990

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047 2021 Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form990 for instructions and the latest information. For the 2021 calendar year, or tax year beginning 08/01/21, and ending 07/31/22C Name of organization D Employer identification number UNITED WAY OF THE BROWN COUNTY AREA Address change Doing business as 41-6033115 Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite 108 N MINNESOTA, PO BOX 476 507-354-6512 Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated NEW ULM MN 56073 397,120 G Gross receipts\$ Amended return Name and address of principal officer: H(a) Is this a group return for subordinates Application pending SANDRA JUNI 622 1/2 H(b) Are all subordinates included? Yes CENTER ST If "No," attach a list. See instructions NEW ULM MN 56073 X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or WWW.UNITEDWAYBROWNCOUNTYAREA.ORG H(c) Group exemption number ▶ Form of organization: X Corporation Trust Association Year of formation: 1957 Summary 1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O Governance 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) త 18 Activities 4 Number of independent voting members of the governing body (Part VI, line 1b) 18 4 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 3 5 6 Total number of volunteers (estimate if necessary) 275 6 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 b Net unrelated business taxable income from Form 990-T, Part I, line 11 Current Year 8 Contributions and grants (Part VIII, line 1h) 415,303 352,679 Revenue 9 Program service revenue (Part VIII, line 2g) 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 41,297 9,655 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 17,143 30,864 473,743 12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) 393,198 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 179,257 143,919 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 80,039 70,707 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 27,359 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 90,995 87,398 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 350,291 302,024 19 Revenue less expenses. Subtract line 18 from line 12 123,452 91,174 50 Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 514,753 637,625 21 Total liabilities (Part X, line 26) 172,981 233,854 22 Net assets or fund balances. Subtract line 21 from line 20 403,771 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. Signature of officer Sign Date Here EXECUTIVE DIRECTOR SANDRA JUNI Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN X Check Paid DIRK A. PRINDLE, CPA 06/08/23 self-employed DIRK A. PRINDLE, CPA P00456916 **Preparer** CARLSONSV LLP 41-1562398 Firm's name Firm's EIN Use Only 301 KELLER AVE S 715-954-4995 AMERY, WI 54001-1283

May the IRS discuss this return with the preparer shown above? See instructions

orm 990 (2021) UNITED WAY OF	THE BROWN COUNTY AREA	41-6033115	Page 2
Part III Statement of Program	Service Accomplishments		
Check if Schedule O co	ntains a response or note to any lin	e in this Part III	X
1 Briefly describe the organization's missi	on:		
SEE SCHEDULE O			
G	***************************************		***************
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	******************************		****************
Did the organization undertake any sign	ificant program services during the year which	h were not listed on the	
Con 000 F70			Yes X No
If "Yes," describe these new services or	schedule O	***************************************	les M
	or make significant changes in how it conduc	ets any program	
			Yes X No
If "Yes," describe these changes on Sci	edulo O	······································	Tes A No
	vice accomplishments for each of its three la	wast program assisted as well by	
expenses Section 501(a)(2) and 501(a)	(4) organizations are required to report the ar	argest program services, as measured by	
the total expenses, and revenue, if any,		mount of grants and allocations to others,	
the total expenses, and revenue, if any,	for each program service reported.		
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a (Code:) (Expenses \$	214,671 including grants of\$	123,550) (Revenue \$)
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b (Code:) (Expenses \$	20,369 including grants of\$	20,369) (Revenue \$	
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d Other program services (Describe on So (Expenses \$	chedule O.) including grants of \$) (Revenue \$)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
_	complete Schedule A	_1_	X	
2 3	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			3,5
4	candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	3		X
•	election in effect during the tay year? If "Vos." complete Schodule C. Bort II			x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	4		
-	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		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? If			
	"Yes," complete Schedule D, Part I	6		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? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		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? If "Yes," complete Schedule D, Part IV	9	X	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		v	
h	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	11a	X	_
~	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more	110		-
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
d		110		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part 1X	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
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)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
Ь	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? If "Yes," complete Schedule F, Parts I and IV	446		.
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		X
	for any foreign proprieting? If IN/an II persolate Calculate E. Barta II a. 1.11	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	13		
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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? If "Yes," complete Schedule G, Part I. See instructions	17		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? If "Yes," complete Schedule G, Part II	18	x	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	21	X	

	art IV Checklist of Required Schedules (continued)			
22	Did the organization report more than \$5,000 of greats or other assistance to as for describing in this leads on		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22	X	-
20	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	00		v
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23	-	X
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 21d and complete Schodule V. If "No." as to line 250			٠,
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			_X
C	Did the organization mointain an occasion associate other than a refunding accessory to the diagram of the organization mointain an occasion associate other than a refunding accessory to the organization mointain an occasion associate other than a refunding accessory to the organization mointain an occasion associate other than a refunding accessory to the organization mointain an occasion of the organization mointain an occasion of the organization mointain and occasion of the organization of the organizatio	24b	-	
·	to defeace any tay exempt hande?			
d		24c		
25a		24d		
LJa	Amenda with a discount of the control of the contro			٦,
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	-	X
D	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			٦,
26		25b	_	X
20	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			٠,
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
21	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			١.,
28	persons? If "Yes," complete Schedule L, Part III	MG 27		X
20	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
•	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			١
L	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yés," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
20	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			-
24	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
22	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33	-	_X
34	vvas 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	34		_X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	-	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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	36		_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	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
_	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
Pa	art 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			L
			Yes	No

1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable

Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

2a Enter the number of employees reported on From W-3, Transmittal of Wage and Tax Statements, file for the celembary vare anding with or which the year covered by this return. b If a least one is reported on line 2a, cild the organization file all inculred federal employment tax return? Note: If the sum of lines 1 and 2a is greater than 450, you may be required to e-file See Instructions. b If the cild the organization have unrelated business gross income of \$1,000 or more during the year? b If the 2's has till deal Form 9801 for the till year? If the organization of the organization round year, did the organization have an interest in, or a signature or other authority over, a file manual country is cild has a park about 15 and	_Pa	art V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
b If a least one is reported on line 2a, cid the organization file all incurred federal employment tax neturns? Note: If the sum of lines 1 and 2a is geneter han 250, you may be required to e-#ibs 5e instructions. 3a Id the organization have unrelated business gross income of \$1,000 or more during the year? 4a If **Yes*, **Instellated Form \$900 for the 19x year? **If **You **Instellated an axylanation or Schedule 0** 4a I amy time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly is of the part of the organization or soft and the organization in the organization and the organization in the organization in the organization in the organization of the organization and the organization include with every solicitation and express statement that such contributions? 5b If ***C** did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductibles or horself the organization and partly for goods and services provided to the payor? 5c Did the organization received and payment in excess of 357 made perthy as a contribution and partly for goods and services provided to the payor? 5d Did the organization received and payment in excess of 357 made perthy as a contribution of the organization related and provided institution of the organization networks or contribution of underly to payment in excess of 357 made perthy as a contribution and the organization related and payment in e	2a				
Note: If the sum of lines 1s and 2s is greater than 250, you may be required to e-Mis. See instructions. 3		Statements, filed for the calendar year ending with or within the year covered by this return 2a 3	<u>.</u>		
3a Did the organization have unrelated husiness gross income of \$1,000 or more during the year? 4b If "Yes," shat the did a Form 990-17 for this year? "I" who to the 3b, provide an explanation on Schedule O. 4c All any time during the calendar year, did the organization have an interest in, or a signeture or other authority over, a faminate account in a foreign country (such has a barik account, securities account, or other faminated account)? 4c All A any time during the calendar year, did the organization have an interest in, or a signeture or other authority over, a faminate account in a foreign country by a bar of the famination of the familiar organization is effect to the same of the fiveling neutron of the familiar organization in the five she organization is party to a prohibited tax sheler transaction at any time during the tax year? 5a Was the organization have around gross receipts that are normally greater than \$100,000, and did the organization have around gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation an express statement that such contributions or gifts were not tax eductables or tax deductables as characted contributions? 5b If "Yes," of the organization include with every solicitation an express statement that such contributions are gifts were not tax eductables. 5c In the explanation receive a payment in excess of \$75 made party to report the property for which it, twis services provided to the payor? 5c In the organization receive a monthly the choner of the velve of the goods or services provided? 5c In the organization mostly the choner of the velve of the goods or services provided? 5c In the organization receive and contribution or indicable, but you promise on a personal benefit contract? 5c In the organization receive and nonthly the donor of the velve of the goods or services provided? 5d If the organization receives any thand, effectly or indirectly, to pury promises on a personal benefit contract? 5c In the	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
b If "Yes," dear the dear form 990-T for this year? If "No" to see 3b, provide an explanation on Schedule O. a flannical account in a foreign country (such as a bank account, securities account, or other financial account)? 4a X b If "Yes," infert the name of the foreign country. 5b If "Yes," infert the name of the foreign country. 5c enstructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAR). 5b Uit any taxoble party notify the organization that it was or is a party to a prohibited tax sheller transaction at any time during the tax year? 5c If "Yes" to line 5a or 50, did the organization that it was or is a party to a prohibited tax sheller transaction. 6c If "Yes" to line 5a or 50, did the organization that Form 8880-T? 6c If "Yes" to line 5a or 50, did the organization that was or is a party to a prohibited tax sheller transaction. 6c If "Yes" to line 5a or 50, did the organization that organization through white very socilation an express statement that such contributions or gifts were not tax deductible or organization that may receive deductible contributions under section 170(c). 6c If "Yes," did the organization to nocky a payment in excess of 375 made party as a contribution and party for goods and sentices provided to the payor? 7a If "Yes," did the organization notely the donor of the value of the goods or services provided? 7b If the "Yes," did the organization notely the donor of the value of the goods or services provided? 7c If If If "Yes," did the organization notely the donor of the value of the goods or services provided? 7c If If the organization received an ornibution of qualified intellectual property for which it was required to the form 282? 7d If "Yes," did the organization received an ornibution of qualified intellectual property. 8 ponsoring organization that was a contribution of cars, boats,					
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a faminate account in a foreign country (such as a bank account seculies account, or other financial account)? 4b If "Yea," enter the name of the foreign country by See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Francial Accounts (FBAR). 5a Was the organization in party to a prohibited tax shelter trensaction at any time during the tax year? 5b If "Yes" to line 5a or 5b, dif the organization that it was no in a party to a prohibited tax shelter trensaction at any time during the tax year? 5c If "Yes" is line 5a or 5b, different organization in cloral with every solicitation an express statement that such contributions? 5c If "Yes", "did the organization include with every solicitation an express statement that such contributions or gifts were not tax eductable or tax deductable as charitable contributions? 5c If "Yes", "did the organization include with every solicitation an express statement that such contributions or gifts were not tax eductable? 5c Dot the organization trave and apparent in excess of 3f5 made party as a contribution and party for goods and services provided to the payor? 5d If "Yes", and the organization mostly the chone of the vietle of the goods or services provided? 5d If "Yes", and the organization sell, exchange, or otherwise dispose of targetipe personal property for which it was required to the Form 8282? 5d If "Yes", and the organization sell, exchange, or otherwise dispose of targetipe personal property for which it was required to the form selection of the vietle of the goods or services provided? 5d If "Yes", include the number of Forms 8282 filed during the year 5d If "Yes", include the number of Forms 8282 filed during the year 5d If "Yes", include the number of Forms 8282 filed during the year 6d If "Yes", include the number of Forms 8282 filed during the year 7d If the organization sell, excluded the	3a		3a		X
a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). See Was the organization have seekel transaction of any time during the tax year? 5.0 Was the organization have experiments and the seeker for a party to a prohibited tax shelter transaction? 5.0 Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization for any contributions that are were not tax deductable as charitable contributions? 6.0 Was the organization solid any contributions that are normally greater than \$100,000, and did the organization solid any contributions that are were not tax deductable as charitable contributions? 6.0 Was the organization solid exclusively as a contribution or grifts were not tax deductable? 6.0 Was the organization start may receive deductable contributions under section 170(c). 8.0 Was the organization start may receive deductable contributions under section 170(c). 8.0 Was the organization start may receive deductable contributions under section 170(c). 8.0 Was the organization start may receive any section of the goods or services provided? 9.0 Was the organization start may receive deductable contribution of the goods or services provided to the goods or services provided to the goods or services provided or the groups or services provided or services provided or services or se	b		3b		
b if "Yes," enter the name of the foreign country \times See instructions for filling requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party neiffy the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization include with every solicitation are express statement that such contributions? 6a X 5 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization neity the donor of the value of the goods or services provided? 7 Did the organization neity the donor of the value of the goods or services provided? 7 Did the organization neity the donor of the value of the goods or services provided? 7 Did the organization neity the donor of the value of the goods or services provided? 7 Did the organization neity the donor of the value of the goods or services provided? 7 Did the organization neity that donor of the value of the goods or services provided? 7 Did the organization neity that donor or the value of the goods or services provided? 7 Did the organization neity that donor or the value of the goods or services included to the foreign that the provided or the provided to the p	4a				
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If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17			16		x
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activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?					
If "Yes," complete Form 6069.			17		
		If "Yes," complete Form 6069.	SE		

Form 990 (2021) UNITED WAY OF THE BROWN COUNTY AREA 41-6033115 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 18 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent 18 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 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 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 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? 8a X Each committee with authority to act on behalf of the governing body? X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10a Did the organization have local chapters, branches, or affiliates? 10a 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? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 Did the organization have a written document retention and destruction policy? 14 X 14 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? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on 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 16a If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ MN Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records > SANDRA JUNI 622 1/2 CENTER ST

MIN 56073

507-354-6512

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Form	990	(2021)	UNITED	WAY	OF	\mathtt{THE}	BROWN	COUNTY	AREA	41 -	60	33	11	5

Page 7

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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

X 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	offi	c, unle cer ar	Pos check ess pe	more rson i directo	than or is both or/truste	an e)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) ANNA BELTRAN-TU	1							A		
DIRECTOR	3.00	x					40	0	o	0
(2) SARA BERG										
DIRECTOR	3.00									_
(3) JEFF BERTRANG	0.00	X			A		S.	0	0	0
(5) OHI DEKIRANG	3.00			1	9	1				
DIRECTOR	0.00	x	. 2	7	100	P.	A	0	О	0
(4) CHRIS BOWLER		7		9		9	7			
DIRECTOR	3.00	X			9	b 1		0	o	0
(5) CHERYL DIEDE	0.00	-	6		Ü		=			0
1970 - 19 - 1970	3.00	100	-	4	F					
DIRECTOR	0.00	x	8	-				0	0	0
(6) BARB DIETZ			JI.							
DIRECTOR	3.00	37						•		_
(7) MEGAN FURTH	0.00	X		_		H		0	0	0
(//HIGHN FORTH	3.00									
DIRECTOR	0.00	$ \mathbf{x} $						0	o	0
(8) NICK HAGE								<u> </u>		
17/17/17/17/17/17/17 # ### ######DE########################	6.00									
PAST BOARD CHAIR	0.00	X		X				0	0	0
(9) LIZ MALLOY	c 00									
VICE CHAIR	6.00 0.00	x		x				0		
(10) JEN MAURER	0.00	<u> </u>	-	^	-	\vdash	-	0	0	0
(13) 0 = 11 12 12 12 12	3.00									
DIRECTOR	0.00	x						0	0	0
(11) CHERYL NEIDT										300
3	6.00									
DIRECTOR	0.00	X						0	0	0

Tall VII Occion A. Onicer.	a, Directors, 11	usie	C3, I	vey	-111	picy	900,	and highest compensa	ted Employees (continue	:u)		
(A) Name and title	(B) Average hours per week	box	k, unle	Pos check ss pe	more rson i	than o s both or/trust	an	(D) Reportable compensation from the	(E) Reportable compensation from related		(F) stimated amount of other compensation	nt
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	OH OH	from the rganization and ted organization	
(12) EVY OLSON									6			
	6.00											
DIRECTOR (13) MORGAN PARSL	0.00	X						0	0			0
	3.00									lp.		
DIRECTOR	0.00	x						l	//) o			0
(14) AMBER PORTNE	R											
	3.00											
DIRECTOR (15) BRITTNEY SCH	0.00 IESING	X						0	0	-		0
	6.00							V				
CO-TREASURER	0.00	x		x				0	0			0
(16) SUSANNAH SET	TERHOLM								1			
CO MINISTERIOR CONTRACTOR CONTRAC	6.00											_
CO-TREASURER (17) ANNA VANGSNES	0.00	X		X				0	0			0
(=// IMMI VIMODIALI	3.00							1				
BOARD CHAIR	0.00	х		x				0	0			0
(18) MELISSA VISSI							4					
DIRECTOR	3.00 0.00	x						0	0			0
	0.00	22			.4	4	₹	0	0			
				li	P	A	4					
1b Subtotal							1	7				
c Total from continuation she d Total (add lines 1b and 1c)						AU.						
d Total (add lines 1b and 1c) 2 Total number of individuals (in	cluding but not l	imite	d to	thos	e lis	ted a	abo	ve) who received more that	I n \$100.000 of			
reportable compensation from					þ							
3 Did the organization list any fo	rmer officer di	recto	r afri	istec	ke	v em	nlo	vee or highest compensa	ted		Yes	No
employee on line 1a? If "Yes,"	complete Sche	dule	J fo	r su	ch ii	ndivid	dual			******	3	X
4 For any individual listed on line organization and related organ												
individual				0.022			025	.vpp	p. Dog. Sweenware		4	X
5 Did any person listed on line of for services rendered to the or	la receive or ac	crue	com	pens	satio	n fro	m a	ny unrelated organization	or individual		5	x
Section B. Independent Contractor		. 00,	CON	ipiot	0.0	51700	uic	o for such person	**************************************		<u> </u>	122
1 Complete this table for your five	ve highest comp	ensa	ated	inde	pen	dent	con	tractors that received more	e than \$100,000 of	100000000		
compensation from the organization	(A) business address	ompe	ensa	tion	for t	ne c	alen		ithin the organization's tax (B) stion of services	year.	(C) Compens	00000000
Name and	business address							Descrip	tion of services		Compens	ation
					_							
			_	_								
2 Total number of independent of	annimator (= 1	الم	le : -		Ber "	اليما	. 41	and Batasi at a District				
2 Total number of independent of received more than \$100,000	of compensation	iding i fror	n the	not e org	urnit ganiz	eu to	ino 1 ▶	ose listed above) who	0			
DAA											Form 99	0 (2021)

Part VIII	Statement	of Revenue
-----------	-----------	------------

		Check i	f Sch	nedule O con	tains	a resp	onse or no	te to any line in	this Part VIII		П
1020								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
# t	1a	Federated camp	paigns	i	1a						
Contributions, Gifts, Grantland Other Similar Amounts	b	Membership du			1b						
ξŞ,	С	Fundraising eve		**************************************	1c						
5 2	d	Related organiz	ations		1d						
Si,	е	Government grants (contribut	ions)	1e		5,393			4	
tion	f	All other contributions	, gifts, g	rants,	4.5					W.	
E H	a	and similar amounts r Noncash contributions			1f		347,286			A STATE OF THE PARTY OF THE PAR	
Į,		lines 1a-1f			1g	\$			2	90	
ပိုင်း	h	Total. Add lines	1a-1	f				352,679			
							Business Code			MI .	
<u> </u>	2a	1830000		(400-49450 + 400000					4	Z	
<u>S</u> e	b			00000-864							
Program Service Revenue	С	e	1 (100)								
Ra	d										
P.	e	69 - 35456393						- 4			
		All other program									
_		Total. Add lines									
	3	Investment inco						0.655			
	١,	other similar am	iounts)		10 comm.	K. 12002020	9,655			9,655
	5	Income from inv									
	"	Royalties	*****	(i) Real			Personal	//			
	62	Gross rents	6a	(i) ixeai		(11)	reisorial	4 1			
	h	Less: rental expenses	-					A A			
	C	Rental inc. or (loss)	6c				-				
	ď	Net rental incom		loss)		-	4				
		Gross amount from	0. ((i) Securities		T (i	i) Other				
		sales of assets other than inventory	7a								
ne	b	Less: cost or other				- 6		1			
Other Revenue		basis and sales exps.	7b			- 9		V.:			
Re	С	Gain or (loss)	7c				A				
ē	d	Net gain or (loss	s)	x00 · · · · · · · · · · · · · · · · · ·	4	0.62		ii.			
₹	8a	Gross income from	n fundra	aising events	-	All Divine	//				
		(not including \$	450		-		4				
		of contributions rep	orted o	on line		- 19					
		1c). See Part IV, lin	ne 18		8a	_#_	15,732				
		Less: direct exp			8b		3,922				
		Net income or (-	event	s		11,810			11,810
	9a	Gross income fr									
		activities. See Pa	art IV,	line 19	9a						
		Less: direct exp			9b						
		Net income or (I			ivities	reneralis					
	10a	Gross sales of i		The state of the s							
	L	returns and allow		# 1 # 2 # - # - # 1 # 1 # 1 # 1 # 1 # 1 # 1	10a						
		Less: cost of go			10b	<u>.</u>					
		Net income or (I	uss) fi	om sales of inv	entory	******	Business Code			-	
iscellaneous Revenue	11-	ACENCY DEC	T/3377	UTON PEEG			Dusiness Code	10 054	10.054		
e e	11a b	AGENCY DES			*****	*******		19,054	19,054		
Ne se	'n			*************	1000000	3.000,000,000					
ž Ž	Ч	All other revenue	*****		****	******					
•		Total. Add lines						19,054			
	12	Total revenue.						393,198	19,054	0	21,465
								===,===			

	Check if Schedule O contains a response				
8b, 9b,	t include amounts reported on lines 6b, 7b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	rants and other assistance to domestic organizations				
	nd domestic governments. See Part IV, line 21	123,550	123,550		
	Grants and other assistance to domestic				
	ndividuals. See Part IV, line 22	20,369	20,369		
3 G	Frants and other assistance to foreign				
	rganizations, foreign governments, and			-	
fo	preign individuals. See Part IV, lines 15 and 16			Allenda	
4 B	enefits paid to or for members				
	compensation of current officers, directors,			11 1	
tn	ustees, and key employees			& J	
	ompensation not included above to disqualified				
	ersons (as defined under section 4958(f)(1)) and				
	ersons described in section 4958(c)(3)(B)		4	All a.	
7 0	Other salaries and wages	64,340	30,660	20,403	13,27
	ension plan accruals and contributions (include	01/310	30,000	20,403	13,41
	ection 401(k) and 403(b) employer contributions)	1,242	592	394	25
		1,272	392	394	25
9 O 10 Pa	other employee benefits	E 10E	2 440	1 (05	4 05
	ayroll taxes	5,125	2,442	1,625	1,05
	ees for services (nonemployees):		A		
	lanagement		-/		
b Le	egal				
	ccounting	7,750		7,750	
	obbying				
	rofessional fundraising services. See Part IV, line 1				
f In	vestment management fees	4000			
g Oth	ther. (If line 11g amount exceeds 10% of line 25, column	11 10			
(A)) amount, list line 11g expenses on Schedule O.)				
	dvertising and promotion	8,920	2,737	794	5,38
13 Of	ffice expenses	8,225	2,744	3,173	2,30
14 Inf	formation technology	6,095	1,218	1,829	3,04
15 Ro	oyalties	A A			
16 Oc	ccupancy	5,570	3,058	1,522	99
17 Tr	ravel	37370	3,030	1,522	
18 Pa	ravel ayments of travel or entertainment expenses				
	r any federal, state, or local public officials	4			
	onferences, conventions, and meetings	382	101	150	2
	- "	304	191	153	3
	terest	F 636	F 506		
21 Pa	ayments to affiliates	5,736	5,736		
	epreciation, depletion, and amortization	253	84	92	7
23 Ins	surance	1,869	142	1,665	6
24 Otl	ther expenses. Itemize expenses not covered				
	ove (List miscellaneous expenses on line 24e. If				
line	e 24e amount exceeds 10% of line 25, column				
(A)) amount, list line 24e expenses on Schedule O.)				
	IMAGINATION LIBRARY	26,002	26,002		
	PROJECT LUNCHBOX	13,134	13,134		
	MISCELLANEOUS	7,384	2,381	225	4,77
	DIRECT BENEFITS TO DONORS	-3,922	2/501	22.7	-3,92
	other expenses	3,722			-3,34
	**************************************	302 024	225 040	30 605	07.05
	tal functional expenses, Add lines 1 through 24e int costs. Complete this line only if the	302,024	235,040	39,625	27,35
	ganization reported in column (B) joint costs	l			
fror	m a combined educational campaign_and				
fun	ndraising solicitation. Check here				
foll	lowing SOP 98-2 (ASC 958-720)				

		Check if Schedule O contains a response or no			(A)		(B)
-					Beginning of year		End of year
	1	Cash—non-interest-bearing	00000000000000000000000000000000000000	0.44333334433433	1,240	1	4,636
	2	Savings and temporary cash investments	3337633364 663	3 - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1	199,255	2	329,732
1	3	Pledges and grants receivable, net			30,616	3	34,89
1	4	Accounts receivable, net				4	
ı	5	Loans and other receivables from any current or form			9		
1		trustee, key employee, creator or founder, substantial			3	A _ I	
	6	controlled entity or family member of any of these per				5	
1	6	Loans and other receivables from other disqualified per			Andrea	200	
	7	under section 4958(f)(1)), and persons described in s	section 4958(c)	(3)(B)		6	
	8	Notes and loans receivable, net Inventories for sale or use				7	
			************		3,979	8	3,98
- 1	ა 10a	Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other	1		3,313	9	3,30
Г			100	14,788			
1	b	basis. Complete Part VI of Schedule D Less: accumulated depreciation	10h	13,684	602	10c	1= 104
1	11	Investments—publicly traded securities	100		279,061	11	1,104 263,276
	12	Investments—other securities. See Part IV, line 11			4 275,001	12	203/27
1	13	Investments—program-related. See Part IV, line 11				13	
1	14	Intangible assets			#	14	
1	15	Other assets. See Part IV, line 11				15	
1	16	Total assets. Add lines 1 through 15 (must equal line	33)		514,753	16	637,625
1		Accounts payable and accrued expenses			7,550	17	5,242
1	18	Grants payable			158,075	18	126,050
1	19	Deferred revenue		A		19	
2	20	Tax-exempt bond liabilities				20	
2	21	Escrow or custodial account liability. Complete Part IV	of Schedule D		7,356	21	102,562
2		Loans and other payables to any current or former off	100				
		trustee, key employee, creator or founder, substantial	contributor, or	35%			
		controlled entity or family member of any of these per	sons /			22	
4	23	Secured mortgages and notes payable to unrelated the	ird parties			23	
1	24	Unsecured notes and loans payable to unrelated third	parties			24	
2		Other liabilities (including federal income tax, payables					
		parties, and other liabilities not included on lines 17-24					
١,	26	of Schedule D	<i>#</i>		172 001	25	222 05/
+	.0	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check he	oro NY	******	172,981	26	233,854
		and complete lines 27, 28, 32, and 33.	ere MV				
١,		All a second and a second a second and a second a second and a second a second and a second and a second and a second and			311,472	27	376 971
		Net assets with donor restrictions			30,300	27	376,971 26,800
ľ		Organizations that do not follow FASB ASC 958, c	heck here ▶		30,300	20	20,000
		and complete lines 29 through 33.	neok nere P	_			
2		Capital stock or trust principal, or current funds				29	
1		Paid-in or capital surplus, or land, building, or equipme	ent fund			30	
3	1	Retained earnings, endowment, accumulated income,	or other funds	***********		31	
3	2	Tatal and annuts out walls also as		****************	341,772	32	403,771
1 -		Total liabilities and net assets/fund balances		*************	514,753	33	637,625

For	990 (2021) UNITED WAY OF THE BROWN COUNTY AREA 41-6033115		Pag	ge 12
P	art XI Reconciliation of Net Assets		•	
	Check if Schedule O contains a response or note to any line in this Part XI			П
1	Total revenue (must equal Part VIII, column (A), line 12)	3.9	93,	198
2	Total expenses (must equal Part IX, column (A), line 25)	30	02,0	024
3	Revenue less expenses. Subtract line 2 from line 1		91,	174
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	34	11,	772
5	Net unrealized gains (losses) on investments 5	-:	27,4	499
6	Donated services and use of facilities 6			
7	Investment expenses 7		-1,0	676
8	Prior period adjustments			
9	Other changes in net assets or fund balances (explain on Schedule O)			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			- 1
	32, column (B))	4(03,	771
Pa	art XII Financial Statements and Reporting			70
	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: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on			
	Schedule O.			
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or	101		_
	reviewed on a separate basis, consolidated basis, or both:			
	X Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b		x
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	000		
	separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
С	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?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on			
	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?	3a		l x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2021)

SCHEDULE A (Form 990)

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.

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

► Attach to Form 990 or Form 990-EZ.

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

UNITED WAY OF THE BROWN COUNTY AREA

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

The	orga	nization is no	t a private foundation becau	se it is: (For lines 1 through 12,	check or	nly one b	ox.)			
1		A church, co	onvention of churches, or as	ssociation of churches described	d in sect	ion 170(i	o)(1)(A)(i).			
2		A school des	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)							
3		A hospital or	hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4	П		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 organizat	tion operated for the benefit	of a college or university owned	or opera	ited by a	governmental unit described in	``````````````````````````````````````		
	_		0(b)(1)(A)(iv). (Complete Pa		F. (25)		a a			
6	П			governmental unit described in	section	170(b)(1)	(A)(v).			
7	X	An organizat	tion that normally receives a	substantial part of its support fi				blic		
8	П		section 170(b)(1)(A)(vi). (v trust described in section	Complete Part II.) ı 170(b)(1)(A)(vi). (Complete Pa	art II \					
9	Н			scribed in section 170(b)(1)(A)		ated in a	oniunction with a land-grant co	allege		
•	ш	or university	or a non-land-grant college	of agriculture (see instructions).	Foter th	e name	city and state of the college of	onege or		
		university:	ar a non tana grant conego	or agriculture (555 inchasterie).	. Littor at	o namo,	ory, and class of the conlege of	,		
10	\Box	100	tion that normally receives (1) more than 33 1/3% of its sup	pport from	contribu	tions membership fees and	oross		
		receipts from	activities related to its exer	mpt functions, subject to certain	exceptio	ns; and (2) no more than 331/3% of its	3		
		support from	gross investment income a	and unrelated business taxable	income (I	ess secti	on 511 tax) from businesses			
				30, 1975. See section 509(a)(2	2000		•			
11	Ц			exclusively to test for public sa						
12	Ш	An organizat	ion organized and operated	exclusively for the benefit of, to	perform	the funct	ions of, or to carry out the pur	poses of		
		one or more	publicly supported organiza	tions described in section 509	(a)(1) or s	ection !	509(a)(2). See section 509(a)	(3). Check		
				escribes the type of supporting	Account to					
	а			perated, supervised, or controlle				giving		
		trie supp	ored organization(s) the po	wer to regularly appoint or elect	ta majon	ty of the	directors or trustees of the			
	b			upervised or controlled in conne		المالية المالية				
				rting organization vested in the						
				Part IV, Sections A and C.	same pe	150115 1116	t control of manage the suppl	nted		
	С	Type III	functionally integrated. A	supporting organization operate	ed in con	nection w	ith, and functionally integrated	with,		
				structions). You must complete						
	d	Type III	non-functionally integrate	d. A supporting organization or	perated in	connect	on with its supported organiza	ation(s)		
				e organization generally must s				eness		
	•			must complete Part IV, Section beived a written determination from						
	е	functiona	lly integrated, or Type III no	on-functionally integrated suppo	om me m	ko inal il Inizalion	is a Type I, Type II, Type III			
	f		mber of supported organiza		ing orga					
				he supported organization(s).	1998 . A.G			.1.1621		
(i)		e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of		
	org	anization	``	(described on lines 1–10		ır governing	support (see	other support (see		
				above (see instructions))	docui	nent?	instructions)	instructions)		
					Yes	No				
(A)										
(B)										
·	_									
(C)										
(D)										
·- <i>)</i>										
(E)										
otal										

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.)

tion A. Public Support						
ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	508,640	473,603	389,635	415,303	352,679	2,139,860
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
The value of services or facilities furnished by a governmental unit to the organization without charge						
Total Add lines 4 there als 2	508,640	473,603	389,635	415,303	352,679	2,139,860
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)				Q,	-	
Public support. Subtract line 5 from line 4				4		2,139,860
				M		
100	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
Amounts from line 4	508,640	473,603	389,635	415,303	352,679	2,139,860
Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,170	16,564	11,529	41,297	9,655	81,215
Net income from unrelated business activities, whether or not the business is regularly carried on						
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	8,641	17,617	8,338	20,049	15,732	70,377
Total support. Add lines 7 through 10	A 4					2,291,452
Gross receipts from related activities, etc.	(see instructions)				12	19,054
			rth, or fifth tax yea	ar as a section 50°		
organization, check this box and stop her	е					▶□
tion C. Computation of Public S	upport Perce	ntage				
Public support percentage for 2021 (line 6	, column (f) divide	d by line 11, colu	mn (f))		14	93.38%
Public support percentage from 2020 Scho	edule A, Part II, lir	ne 14	0.000.000.000.000.000		15	92.28%
33 1/3% support test-2021. If the organ	nization did not che	eck the box on line	e 13, and line 14 i	s 33 1/3% or more	e, check this	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
box and stop here. The organization qual	ifies as a publicly	supported organiz	ation			> X
33 1/3% support test-2020. If the organ	nization did not che	eck a box on line	13 or 16a, and line	e 15 is 33 1/3% or	more, check	
this box and stop here . The organization	qualifies as a pub	licly supported org	anization			
10%-facts-and-circumstances test—20	21. If the organiza	tion did not check	a box on line 13,	16a, or 16b, and li	ne 14 is	The same of the first state of the same of
10% or more, and if the organization mee	ts the facts-and-ci	rcumstances test,	check this box ar	nd stop here . Exp	lain in	
Part VI how the organization meets the fa	cts-and-circumstar	nces test. The org	anization qualifies	as a publicly sup	ported	1911
organization				waren		▶ 🔲
10%-facts-and-circumstances test—20	20. If the organiza	tion did not check	a box on line 13,	16a, 16b, or 17a,	and line	
in Part VI how the organization meets the	facts-and-circums	tances test. The o	organization qualifi	es as a publicly s	upported	2 <u></u>
organization	***************		(c. 15		93/93/2	
Private foundation. If the organization did	not check a box	on line 13, 16a, 1	6b, 17a, or 17b, cl	heck this box and	see	_
instructions					****************	· · · · · · ·
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4 tion B. Total Support Idar year (or fiscal year beginning in) Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First 5 years. If the Form 990 is for the corganization, check this box and stop her tion C. Computation of Public S Public support percentage from 2020 Sch. 33 1/3% support test—2021. If the organization check this box and stop here. The organization qual 33 1/3% support test—2020. If the organization towards and stop here. The organization qual 33 1/3% support test—2020. If the organization of the corganization and stop here. The organization meets the factors and stop here, and if the organization meets the organization. Private foundation. If the organization did reprivate foundation.	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 508,640 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 508,640 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) Public support. Subtract line 5 from line 4 tion B. Total Support dar year (or fiscal year beginning in) (a) 2017 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Gross receipts from related activities, etc. (see instructions) First 5 years. If the Form 990 is for the organization's first, organization, check this box and stop here tion C. Computation of Public Support Perce Public support percentage for 2021 (line 6, column (f) divide Public support percentage from 2020 Schedule A, Part II, lin 33 1/3% support test—2021. If the organization did not che this box and stop here. The organization qualifies as a publicly 33 1/3% support test—2020. If the organization did not che this box and stop here. The organization meets the facts-and-circumstances and circumstances test—2021. If the organization organization 10%-facts-and-circumstances test—2020. If the organization meets the facts-and-circumstance organization meets the facts-and-circumstance organization. Private foundation. If the organization did not check a box	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4 ttion B. Total Support dar year (or fiscal year beginning in) Amounts from line 4 Total support. Subtract line 5 from line 4 tion B. Total support. Subtract line 5 from line 4 tion B. Total support. Subtract line 5 from line 4 Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) First 5 years. If the Form 990 is for the organization's first, second, third, fou organization, check this box and stop here Total support percentage from 2020 Schedule A, Part II, line 14 33 1/3% support test—2021. If the organization did not check the box on line 13 1/6 the organization meets the facts-and-circumstances test. The organization Tower facts-and-circumstances test—2021. If the organization did not check abox on line 15 10% or more, and if the organization meets the facts-and-circumstances test. The organization Tower	dar year (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4 tion B. Total Support Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year organization, check this box and stop here tion C. Computation of Public Support Percentage Public support percentage from 2020 Schedule A. Part II, line 14 33 1/3% support test—2021. If the organization did not check a box on line 13, and line 14 ibox and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test, check this box and stop here. The organization dualifies as a publicly supported organization 10%-facts-and-circumstances test, check this box and stop here. The organization meets the facts-and-circumstances test, check this box and stop here. The organization meets the facts-and-circumstances test, check this box and stop here. The organization meets the facts-and-circumstances test, check this box and stop here. The organization meets the facts-and-	Giffs, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge. Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 11, column (f) Public support. Subtract line 5 from line 4 tion B. Total Support dar year (or fiscal year beigning in) Amounts from line 4 Gross income from increast, dividends, prents, royaltes, and income from similar sources of some scalable and income from similar sources or some sacrification, check the box and stop here. The organization qualifies as a publicly support test—2021. If the organization is first, second, third, fourth, or fifth tax year as a section 50 organization, check the box and stop here. The organization qualifies as a publicly supported organization qualifies as a publicly supported organization and if the organization meets the facts-and-circumstances test, check this box and stop here. Exp Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Exp Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Exp Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Exp Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Exp Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. First Part VI how the organization meets the facts-and-circumstances test, check this box and stop here. Part VI how the organization meets the facts-and-circumstances test, check this box	Gifts, grants, contributions, and membrarship fees received. (Do not include any "unusual grants") Tax revenues levide for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4 Tion B. Total Support Amounts from line 4 Tons Income from interest, dividends, payments received on securities loans, restrict, received on securities loans, restrict, regulates, and income from similar sources Net income from unrelated business activities, whether or not the business is regularly camed on. Other income. Do not include gain or loss from the sele of capital assets (Explain in Part VI) how the organization of Public Support Percentage Public support percentage for 2021 (line 6; column (f) divided by line 11, column (f)) 14

Part III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II, If the organization fails to qualify under the tests listed below, please complete Part II.)

	ndar year (or fiscal year beginning in)	1 1 2017	1 ",					
	T 17 17 17 17 17 17 17 17 17 17 17 17 17	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021		(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					6		
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				N			
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							
С	Add lines 7a and 7b		1	9				
8	Public support. (Subtract line 7c from line 6.)							
	tion B. Total Support		-	-			-	
Caler	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021		(f) Total
9	Amounts from line 6		(See 1					
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975		V					
С	Add lines 10a and 10b	4	-					
11	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)							
14	First 5 years. If the Form 990 is for the	organization's first	, second, third, fou	irth, or fifth tax ve	ar as a section 50	1(c)(3)		
	organization, check this box and stop he	re		-				> [
Sec	tion C. Computation of Public S	Support Perce	entage					
15	Public support percentage for 2021 (line 8	8, column (f), divid	ded by line 13, colu	ımn (f))			15	%
16	Public support percentage from 2020 Sch	edule A, Part III,	line 15	**************************************			16	%
Sec	tion D. Computation of Investm	ent Income P	ercentage					
17	Investment income percentage for 2021 (line 10c, column ((f), divided by line	13, column (f))			17	%
18 li	nvestment income percentage from 2020 s	Schedule A, Part I	II, line 17				18	%
19a	33 1/3% support tests—2021. If the organization						110	
	17 is not more than 33 1/3%, check this b							▶ L
b	33 1/3% support tests—2020. If the organization	anization did not d	check a box on line	14 or line 19a, ar	nd line 16 is more	than 33 1/3%,	and	_
20	line 18 is not more than 33 1/3%, check the Private foundation. If the organization di							
			, ,					

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A.	All	Supporting	Organizations
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- 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, 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 lines 3b and 3c below.
- 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.
- 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.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- 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.
- 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)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in 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).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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.
- Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in 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 line 10b below.
 - 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.)

		Yes	No
	1_		
	2		
Ď.	3a		
	3b		
	3c		
	4a		
	4b		
	4c		<u></u>
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
iche		(Form 9	90) 2021
	-uic A	/1 OIIII 2	ZUZI

Га	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	,	11b		
С	be one	.		
Sect	provide detail in Part VI. ion B. Type I Supporting Organizations	11c		
0000	ion B. Type I capporting Organizations		V	NI.
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or		Yes	No_
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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.	2		
Sect	ion 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).	1		
Sect	ion 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?	1		
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			
3	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	ion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	na)		
	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ons)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
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.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C							
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See							
instructions. All other Type III non-functionally integrated supporting organizations m	ust cor	nplete Sections A through	E				
Section A – Adjusted Net Income (A) Prior Year							
		(A) Thorrea	(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	(<u>A</u>					
6 Portion of operating expenses paid or incurred for production or collection							
of gross income or for management, conservation, or maintenance of		ATTENNANT OF THE PARTY OF THE P					
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	4. //					
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)				
1 Aggregate fair market value of all non-exempt-use assets (see	1 (
instructions for short tax year or assets held for part of year):	- 6	. //					
a Average monthly value of securities	1a						
b Average monthly cash balances	1b	A					
c Fair market value of other non-exempt-use assets	1c						
d Total (add lines 1a, 1b, and 1c)	1d	J.					
e Discount claimed for blockage or other factors		7					
(explain in detail in Part VI):			-				
2 Acquisition indebtedness applicable to non-exempt-use assets	2						
3 Subtract line 2 from line 1d.	3						
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,	Ť		i				
see instructions).	4						
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6 Multiply line 5 by 0.035.	6						
7 Recoveries of prior-year distributions	7	1					
8 Minimum Asset Amount (add line 7 to line 6)	8						
Section C – Distributable Amount	1 0		Current Year				
1 Adjusted net income for prior year (from Section A, line 8, column A)	1						
2 Enter 0.85 of line 1.	2						
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3						
4 Enter greater of line 2 or line 3.	4						
5 Income tax imposed in prior year	5						
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	1						
emergency temporary reduction (see instructions).	6						
7 Check here if the current year is the organization's first as a non-functionally integrate	d Type	III supporting organization	l 1				
(see instructions).	, pc	sapporang organization					

Schedule A (Form 990) 2021

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Sect	Section D - Distributions					
1	Amounts paid to supported organizations to accomplish exempt purpo	oses				
2	Amounts paid to perform activity that directly furthers exempt purpose	es of supported				
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purposes of supp	orted organizations				
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required—provide de	tails in Part VI)				
6	Other distributions (describe in Part VI). See instructions.					
	Total annual distributions. Add lines 1 through 6.					
8	Distributions to attentive supported organizations to which the organizations	ation is responsive	A STATE OF THE PARTY OF THE PAR			
	(provide details in Part VI). See instructions.			<u> </u>		
9	Distributable amount for 2021 from Section C, line 6			-		
10	Line 8 amount divided by line 9 amount					
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021		
1	Distributable amount for 2021 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2021	1				
	(reasonable cause required-explain in Part VI). See		4			
	instructions.					
3	Excess distributions carryover, if any, to 2021		Ji .			
	From 2016					
	From 2017	_ <u> </u>				
	From 2018					
	From 2019					
	From 2020					
	Total of lines 3a through 3e	No.				
	Applied to underdistributions of prior years					
h	Applied to 2021 distributable amount					
	Carryover from 2016 not applied (see instructions)	-				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.					
4	Distributions for 2021 from Section D, line 7: \$					
а	Applied to underdistributions of prior years					
	Applied to 2021 distributable amount					
С	Remainder. Subtract lines 4a and 4b from line 4.					
5	Remaining underdistributions for years prior to 2021, if					
	any. Subtract lines 3g and 4a from line 2. For result					
	greater than zero, explain in Part VI. See instructions.	9				
6	Remaining underdistributions for 2021 Subtract lines 3h					
	and 4b from line 1. For result greater than zero, explain in					
	Part VI. See instructions.					
7	Excess distributions carryover to 2022. Add lines 3j					
0	and 4c.					
8	Breakdown of line 7:					
	Excess from 2017 Excess from 2018					
	Control and Instruction of the Control of the Contr					
	Excess from 2019					
	Excess from 2021					

UNITED WAY OF THE BROWN COUNTY AREA 41-6033115

Schedule A (Form 990) 2021

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

Open to Public

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

Inspection

OMB No. 1545-0047

Name	of the organ	ization	Employer identification number			
_		WAY OF THE BROWN COUNTY AREA			033115	
- Pa	art I	Organizations Maintaining Donor Advised Fu Complete if the organization answered "Yes" on	inds or Other Similar Funds o Form 990, Part IV, line 6.	r Acco	unts.	
			(a) Donor advised funds	, (I	b) Funds and other accounts	
1	Total nun	nber at end of year		- 6		
2	Aggregat	e value of contributions to (during year)		7		
3	Aggregat	e value of grants from (during year)		_		
4		e value at end of year	-			
5	Did the o	rganization inform all donors and donor advisors in writing tha	at the assets held in donor advised	10		
		the organization's property, subject to the organization's exc	200	1	Yes No	
6		rganization inform all grantees, donors, and donor advisors in		2 15:00:000		
		haritable purposes and not for the benefit of the donor or don		90		
	conferring	impermissible private benefit?			Yes No	
Pa	art II	Conservation Easements.				
		Complete if the organization answered "Yes" on	Form 990, Part IV, line 7.			
1	Purpose(s) of conservation easements held by the organization (check	all that apply).			
	Prese	ervation of land for public use (for example, recreation or educ	cation) Preservation of a historically	importan	t land area	
	Prote	ction of natural habitat	Preservation of a certified h	istoric str	ucture	
	Prese	ervation of open space				
2	Complete	lines 2a through 2d if the organization held a qualified conse	ervation contribution in the form of a con-	servation		
	easemen	t on the last day of the tax year.	//		Held at the End of the Tax Year	
а		nber of conservation easements		2a		
b	Total acre	eage restricted by conservation easements		2b		
С	Number of	of conservation easements on a certified historic structure inc	luded in (a)	2c		
d	Number of	of conservation easements included in (c) acquired after 7/25/	06, and not on a	1.14		
	historic st	ructure listed in the National Register		2d		
3	Number of	of conservation easements modified, transferred, released, ex	tinguished, or terminated by the organiz	zation dur	ing the	
	tax year	***************************************	la Control of the Con			
4		of states where property subject to conservation easement is	0. 10.10.10.10.10.10.10.10.10.10.10.10.10.1			
5		organization have a written policy regarding the periodic mor	nitoring, inspection, handling of			
		and enforcement of the conservation easements it holds?			Yes No	
6	Staff and	volunteer hours devoted to monitoring, inspecting, handling of	of violations, and enforcing conservation	easemen	its during the year	
_	1.0000000	annum and an annum and an				
7		f expenses incurred in monitoring, inspecting, handling of vio	lations, and enforcing conservation ease	ements du	uring the year	
_	▶ \$	······································				
8		h conservation easement reported on line 2(d) above satisfy	the requirements of section 170(h)(4)(E	3)(i)	п п	
_		on 170(h)(4)(B)(ii)?	EXPONENTIAL T	· (2 · ·)(((3))	Yes No	
9		II, describe how the organization reports conservation easem			d.	
		heet, and include, if applicable, the text of the footnote to the on's accounting for conservation easements.	e organization's financial statements that	describes	s the	
Ps	rt III	Organizations Maintaining Collections of Art	Historical Transuras or Oth	or Simi	lor Accete	
		Complete if the organization answered "Yes" on		er Simi	idi Assels.	
12	If the oras	anization elected, as permitted under FASB ASC 958, not to		naa ahaa	t works	
Ia		torical treasures, or other similar assets held for public exhibit				
		rovide in Part XIII the text of the footnote to its financial state		ce or pub	III C	
ь		anization elected, as permitted under FASB ASC 958, to repo		shoot wa	arks of	
~		cal treasures, or other similar assets held for public exhibition				
		e following amounts relating to these items:	, occordion, or resource in fulfilled lice	or public	OOI VIOO,	
					• ¢	
	(ii) Asset	nue included on Form 990, Part VIII, line 1	5435	mem.	Ψπουστειοστείουσε • ¢	
2	If the area	s included in Form 990, Part X anization received or held works of art, historical treasures, or	other similar assets for financial coin	nrovide th	\$	
-		amounts required to be reported under FASB ASC 958 relating		PIONIGE (II	G	
а		included on Form 990, Part VIII, line 1		_	• ¢	
b	Assets inc	cluded in Form 990, Part X		SWATTER S	• \$	

_ P	art III Organizations Maintainii	ng Collections	of Art, Historical	i reasure:	s, or Ot	ther Similar <i>P</i>	Assets (c	ontin	ued)
3	Using the organization's acquisition, acces collection items (check all that apply):	sion, and other reco	rds, check any of the fo	ollowing that	make sig	nificant use of its	<u>*</u> _		
а	Public exhibition	d 🗌	Loan or exchange pro	gram					
b		е 🗌	Other						
С									
4	Provide a description of the organization's	collections and expla	ain how they further the	organization	n's exemp	t purpose in Part			
	XIII.								
5	During the year, did the organization solici					30		_	_
_	assets to be sold to raise funds rather than		s part of the organization	n's collection	n?		· •	es_	No
Pa	art IV Escrow and Custodial		- U	5 B / B				_	
	Complete if the organization 990, Part X, line 21.	on answered "Ye	es" on Form 990, F	Part IV, IIr	e 9, or	reported an ai	mount on	Forn	n
1a	ls the organization an agent, trustee, custo							_	_
	included on Form 990, Part X?			. 22	55.	/6	NAMES :	∕es 2	K No
b	If "Yes," explain the arrangement in Part X	III and complete the	following table:						
							Amou	nt	
	Beginning balance	***************************************	. 700 . 7005 . 0			1c			-
d	Additions during the year					1d			
e	Distributions during the year		. 199 . 19921 . 1915			1e			
t	Ending balance	13_3153_333375_1		. 		1f	[]		1
	Did the organization include an amount on	· · · · · · · · · · · · · · · · · · ·		Annual Control	486		X		No
	If "Yes," explain the arrangement in Part X	III. Check here if the	explanation has been p	provided on	Part XIII .			3	ζ
Pa	art V Endowment Funds.	1.60.7		20 (0) n We	1972				
	Complete if the organization		100						
		(a) Current year	(b) Prior year	(c) Two year	ars back	(d) Three years ba	ick (e) Fo	our years	back
	Beginning of year balance								
	Contributions		10,800	b					
С	Net investment earnings, gains, and		- 1						
	losses		All the said						
d			4						
е			1 3						
	programs		V - p-						
	Administrative expenses	10.000	10.000						
g		10,800				<u></u>			
2	Provide the estimated percentage of the cu		ice (line 1g, column (a)) held as:					
a	,	%	39.						
b	Permanent endowment ▶ 100.00 %								
С	Term endowment ▶ %								
_	The percentages on lines 2a, 2b, and 2c s								
За	Are there endowment funds not in the pos	session of the organi	zation that are held and	d administer	ed for the			_	r -
	organization by:						_	Yes	
	(i) Unrelated organizations				00000000000000000000000000000000000000	******	3a(i)	4	X
	(ii) Related organizations						3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organ				ananananan		3b	1	
4	Describe in Part XIII the intended uses of		dowment funds.						
Pa	art VI Land, Buildings, and Eq							•••	
	Complete if the organization						, Part X,	line 1	0.
	Description of property	(a) Cost or other	1 ''			Accumulated	(d) Boo	k value	
-		(investment)	(othe	r)	de	epreciation			
	Land								
b	Buildings								
С	Leasehold improvements								
	Equipment			14,788		13,684		1,	104
е	Other								
Total	I. Add lines 1a through 1e. (Column (d) mus	st equal Form 990, F	Part X, column (B), line	10c.)				1,	104

Part VII	Form 990) 2021 UNITED WAY OF THE BRO Investments – Other Securities.	WIN COUNTI AR	EA 41-6033115	Page
i ait vii	Complete if the organization answered "Yes" or	Form 990 Part IV	line 11h See Form 990	Part Y line 12
-	(a) Description of security or category	(b) Book value	(c) Method of	
	(including name of security)	(b) book value	Cost or end-of-year	
(1) Financial				That have been a second
(1) Financiai (2) Closely b	derivatives			
(2) Closely III	eld equity interests			
(5) Other			+	
			-	
(C)	+ 490000 + 4300000000 - 150000 - 150000 - 150000000000		4	
	679 · · · · · · · · · · · · · · · · · · ·			
(E)			Automatical Control of the Control o	
(F)				
(G) (H)				
	on (b) must asked Form 2000 Book V and (B) line 40.			
Part VIII	nn (b) must equal Form 990, Part X, col. (B) line 12.) Investments - Program Related.			
rait VIII		. Farma 000 Dart IV	15 44- C F 000	Dark V. B 40
	Complete if the organization answered "Yes" or			
	(a) Description of investment	(b) Book value	(c) Method of v	
(4)		-	Cost or end-or-year	market value
(1)			-	
(2)			15	
(3)			4	
(4)				
(5)		_/		
(6)				
(7)				
(8)		d 10		
(9)		1		
Total. (Colum	an (b) must equal Form 990, Part X, col. (B) line 13.)	ED-END P		
Part IX	Other Assets.	E 000 D + D/	l: 4410 E 600	D 132 H 1=
	Complete if the organization answered "Yes" on	Form 990, Part IV,	line 11d. See Form 990	
(4)	(a) Description	Ar .		(b) Book value
(1)		7		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	See (III)			
	n (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities.	E 000 D	" 44 446 0 =	000 5 111
	Complete if the organization answered "Yes" or	i Form 990, Part IV,	line 11e or 11f. See Fol	m 990, Part X,
	line 25.			
	(a) Description of liability			(b) Book value
	income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
otal, (Colum	n (b) must equal Form 990, Part X, col. (B) line 25.)			

Pa	art XI Reconciliation of Revenue per Audited Financial Statem		Retur	n.
	Complete if the organization answered "Yes" on Form 990,			
1	Total revenue, gains, and other support per audited financial statements		1	393,198
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	w s		
а	Net unrealized gains (losses) on investments	2a		
b		2b	7	
С	Recoveries of prior year grants	2c	1	
d		2d	7	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	(A 10 P C A 10 A	3	393,198
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		0,0,00
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	170	
b	Other (Describe in Part XIII.)	4b	-	
		AP No.	4c	
5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	and the second s	5	393,198
	art XII Reconciliation of Expenses per Audited Financial State			
•	Complete if the organization answered "Yes" on Form 990,		ei itei	un _{in}
1	Total expenses and losses per audited financial statements	Tart IV, line 12a.	1	302,024
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		+	302,024
a		I as Jee		
	Donated services and use of facilities	2a	- I	
b	Prior year adjustments	2b	- 1	
C		\2c	-l: I	
đ	(2d	- I	
	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	quint privition in the control	3	302,024
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	J	
b	Other (Describe in Part XIII.)	4b]	
	Add lines 4a and 4b		4c	
_ 5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	302,024
Pa	rt XIII Supplemental Information.			
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part I	V, lines 1b and 2b; Part V, line	4; Part X	(, line
	rt XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide			
P	ART IV, LINE 2B - ESCROW LIABILITY ARRANGE	MENT EXPLANATION	N	
T]	HE ORGANIZATION IS ACTING AS A FISCAL AGEN	T FOR SEVERAL G	RANT	S FROM THE
450	У и ше при поставане и постава			
S	OUTHERN MINNESOTA INITIATIVE FOUNDATION FO	R EARLY CHILDHO	OD E	DIICATTON
44.17				
CI	HILDCARE ENHANCEMENT, CHILDHOOD DENTAL CAR	ው አለጠ አ ጥ ኮአኒፖሮፒ.ፕ	NIC! T.	TDDADTAN
99	The state of the s	E AND A IKAVEDI.	ис ц	
DI	ROGRAM. UWBCA RECEIVES THE FUNDS AND THEN	DICDIDCEC MUEW	7.0	DECTECHED DA
0000	ROGRAM. UWBCA RECEIVES THE FUNDS AND THEN	DISDORSES INEM	. 	VECOPPIED RI
TU	HE ACTUAL GRANTEE. THE DISBURSEMENTS ARE	ADDDOGGD DV CVT		milia Miam
994 B	HE ACTUAL GRANTEE. THE DISBURSEMENTS ARE	APPROVED BY SMI.	12762	THE NET
то :	ALANCE OF BURDO WERE TO BE BECOME		an	
ь. Б/	ALANCE OF FUNDS YET TO BE DISBURSED ARE AC	COUNTED FOR IN	SEPA	KATE
.	CARTITUM AGGARNIG THE ARCHITECT			
<u>, L</u>	ABILITY ACCOUNTS. THE ORGANIZATION IS AL	SO CURRENTLY HO	LDIN	G FUNDS

RECEIVED FROM VARIOUS ENTITIES TO PASS THROUGH TO VARIOUS NON-PROFITS

AFFECTED BY COVID-19. ANY AMOUNTS NOT YET DISTRIBUTED ARE ALSO ACCOUNTED

FOR IN A SEPARATE LIABILITY ACCOUNT.

Part XIII Supplemental Information (continued)
PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS
A PERMANENT ENDOWMENT WAS CREATED IN 2021 AS A MEANS OF ESTABLISHING A
LONG-TERM SOURCE OF INVESTMENT INCOME TO ASSIST WITH THE GENERAL NEEDS OF
THE ORGANIZATION.
·

SCHEDULE G (Form 990)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public

▶ Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Inspection Name of the organization Employer identification number UNITED WAY OF THE BROWN COUNTY AREA 41-6033115 Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fund-(v) Amount paid to (vi) Amount paid to raiser have (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) custody or (ii) Aclivity or entity (fundraiser) from activity fundraiser listed in organization control of ontributions col. (i) Yes No 8 9 10 **Total** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

			(a) Event #1 FUNDRAISING EVE (event type)	(b) Event #2		(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1	Gross receipts	15,732	ı		(1)	15,732
		Less: Contributions Gross income (line 1 minus line 2)	15,732				15,732
	4	Cash prizes					
Se		Noncash prizes					
Expenses		Rent/facility costs					
Direct	8	Entertainment					
	9	Other direct expenses	3,922				3,922
			Add lines 4 through 9 in column btract line 10 from line 3, column				3,922 11,810
Pa	art	III Gaming. Com	plete if the organization and rm 990-EZ, line 6a.	swered "Yes" on Fo	rm 990,	, Part IV, line 19, or re	ported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bing	jo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Re	1	Gross revenue					
nses	2	Cash prizes		—			
ct Expenses		Noncash prizes		<u> </u>			
Direct		Rent/facility costs				·	
		Other direct expenses Volunteer labor	Yes %	Yes	· · · · · · · · · · · · · · · · · · ·	Yes %	
		assessment 2	Add lines 2 through 5 in column			W. N	
	8	Net gaming income sumn	nary. Subtract line 7 from line 1, c	olumn (d)		programme volument by	
а	ls th	ne organization licensed to	e organization conducts gaming a conduct gaming activities in each	of these states?			Yes No
0a b	Wer	re any of the organization'	s gaming licenses revoked, suspe	ended, or terminated duri	ng the tax	k year?	

Sche	edule G (Form 990) 2021 UNITED WAY OF THE BROWN COUNTY AREA 41-6033115			Pi	age 3
11	Does the organization conduct gaming activities with nonmembers?	250000000		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:	x 3			
а	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?	P.	П	Yes [Пис
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$		Ш		
С	If "Yes," enter name and address of the third party:				
	Name ▶	******	073.55		
	Address ►	100000000	*****		
16	Gaming manager information:				
	Name ▶	COLUMN CO			
	Gaming manager compensation ▶ \$				
	Description of services provided ▶	*****			
	☐ Director/officer ☐ Employee ☐ Independent contractor				
17	Mandatory distributions:				
а	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 ▶ \$				
Ра	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns	(iii) and	d (v)); and	t
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional	inform	atio	n.	
	See instructions.				
• • • • •		*****			****
		******	11.11		
		*****	****		
SATSA Z		*****	* * * * *		*****
23452		*******			
900,000		*********			10 0 0 0 0 0
vonotivši Totalitis		*********			
					4444
5.5555					
1100000		******			15.000
1111111					

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

Part I

Part II

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

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

Open to Public Inspection 2021

OMB No. 1545-0047

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

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, **≗** Employer identification number X Yes 41-6033115 Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. UNITED WAY OF THE BROWN COUNTY AREA General Information on Grants and Assistance the selection criteria used to award the grants or assistance?

A (a) Nome and address of assessing		JGI (9)		The population of	A Mother of the Control	200000	
ו (מ) ועמווים מוחים מחתובסט סו סוקמווילמווסוו	NIU (a)	section	(a) Amount of cash		book FMV appraisal		(n) Purpose of grant
or government		(if applicable)	grant	noncash assistance	other)	noncash assistance	or assistance
(1) ADAPTIVE RECREATIONAL SERVICES							
600 N GERMAN ST							
NEW ULM			11,000				
(2) AMERICAN RED CROSS WEST NICOLLET			3				
1201 W RIVER PKWY SUITE 217			-				
MINNEAPOLIS MN 55454			9,000				
(3) BOY SCOUTS, TWIN VALLEY COUNCIL							
810 MADISON AVE							
MANKATO MN 56001		4	6,000				
(4) COMMUNITY AND SENIORS TOGETHER			Ì				
600 N GERMAN ST		To the second					
NEW ULM	4		10,000				
(5) EAGLES PRE-SCHOOL PROGRAM							
910 14TH STREET N	4						
NEW ULM MN 56073			10,000				
(6) GIRL SCOUTS, MN & WI RIVER VALLEY\$		d					
400 ROBERT ST S							
SAINT PAUL MN 55107	100		6,000				
(7) LIFE WORK PLANNING							
127 S 2ND ST #210							
MANKATO MN 56001			12,000				
(8) LSS - SENIOR NUTRITION PROGRAM							
600 N GERMAN ST							
NEW ULM MIN 56073			8,000				
(9) MANKATO REHABILITATION CENTER							
PO BOX 328							
MANKATO MN 56002			000'6				

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2021)

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

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

▶ Go to www.irs.gov/Form990 for the latest information. ▶ Attach to Form 990.

Open to Public Inspection 2021

OMB No. 1545-0047

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, (h) Purpose of grant Employer identification number or assistance Yes 41-6033115 noncash assistance (g) Description of Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of noncash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 10,000 11,500 21,050 (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table COUNTY AREA (c) IRC section (if applicable) General Information on Grants and Assistance (p) EIN UNITED WAY OF THE BROWN the selection criteria used to award the grants or assistance? MN 56073 MN 55419 (a) Name and address of organization (2) SOUTHERN MN CRISIS NURSERY or government 4544 4TH AVE S (3) OTHER GRANTS (1) NUMBS HAUS PO BOX 291 MINNEAPOLIS Name of the organization NEW ULM Part II Part ~ <u>4</u> 3 9 6 8 6

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

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

Schedule I (Form 990) (2021)

	answ
-6033115	organization
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¥	mo
THE BROWN COUNTY	duals.
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BROW	ic In
THE 1	Domest
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WAY	sistance
NITED	. As
UNI	and Other
2021)	and
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٦ 99(Grant
For	
He -	Part III
Sched	Par

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.	to Domestic Individ	duals. Complete if the	AKEA 41-6033113 plete if the organization answe	red "Yes" on Form 990, F	Page 2 Page 2
Part III can be duplicated if additional space is needed	tional space is need	ed.			
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(e) Method of valuation (book, (f) Description of noncash assistance FMV, appraisal, other)
1 YOUTH SCHOLARSHIP PROGRAM	196	20,369		W	
2				1	
e				C	
4					
5					
9					
)		
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information	vide the information	required in Part I, lin	e 2; Part III, column	(b); and any other addition	onal information.
PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS	S FOR MONITOR	ING THE USE C	F GRANT FUND	S	
ALL AGENCY ALLOCATION REQUESTS ARE THOROUGHLY SCRUTINIZED BY THE ALLOCATION	ESTS ARE THOR	OUGHLY SCRUTI	NIZED BY THE	ALLOCATION	
COMMITTEE, INCLUDING VERIFICATION OF NEED, NON-PROFIT STATUS, TYPE OF	CATION OF NE	ED, NON-PROFI	T STATUS, TY	PE OF	
ASSISTANCE GIVEN AND OTHER VARIOUS FACTORS BEFORE BEING APPROVED BY	VARIOUS FACT	ORS BEFORE BE	ING APPROVED	BY THE	
BOARD OF DIRECTORS. THE USE OF PAST YEAR FUNDS	SE OF PAST YE	**	ARE DOCUMENTED WHEN	HEN THE	
ENTITIES APPLY FOR THEIR NEXT ROUND OF FUNDING. IN BETWEEN THESE TIMES,	EXT ROUND OF	FUNDING. IN	BETWEEN THES	E TIMES,	
QUARTERLY MEETINGS ARE HELD WITH VERBAL REPORTS ON RECENT	WITH VERBAL	REPORTS ON F	ECENT ACTIVITIES	TIES AND	
ACCOMPLISHMENTS AND USE OF THE FUNDS	THE FUNDS BY	THE GRANTEE.			

Schedule I (Form 990) (2021)

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047 2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

UNITED WAY OF THE BROWN COUNTY AREA

FORM 990 - ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES

Employer identification number 41-6033115

SOLICIT AND ADMINISTER FUNDS FOR SELECTED HUMAN CARE SERVICES. SPECIFICALLY, THE UNITED WAY OF THE BROWN COUNTY AREA'S MISSION IS TO BE A PREFERRED COMMUNITY BUILDING ORGANIZATION DEDICATED TO IDENTIFYING AND

RESPONDING TO THE HEALTH AND HUMAN SERVICE NEEDS OF THE BROWN COUNTY AREA

FORM 990 - ORGANIZATION'S MISSION

SOLICIT AND ADMINISTER FUNDS FOR SELECTED HUMAN CARE SERVICES. SPECIFICALLY, THE UNITED WAY OF THE BROWN COUNTY AREA'S MISSION IS TO BE A PREFERRED COMMUNITY BUILDING ORGANIZATION DEDICATED TO IDENTIFYING AND RESPONDING TO THE HEALTH AND HUMAN SERVICE NEEDS OF THE BROWN COUNTY AREA.

FORM 990, PART III, LINE 4A - FIRST ACCOMPLISHMENT FOR OVER SIXTY-FIVE YEARS THE UNITED WAY OF THE BROWN COUNTY AREA HAVE PLAYED A UNIQUE ROLE BY BRINGING TOGETHER PEOPLE FROM EVERY PART OF OUR - DONORS, VOLUNTEERS, ADVOCATES, NONPROFIT ORGANIZATIONS, OMMUNITY LEADERS, AND PEOPLE WITH LIVED EXPERIENCE.

UNITED WAY'S STRATEGIC VISION IS WE ENVISION A UNITED AND RESILIENT COMMUNITY WHERE EVERYONE BELONGS AND THRIVES. WE WILL UNITE PEOPLE AND PARTNERS TO ENSURE OUR NEIGHBORS STRUGGLING TO MAKE ENDS MEET, LAND ON THEIR FEET, AND STAY THERE. UNITED WAY'S WORK AND INVESTMENTS ARE FOCUSED ON ADDRESSING THE CHALLENGES IN THE AREAS OF HEALTH, EDUCATION, AND FINANCIAL STABILITY. THE UNITED WAY OF BROWN COUNTY AREA IS A VIBRANT ORGANIZATION THAT HAS A RICH HISTORY OF CONNECTING PEOPLE AND RESOURCES.

UNITED WAY OF THE BROWN COUNTY AREA

41-6033115

OUR PROGRAMMING IS OF THE HIGHEST QUALITY, AND WE ARE WELL RESPECTED IN THE COMMUNITIES WE SERVE.

IN 2021-2022 THE UNITED WAY YOUTH ACTIVITIES SCHOLARSHIP PROGRAM GAVE OUT 204 SCHOLARSHIPS TOTALING OVER \$25,000. THESE SCHOLARSHIPS HAVE GONE TO YOUNG PEOPLE THROUGHOUT BROWN COUNTY, AGES 3 TO 18, WHOSE FAMILY INCOME IS INSUFFICIENT TO AFFORD ACTIVITY AND/OR EQUIPMENT FEES. SCHOLARSHIPS ARE AVAILABLE FOR UP TO \$200 PER YEAR PER YOUTH AND PROVIDE 80% OF THE ACTIVITY FEES AND 50% OF THE EQUIPMENT COSTS. THE GOAL OF THIS PROGRAM IS TO ENSURE THAT AREA YOUTH WILL NOT BE DENIED THE OPPORTUNITY TO PARTICIPATE IN CHARACTER BUILDING ACTIVITIES RANGING FROM MUSIC AND DANCE LESSONS TO SPORTS AND OTHER ACTIVITIES.

THIS PAST YEAR, THE UNITED WAY OF THE BROWN COUNTY AREA CONTINUED THE PROGRAM'S VISION TO FOSTER A LOVE OF READING AMONG PRESCHOOL CHILDREN AND THEIR FAMILIES BY PROVIDING THEM WITH THE GIFT OF A SPECIALLY SELECTED BOOK EACH MONTH. THROUGH THE DOLLYWOOD FOUNDATION, IMAGINATION LIBRARY IS ONE OF THE UNITED WAY OF BROWN COUNTY AREA'S MOST BELOVED PROGRAMS. BY MAILING HIGH QUALITY, AGE-APPROPRIATE BOOKS DIRECTLY TO THEIR HOMES, WE WANT CHILDREN TO BE EXCITED ABOUT BOOKS AND TO FEEL THE MAGIC THAT BOOKS CAN CREATE. MOREOVER, THIS PROGRAM ENSURES THAT EVERY CHILD HAS BOOKS, REGARDLESS OF THE FAMILY'S INCOME. SINCE THE INITIAL PROGRAM LAUNCH IN THE UNITED STATES, IMAGINATION LIBRARY HAS GONE FROM JUST A FEW DOZEN BOOKS TO NEARLY FORTY MILLION BOOKS MAILED TO CHILDREN IN THE UNITED STATES, AND THAT INCLUDES THE ALMOST 1,000 BOOKS MAILED IN BROWN COUNTY EACH MONTH. IF A CHILD IS READ TO FOR 20 MINUTES EVERY DAY, THEY WILL START SCHOOL WITH AN 8000-WORD VOCABULARY. AS WE FACE CONTINUED CHALLENGES TO MEET THE DEMANDS

UNITED WAY OF THE BROWN COUNTY AREA

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OF A HIGH-TECH WORLD, WE NEED TO DO WHATEVER WE CAN TO MAKE OUR YOUNGEST CITIZENS PREPARED TO SUCCEED.

IN 2022, OVER 350 BACKPACKS FILLED WITH AGE, GRADE AND SCHOOL DISTRICT
APPROPRIATE SUPPLIES WEREGIVEN TO CHILDREN ALL OVER BROWN COUNTY THROUGH
OUR STUFF THE BACKPACK PROGRAM. THESE BACKPACKS WERE MADE AVAILABLE TO
CHILDREN FROM FAMILIES IN NEED TO HELP ENSURE THAT THE CHILDREN CAN GET OFF
TO A GOOD START IN SCHOOL. THE UNITED WAY PARTNERED WITH ALLIANCE BANK TO
RECEIVE BACKPACKS AND SCHOOL SUPPLIES. IN ADDITION, MORE THAN 30
BUSINESSES, ORGANIZATIONS, AND MANY INDIVIDUAL DONORS THROUGHOUT THE COUNTY
GAVE THOUSANDS OF DOLLARS' WORTH OF SCHOOL SUPPLIES. THIS WAS AN AMAZING
EFFORT, AND WITHOUT THE GENEROSITY OF THE CITIZENS OF BROWN COUNTY WE WOULD
NOT HAVE BEEN ABLE TO PROVIDE SO MANY CHILDREN WITH THE TOOLS NEEDED TO
START THE SCHOOL YEAR.

SATURDAY, OCTOBER 29, 2022, WAS THE UNITED WAY OF BROWN COUNTY'S 25TH
ANNUAL DAY OF CARING. THE DAY OF CARING IS AN ANNUAL EVENT TO MAKE A

POSITIVE DIFFERENCE THROUGH VOLUNTEERING. OVER 100 VOLUNTEERS IN 16 TEAMS

SPENT THEIR SATURDAY HELPING OTHERS IN OUR COUNTY. 56 PROJECTS WERE

COMPLETED IN THE BROWN COUNTY AREA. THIS PROGRAM IS AT THE FOUNDATION OF

WHAT WE DO, CONNECT OUR GREATEST RESOURCE, OUR PEOPLE, TO THOSE WHO NEED A

HELPING HAND.

PROJECT LUNCHBOX IS A WEEKEND FOOD PROGRAM FOR KIDS IN K-6TH GRADES IN NEW ULM PUBLIC SCHOOLS. IT IS ALSO PROVIDED TO THE RIVERBEND DISTRICT AND ST. PAUL'S. THIS IS OUR FIFTH YEAR PROVIDING THIS MUCH NEEDED PROGRAM IN THE NEW ULM SCHOOL DISTRICT. THE TASK OF ORGANIZING THE DRY GOODS, PURCHASING,

Employer identification number

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AND OVERSEING THE PROCESS OF PACKING AND DISTRIBUTING THE FOOD

IS MONUMENTAL. THE FOOD IS PACKAGED AND DELIVERED TO SCHOOLS FOR KIDS WHO

QUALIFY FOR FREE OR REDUCED LUNCHES. THE FOOD PACKAGES ARE THEN PLACED IN A

CHILD'S BACKPACK ON FRIDAY TO BE TAKEN HOME. THESE FOOD PACKAGES INCLUDE

TWO MEALS, TWO SNACKS, AND TWO BEVERAGES TO GET EACH CHILD THROUGH THE

WEEKEND. AN ARMY OF VOLUNTEERS IS INSTRUMENTAL IN THE EXECUTION OF THIS

PROGRAM. HUNGER CAN HAVE A HUGE IMPACT ON YOUNG CHILDREN, CAUSING ANXIETY,

POOR BEHAVIOR, AND IMPAIRMENT TO LEARNING AND FOOD INSTABILITY IS A VERY

REAL PROBLEM IN THE BROWN COUNTY AREA. PROJECT LUNCHBOX PROVIDES THE VITAL

NUTRITION THAT STUDENTS NEED FOR SCHOOL SUCCESS.

THERE ARE MANY BARRIERS FOR THE ELDERLY, WORKING POOR, AND YOUNG STUDENTS
IN GETTING THEIR TAXES DONE EACH YEAR. TIME, ACCESS OR UNDERSTANDING OF HOW
THE TAX SYSTEM WORKS, AND MOST OF ALL THE LACK OF FUNDS TO PAY SOMEONE TO
DO THEIR TAXES ARE JUST A FEW OF THE BARRIERS FACING BROWN COUNTY AREA
RESIDENTS. WHATEVER THE BARRIER, UNITED WAY OF THE BROWN COUNTY AREA'S FREE
TAX PREPARATION PROGRAM IS IN PLACE TO HELP THOSE INDIVIDUALS. EACH YEAR
COMMUNITY MEMBERS VOLUNTEER TO BECOME IRS CERTIFIED TAX PREPARERS AND/OR
CLIENT FACILITATORS THROUGH AARP TO HELP LOCAL AREA CITIZENS. THIS PUTS
THOUSANDS OF REFUND TAX DOLLARS BACK INTO OUR COMMUNITIES AND INTO THE
HANDS OF THOSE WHO NEED IT MOST.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 FORM 990 AND ATTACHMENTS ARE REVIEWED BY THE EXECUTIVE DIRECTOR AND THE EXECUTIVE COMMITTEE AND BROUGHT BEFORE THE BOARD FOR APPROVAL.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

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41-6033115	Federal Statements
	Taxable Interest on Investments
Description	
INVESTMENT INCOME	Amount Unrelated Exclusion Postal Acquired after Obs (\$ or %) \$\frac{1,284}{\$} = \frac{1,284}{\$} = \f
	Q
	Taxable Dividends from Securities
Description	
	Unrelated Exclusion Postal Acquired after US Amount Business Code Code 6/30/75 Obs (\$ or %)
DIVIDENDS	\$5,58014
TOTAL	\$ 5,580

Federal Statements	Schedule A. Part II. Line 1(e) Description \$ Amount	\$ 352,679 \$ 352,679	
41-6033115	GOVERNMENT GRANTS	CONTRIBUTIONS TOTAL	

Federal Statements

Schedule A, Part II, Line 5 - Excess Gifts

Donor Name	Total	Excess
NUVERA	\$ 16,499	\$
MINNESOTA VALLEY TESTING LABS	34,448	
ROGER RYBERG	20,000	
COBORNS/CASHWISE	12,554	
CHRISTENSEN FARMS	21,400	
ISD #88	8,734	: A
3M	12,812	- 1
DORIS TURBES	 7,301	 N.
TOTAL	\$ 133,748	\$ 0

Federal Statements	Schedule A, Part II, Line 8(e) Amount \$ 1,284 5,580 2,791 \$ 2,791 \$ 9,655 \$ 9,655 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Schedule A. Part II. Line 10(e) Schedule A. Part II. Line 12 - Current year Schedule A. Part II. Line 12 - Current year	FEES S
41-6033115	INVESTMENT INCOME DIVIDENDS GAIN ON SALE TOTAL	FUNDRAISING EVENTS TOTAL	AGENCY DESIGNATION FEES TOTAL