<u>1,161,010.</u>

END OF YEAR FUND BALANCE/NET WORTH (Assets minus Liabilities) \$ 4,161,251.

SECTION C: REQUIRED FOR ANNUAL REPORTING ONLY

ALL Annual Report filers MUST complete questions 1-6

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

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

3. List of the five highest paid directors, officers, and employees of the organization and its related organizations, as that term is defined by section 317A.011, subdivision 18, that receive total compensation of more than \$100,000, together with the compensation paid to each. For purposes of this subdivision, "compensation" is defined as the total amount reported on Form W-2 (Box 5) or Form 1099-MISC (Box 7) issued by the organization and its related organizations to the individual. The value of fringe benefits and deferred compensation paid by the charitable organization and all related organizations as that term is defined by section 317A.011, subdivision 18, shall also be reported as a separate item for each person whose compensation is required to be reported pursuant to this subdivision.

	Name/Title	Compensation	Deferred Compensation	Fringe Benefits
1	JEROME FERSON PRESIDENT	130,386.	5,405.	16,226.
2				
3				
4				
5				

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

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

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

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

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

Statement of Functional Expenses

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

Must be prepared in accordance with generally accepted accounting principles.

For 990-EZ filers: Column A, Line 25 should equal line 17 IRS Form 990-EZ

For 990-PF filers: Column A, Line 25 should equal line 26 IRS Form 990-PF

The total of Column A, lines 1 through 24d should equal line 25a.

The total of lines 25b, 25c and 25d, should equal line 25a

SECTION D: REQUIRED FOR INITIAL REGISTRATION & ANNUAL REPORTING

**BOARD OF DIRECTORS
SIGNATURES AND ACKNOWLEDGMENT**

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

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

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

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

day of _____, 20____, approving the contents of the document, and do hereby certify that the

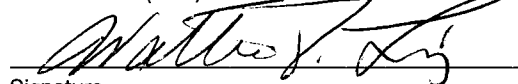
BOARD OF DIRECTORS (Board of Directors, Trustees, or Managing Group) has assumed, and will continue

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

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

WALT LING

Name (Print)



Signature

BEARD
~~VICE~~ CHAIR

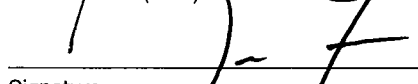
Title

8/16/2016

Date

JEROME FERSON

Name (Print)



Signature

PRESIDENT

Title

8/16/16

Date

*** NOTICE ***

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

AG: #3124563-v1

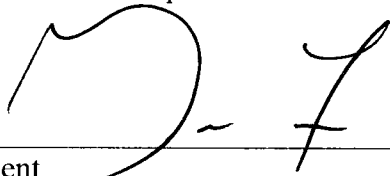
IRS Form 990 Certification

CEO/CFO IRS Form 990 Certification

CERTIFICATION

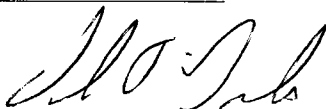
I hereby certify that:

1. I have read the IRS Form 990 of United Way of Olmsted County, Inc. for the fiscal year ended March 31, 2016.
2. Based on my knowledge, these financial statements do not contain any untrue statement of a material fact or omit to state a material fact necessary to make the statements made, in light of the circumstances under which such statements were made, not misleading.
3. Based on my knowledge, the financial statements and other financial information included in this report, fairly present, in all material respects, the financial condition, results of operations and cash flows of United Way of Olmsted County, Inc. as of and for the period ended March 31, 2016.



President

Date 8-15-16



Chief Financial Officer

Date 8-15-2016