PUBLIC DISCLOSURE COPY

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

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. A For the 2023 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change UNITED WAY OF STEELE COUNTY Name change 23-7366680 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 507-455-1180 1850 AUSTIN RD SUITE 103 1,440,743. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return OWATONNA, MN 55060 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: ANNETTE DUNCAN for subordinates? Yes X No SAME AS C ABOVE _ Yes 「 **H(b)** Are all subordinates included? Tax-exempt status: \mathbf{X} 501(c)(3) $\mathbf{\Box}$ 501(c) ((insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.UNITEDWAYSTEELECOUNTY.ORG H(c) Group exemption number K Form of organization: X Corporation Other Year of formation: 1974 M State of legal domicile: MN ☐ Trust Association Part I Summary Briefly describe the organization's mission or most significant activities: SUPPORT OF QUALIFIED 501(C)3 **Activities & Governance** AGENCIES 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 16 3 Number of voting members of the governing body (Part VI, line 1a) 16 Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 1,211,521. 1,076,754. Contributions and grants (Part VIII, line 1h) 8 0. 0. Program service revenue (Part VIII, line 2g) 15,685. 34.718. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 1,416. 7,522. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 1,228,622. 118,994 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 590,784. 618,375. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 269,788. 280,382. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 372,192. 336,832. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,232,764. 1,235,589. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -4,142. -116,595. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 1,620,750. 1,561,997. Total assets (Part X, line 16) 584,102. 616,674 21 Total liabilities (Part X, line 26) 三年 036,648. Net assets or fund balances. Subtract line 21 from line 20 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 Date Sign ANNETTE DUNCAN, PRESIDENT Here Type or print name and title Date PTIN Preparer's signature Print/Type preparer's name KATHERINE LUTZKE, CP 10/09/24 P01760889 KATHERINE LUTZKE, CPA Paid self-employed Firm's EIN 41-0746749Firm's name CLIFTONLARSONALLEN LLP

No

X Yes

Phone no. 507-280-2300

Firm's address 2689 COMMERCE DRIVE NW,

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

ROCHESTER, MN 55901

Preparer

Use Only

SUITE 201

Form **8868**

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service File a separate application for each return.

Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Part I - Identification Taxpayer identification number (TIN) Name of exempt organization, employer, or other filer, see instructions. Type or **Print** 23-7366680 UNITED WAY OF STEELE COUNTY File by the Number, street, and room or suite no. If a P.O. box, see instructions. due date for filina vour 1850 AUSTIN RD SUITE 103 return. See instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. 55060 OWATONNA, MN Enter the Return Code for the return that this application is for (file a separate application for each return) 01 Application Is For Return | Application Is For Return Code Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 12 05 Form 8870 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 07 Form 5330 (other than individual) 14 Form 990-T (corporation) Form 1041-A 80 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of $\overline{\mathbf{ANNETTE}}$ $\overline{\mathbf{DUNCAN}}$ 1850 AUSTIN RD. #103 - OWATONNA, MN 55060 Telephone No. (507)455-1180 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN)
. If this is for the whole group, check this . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15 , 20 24 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: X calendar year 20 23 or tax year beginning _____, 20 ____, and ending ___ If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period 3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form	1 990 (2023) UNITED WAY OF STEELE COUNTY 23-7366680 Pag	e 2
Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	TO CHANGE LIVES BY MOBILIZING AND OPTIMIZING THE CARING POWER OF OUR	
	COMMUNITY.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
		No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X	No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a		•)
	THE ORGANIZATION IS A NON PROFIT VOLUNTARY COMMUNITY ASSISTANCE AGENCY	—
	DEDICATED TO ALLOCATING PLEDGES RECEIVED, SUBSTANTIALLY ALL FROM STEELE	—
	COUNTY BUSINESSES AND INDIVIDUALS, TO VARIOUS OTHER AGENCIES TO BETTER	
	SERVE THE COMMUNITY AND THE SURROUNDING AREA. SERVED 18 AGENCIES DURING	
	THE YEAR.	—
		—
		—
		—
		—
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	_)
		—
		—
		—
		—
		—
		—
		—
		—
		—
		—
_		
4c	(Code:) (Expenses \$	—)
		—
		—
		—
		—
		—
		—
		—
		—
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses 947,068.	
<u>4e</u>	Total program service expenses 947,068. Form 990 (2)	000.
	Form 990 (2)	J23)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	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 candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
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? <i>If</i> "Yes," <i>complete</i>			
0	, ,	8		x
0	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	-		
9				
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		<u> </u>
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	11a	X	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? 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 of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	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	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "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		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
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	<u> </u>		T -
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	"		
13	·	19		x
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
20a	• •	20a 20b		 ^
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		\vdash
21		04	Х	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	Λ	l

Pai	rt IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			l
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. 24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	. 24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	. 25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	054		x
00	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	26		x
27	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	. 20		1
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes." <i>complete Schedule L. Part III</i>	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
20	instructions for applicable filling thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			Х
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 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			Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			

X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a 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? Х If "Yes," complete Schedule R, Part V, line 2 36 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 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

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V						
					Yes	No	
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	13				I
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	ole gaming				
	(gambling) winnings to prize winners?			10	i I		

332004 12-21-23

023) UNITED WAY OF STEELE COUNTY

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

			Yes	No					
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return 2a								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		_X_					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<u> </u>					
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			7.7					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		<u>X</u>					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		_X_					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		<u> </u>					
D	b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
7	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and convices provided to the payor?	70		X					
a b	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		-22					
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10							
C	to file Form 8282?	7c		Х					
d									
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х					
f									
g									
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?								
8									
	sponsoring organization have excess business holdings at any time during the year?								
9	9 Sponsoring organizations maintaining donor advised funds.								
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12	_							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	-							
11	Section 501(c)(12) organizations. Enter:								
	Gross income from members or shareholders	-							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
	amounts due or received from them.)								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120							
а	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a							
h	Enter the amount of reserves the organization is required to maintain by the states in which the								
b	organization is licensed to issue qualified health plans								
c	Enter the amount of reserves on hand	1							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a							
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
	excess parachute payment(s) during the year?	15		Х					
	If "Yes," see the instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х					
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17							
	If "Yes," complete Form 6069.								

332005 12-21-23

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

	Check if Schedule O contains a response or note to any line in this Part VI						X				
Sec	tion 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	1a		16							
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.										
b	Enter the number of voting members included on line 1a, above, who are independent	1b		16							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other								
	officer, director, trustee, or key employee?				2		X				
3	Did the organization delegate control over management duties customarily performed by or under the	direc	t supervision								
	of officers, directors, trustees, or key employees to a management company or other person?]	3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 9	90 wa	s filed?		4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?			5		X				
6											
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or								
	more members of the governing body?				7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st	ockho	lders, or								
	persons other than the governing body?]	7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	e following:								
а	The governing body?				8a	X					
b	Each committee with authority to act on behalf of the governing body?				8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ched a	t the								
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O				9		X				
Sec	tion B. Policies _{(This Section B requests information about policies not required by the Internal Re}	venue	Code.)								
						Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?				10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, 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	/ befor	e filing the form	?	11a	X					
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.										
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	X					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	'es," d	escribe								
	on Schedule O how this was done				12c	X					
13	Did the organization have a written whistleblower policy?				13	X					
14	Did the organization have a written document retention and destruction policy?				14	X					
15	Did the process for determining compensation of the following persons include a review and approva	I by in	dependent								
	$persons, comparability\ data, and\ contemporaneous\ substantiation\ of\ the\ deliberation\ and\ decision?$			J							
а	The organization's CEO, Executive Director, or top management official				15a	X					
b	Other officers or key employees of the organization				15b	X					
	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 arrangements	nent w	ith a								
	taxable entity during the year?				16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	e its p	articipation								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	izatior	ı's								
	exempt status with respect to such arrangements?				16b						
Sec	tion C. Disclosure										
17	List the states with which a copy of this Form 990 is required to be filed MN										
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990	-T (section 501(c)(3)s	only) a	availat	ole				
	for public inspection. Indicate how you made these available. Check all that apply.										
	X Own website Another's website X Upon request Other (explain										
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	nflict c	of interest policy	, and	financ	ial					
	statements available to the public during the tax year.										
20	State the name, address, and telephone number of the person who possesses the organization's boo	ks and	d records								
	ANNETTE DUNCAN - (507)455-1180										
	1850 AUSTIN RD. #103, OWATONNA, MN 55060										

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization		orga	niza			nper	nsat			
(A)	(B)			(C Pos	C)			(D)	(E)	(F)
Name and title	Average		not c	heck	more	than		Reportable	Reportable	Estimated
	hours per		, unle cer ar					compensation	compensation from related	amount of
	week (list any						Ĺ	from the	organizations	other compensation
	hours for	direct				l,		organization	(W-2/1099-MISC/	from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	trust	nal tr		oyee	ed mo		1099-NEC)	·	and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	lud	lus)#O	Ke	e Fig	For			
(1) ANNETTE DUNCAN	40.00	-		.,				71 011		0 646
PRESIDENT	0.63			Х		-		71,211.	0.	9,646.
(2) RACHEL PETERSON	0.63	٠,		٦,						_
CHAIR	0.63	Х		Х		\vdash	<u> </u>	0.	0.	0.
(3) TODD TROUT	0.63	. ,		37						_
VICE CHAIR (4) TESSA HEYER-BROWN	0.63	X		X		\vdash	-	0.	0.	0.
VICE CHAIR	0.03	X		Х				0.	0.	0.
(5) WARREN SIMONS	0.63	^		^				0.	0.	0.
TREASURER	0.03	X		Х				0.	0.	0.
(6) KAREN DUNCAN	0.63					\vdash		0.	0.	<u></u>
SECRETARY	0.05	x		Х				0.	0.	0.
(7) CHRISTINA WETMORE	0.63					\vdash				•
DIRECTOR	0.03	х						0.	0.	0.
(8) MATT DURAND	0.63	1								
DIRECTOR		Х						0.	0.	0.
(9) STEPHANIE WANOUS	0.63									
DIRECTOR		Х						0.	0.	0.
(10) RYAN GILLESPIE	0.63									
DIRECTOR		Х						0.	0.	0.
(11) JASON KLEEBERGER	0.63									
DIRECTOR		Х						0.	0.	0.
(12) ABDULAHI OSMAN	0.63									
DIRECTOR		Х				_		0.	0.	0.
(13) BEN FLEMKE	0.63								_	_
DIRECTOR		Х						0.	0.	0.
(14) GRACE HANOVER	0.63	l								
DIRECTOR		X				_	<u> </u>	0.	0.	0.
(15) MELINDA ESTEY	0.63	 								
DIRECTOR	1	Х				_	<u> </u>	0.	0.	0.
(16) RACHEL BOSS	0.63	 						_		_
DIRECTOR		Х	-			_	<u> </u>	0.	0.	0.
		-								
						1				000

23-7366680

Section A. Officers, Directors, Trus	tees, Key Emp	oloye	ees,			ghes	t C	ompensated Employee	s (continued)						
(A)	(B)	(C)						(D)	(E)		(F)				
Name and title	Average	(do not check more than one						Reportable	Reportable	e Estimated					
	hours per	box, unless person is both an officer and a director/trustee)						compensation	compensation	·	amour				
	week	\vdash	our an	u a U		,, a usi	.00)	from	from related		othe				
	(list any hours for	Individual trustee or director						the	organizations (W-2/1099-MIS						
	related	e or d	tee			sated		organization (W-2/1099-MISC/	1099-NEC)	ا /د	from toganiz				
	organizations	ruste	ıl trus		ee (ee	mpen		1099-NEC)	1099-1120)		and rel				
	below	dualt	Institutional trustee	_	nploy	st col	in	10001120)			organization				
	line)	Indivi	Instit	Officer	Key employee	Highest compensated employee	Former								
		-													
										_					
		-													
		-													
										<u> </u>					
		-													
1b Subtotal					<u> </u>			71,211.		0.	9,	546.			
c Total from continuation sheets to Part VI	I, Section A							0.		0.		0.			
d Total (add lines 1b and 1c)								71,211.		0.	9,	546.			
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable			0			
compensation from the organization											Yes				
3 Did the organization list any former officer,	director, trust	ee, k	еу е	mpl	oye	e, or	hig	hest compensated empl	oyee on						
line 1a? If "Yes," complete Schedule J for s	uch individual									L	3	Х			
4 For any individual listed on line 1a, is the su															
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	J f	or such individual		[4	X			
5 Did any person listed on line 1a receive or a	accrue comper	nsatio	on fr	om	any	unre	elate	ed organization or individ	lual for services			l			
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedul	<u>ə J fo</u>	or su	ıch r	oers	on .		<u></u>			5	X			
Complete this table for your five highest co	mpensated inc	lepe	nder	nt cc	ontra	actor	s th	nat received more than \$	100,000 of comp	ensati	on from				
the organization. Report compensation for	the calendar ye	ear e	ndin	ıg w	ith c	or wit	thin		ear.						
(A) Name and business	address	NC	ONE	3				(B) Description of s	ervices	Co	(C) ompensat	ion			
							_								
]								
							\dashv								
2 Total number of independent contractors (i	ncluding but n	ot lin	nited	d to t	thos	se lis	ted	above) who received mo	ore than						
\$100,000 of compensation from the organi					C										
										F	orm 990	(2023)			

23-7366680

Form 990 (2023) UNITED
Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (A) (B) (C) (D) Revenue & Form tax to sections 51: (B) (C) Unrelated business revenue Revenue & Form tax to sections 51: (C) Unrelated business revenue (Form tax to sections 51: (D) Revenue & Form tax to sections 51: (E) (D) Revenue & Form tax to sections 51: (E) Unrelated or exempt function revenue (Form tax to sections 51: (E) (D) Revenue & Form tax to sections 51: (E) Unrelated business revenue (Form tax to sections 51: (F	ıder
## 1 a Federated campaigns 1a 1b 1b 1c 1c 1c 1c 1c 1c	ıder
### 1 a Federated campaigns 1a	
b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f	
b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f	
Business Code b c d e f All other program service revenue g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal	
Business Code b c d e f All other program service revenue g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal	
Business Code b c d e f All other program service revenue g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal	
Business Code b c d e f All other program service revenue g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal	
Business Code b c d e f All other program service revenue g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal	
Business Code b c d e f All other program service revenue g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal	
Business Code b c d e f All other program service revenue g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal	
Business Code b c d e f All other program service revenue g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal	
2 a	_
b c d d e f All other program service revenue g Total. Add lines 2a-2f	
g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal	
g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal	
g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal	
g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal	
g Total. Add lines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal	
3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal	
other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal	
4 Income from investment of tax-exempt bond proceeds 5 Royalties	
5 Royalties (i) Real (ii) Personal	<u> </u>
(i) Real (ii) Personal	
6 a Gross rents 6a	
b Less: rental expenses 6b	
c Rental income or (loss) 6c	
d Net rental income or (loss)	
7 a Gross amount from sales of (i) Securities (ii) Other	
assets other than inventory 7a 328, 438.	
b Less: cost or other basis	
and sales expenses	
and sales expenses 76 315,817. c Gain or (loss) 7c 12,621. d Net gain or (loss) 12,621. 8 a Gross income from fundraising events (not	
d Net gain or (loss) 12,621.	21.
8 a Gross income from fundraising events (not	
including \$ of	
contributions reported on line 1c). See	
Part IV, line 18	
b Less: direct expenses 8b 5,932.	
c Net income or (loss) from fundraising events -5,932.	<u>32.</u>
9 a Gross income from gaming activities. See	
Part IV, line 199a	
b Less: direct expenses 9b	
c Net income or (loss) from gaming activities	
10 a Gross sales of inventory, less returns	
and allowances 10a	
b Less: cost of goods sold 10b	
c Net income or (loss) from sales of inventory	
Business Code	
	54.
	54.
d All other revenue	54.
e Total. Add lines 11a-11d 13,454.	54.
12 Total revenue. See instructions 1,118,994. 0. 0. 42,2	54.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Total expenses Program service expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 618,375. 618,375. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 80,857. 80,857. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 152,701. 26,303. 37,683. 88,715. Other salaries and wages 7 Pension plan accruals and contributions (include 1,790. 3,133. 1,343. section 401(k) and 403(b) employer contributions) 26,582. 7,485. 5,544. 13,553. Other employee benefits 9 17,109. 7,469. 2,831. 6,809. 10 Payroll taxes 11 Fees for services (nonemployees): Management Legal 17,645. 16,239. 41,931. 8,047. Accounting Lobbying Professional fundraising services. See Part IV, line 17 4,141. 4,141. Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 22,494. 20,314. 2,180. column (A), amount, list line 11g expenses on Sch O.) $54, \overline{120}$ 54,072. 48. Advertising and promotion 12 7,844. 4,036. 2,851. 957. Office expenses 13 6,421. 2,387. 2,179. ,855. Information technology 14 15 Royalties 32,579. 13,121. 10,116. 9,342. 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... 8,171. 7,453. 718. Conferences, conventions, and meetings 19 20 8,733. 2,707. Payments to affiliates 3,319. 2,707. 21 902. 902. Depreciation, depletion, and amortization 22 5,038. 2,088. 1,384. 1,566. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 72,485. 24,279. 4,448. 43,758. CAMPAIGN PROMOTION IMAGINATION LIBRARY 21,381. 21,381. 13,731. 14,346. 111. 504. STAFF EXPENSE 5,172. 13,583. 8,366. 45. WORKSHOPS 4,104.22,663. 14.387. 4,172. All other expenses 1,235,589. 947,068. 105,148. 183,373. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Form 990 (2023)
Part X Balance Sheet

rar	τx	Balance Sneet					
		Check if Schedule O contains a response or n	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	410,454.	1	419,224		
	2	Savings and temporary cash investments			158,354.		9,623
	3	Pledges and grants receivable, net	504,544.	3	444,091		
	4	Accounts receivable, net			180.	4	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, suk	ostantial o	ontributor, or 35%			
		controlled entity or family member of any of the	nese pers	ons		5	
	6	Loans and other receivables from other disqu	alified pe	sons (as defined			
		under section 4958(f)(1)), and persons describ		6			
2	7	Notes and loans receivable, net		7			
Assets	8	Inventories for sale or use				8	
۲	9	Prepaid expenses and deferred charges			988.	9	1,305
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		7,023.			
	b	Less: accumulated depreciation		6,798.	1,127.	10c	225
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line			537,430.	12	657,601
	13	Investments - program-related. See Part IV, lin		13			
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	7,673.	15	29,928		
	16	Total assets. Add lines 1 through 15 (must ed			1,620,750.	16	1,561,997
	17	Accounts payable and accrued expenses	12,046.		12,211		
	18	Grants payable	564,383.	18	574,361		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complet				21	
es	22	Loans and other payables to any current or fo					
≣		trustee, key employee, creator or founder, suk					
Liabilities		controlled entity or family member of any of the	-	·····		22	
_	23	Secured mortgages and notes payable to unre				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,	•				
		parties, and other liabilities not included on lin	ies 17-24	. Complete Part X	7,673.	25	30,102
	06	of Schedule D			584,102.	_	616,674
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, c			J04,102.	20	010,074
S		and complete lines 27, 28, 32, and 33.	HECK HE				
ü	27				1,031,129.	27	945,323
3ala	28	Net assets with donor restrictions			5,519.	28	0
틸	20	Organizations that do not follow FASB ASC			373231	20	J
ᆵ		and complete lines 29 through 33.	, 000, 011	Jok Hore			
ō	29	Capital stock or trust principal, or current fund	de.			29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
Ass	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			1,036,648.	32	945,323
z	33	Total liabilities and net assets/fund balances			1,620,750.	33	1,561,997

D -	William Willia			ı u	gc			
Pai	T XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,11	<u>8,9</u>	94.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,23					
3	Revenue less expenses. Subtract line 2 from line 1	3		<u>6,5</u>				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,03	<u>6,6</u> 5,2				
5	Net unrealized gains (losses) on investments							
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9		0				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10	94	5,3	<u>23.</u>			
Pa	t XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII				X			
				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	Ο.						
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	X 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	Х				
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require							
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b					
			Form	990	(2023)			

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Employer identification number

UNITED WAY OF STEELE COUNTY 23-7366680 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) Total

(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.)

Sec	ction A. Public Support		<u>-</u>	<u> </u>			
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	` ,	` ,	, ,	• •	,	,,
	membership fees received. (Do not						
	include any "unusual grants.")	1078325.	992,923.	1021183.	1211521.	1076754.	5380706.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1078325.	992,923.	1021183.	1211521.	1076754.	5380706.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						1950484.
6	Public support. Subtract line 5 from line 4.						3430222.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7	Amounts from line 4	1078325.	992,923.	1021183.	1211521.	1076754.	5380706.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	14,286.	11,287.	7,115.	16,831.	22,097.	71,616.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	1,409.	826.	4,358.	12,396.	13,454.	
11	Total support. Add lines 7 through 10						5484765.
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 5	01(c)(3)	
	organization, check this box and stop	here					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2023 (I	ine 6, column (f), di	vided by line 11, c	olumn (f))		14	62.54 %
15	Public support percentage from 2022	Schedule A, Part I	I, line 14			15	66.19 %
16a	33 1/3% support test - 2023. If the o	organization did no	t check the box or	line 13, and line 1	14 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2022. If the o	organization did no	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test	- 2023. If the orga	anization did not c	heck a box on line	13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop her	r e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pul	blicly supported or	ganization		
b	10% -facts-and-circumstances test	- 2022. If the orga	anization did not c	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circum	stances test, chec	k this box and st	op here. Explain ir	n Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16a	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	
_						Cabadula A	(Form 990) 2023

Schedule A (Form 990) 2023

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support	Т	T	T	1	T	1
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
40	assets (Explain in Part VI.)				-		
	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>	04(-)(0) - : ::	
14	First 5 years. If the Form 990 is for the	•		•	•		
Se	check this box and stop here ction C. Computation of Publi						
	Public support percentage for 2023 (I			column (fl)		15	%
	Public support percentage from 2022	, (,,	,			16	<u>%</u> %
	ction D. Computation of Inves					, 10	70
	Investment income percentage for 20			ne 13. column (f))		17	%
	Investment income percentage from					18	<u> </u>
	33 1/3% support tests - 2023. If the						
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

332023 12-21-23

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer 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).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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).
- 8 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).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined 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.**
- c 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.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

_		Yes	No
H	1		
1	2		
h			
-[За		
ŀ	3b		
1	0-		
H	3c		
- 1	4a		
ļ			
ļ	4b		
1	4c		
ı	70		
-			
H	5a		
1	- Fh		
ŀ	5b 5c		
ı			
-			
}	6		
	7		
j			
	8		
	^ -		
}	9a		
	9b		
İ			
	9с		
	4-		
H	10a		
	10b		
	A (Farm	- 000	2022

Par	t IV Supporting Organizations (continued)			
	, and a second s		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	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	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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		
Sec	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			
<u>C</u>	the supported organization(s).	1		
Sec	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	4		
•	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	2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
3	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		
Sec	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a	The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in.	struction	(2)	
2	Activities Test. Answer lines 2a and 2b below.	straotror.	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.

Schedule A (Form 990) 2023

5

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

5

6

Income tax imposed in prior year

instructions).

emergency temporary reduction (see instructions)

Distributable Amount. Subtract line 5 from line 4, unless subject to

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)					
Secti	on D - Distributions			Current Year					
1	1 Amounts paid to supported organizations to accomplish exempt purposes 1								
2	Amounts paid to perform activity that directly furthers exemp								
	organizations, in excess of income from activity	- 2	2						
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3					
	Amounts paid to acquire exempt-use assets		4	l .					
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5					
6	Other distributions (describe in Part VI). See instructions.			6					
7	Total annual distributions. Add lines 1 through 6.			7					
8	Distributions to attentive supported organizations to which the	ne organization is responsive							
	(provide details in Part VI). See instructions.								
9_	Distributable amount for 2023 from Section C, line 6)					
10	Line 8 amount divided by line 9 amount		10						
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023					
1	Distributable amount for 2023 from Section C, line 6								
2	Underdistributions, if any, for years prior to 2023 (reason-								
	able cause required - explain in Part VI). See instructions.								
3	Excess distributions carryover, if any, to 2023								
<u>a</u>	From 2018								
<u>b</u>	From 2019								
c	From 2020								
d	From 2021								
е	From 2022								
f	Total of lines 3a through 3e								
g	Applied to underdistributions of prior years								
<u>h</u>	Applied to 2023 distributable amount								
<u>_i</u>	Carryover from 2018 not applied (see instructions)								
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.								
4	Distributions for 2023 from Section D,								
	line 7: \$								
	Applied to underdistributions of prior years								
	Applied to 2023 distributable amount								
	Remainder. Subtract lines 4a and 4b from line 4.								
5	Remaining underdistributions for years prior to 2023, if								
	any. Subtract lines 3g and 4a from line 2. For result greater								
	than zero, explain in Part VI. See instructions.								
6	Remaining underdistributions for 2023. Subtract lines 3h								
	and 4b from line 1. For result greater than zero, explain in								
	Part VI. See instructions.								
7	Excess distributions carryover to 2024. Add lines 3j								
	and 4c.								
	Breakdown of line 7:								
	Excess from 2019								
	Excess from 2020								
	Excess from 2021								
	Excess from 2022								
е	Excess from 2023								

Schedule A (Form 990) 2023

Part VI

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Employer identification number

UNITED WAY OF STEELE COUNTY 23-7366680 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2023)

Name of organization Employer identification number

UNITED WAY OF STEELE COUNTY

23-7366680

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 93,943.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ <u>139,354.</u>	Person X Payroll
(a)	(b)	(c)	(d)
No. 4	Name, address, and ZIP + 4	Total contributions \$ 164,368.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occupate Part II for noncash contributions.)

UNITED WAY OF STEELE COUNTY

23-7366680

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990) (2023) Page **4**

Name of organization **Employer identification number** UNITED WAY OF STEELE COUNTY 23-7366680 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

UNITED WAY OF STEELE COUNTY

Employer identification number 23-7366680

Schedule D (Form 990) 2023

Pai	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin.		Siı	nilar Funds o	r Ac	cour	nts. Complete if the
	Giganization anomolog Tee Sitt of Coop, Factor, in	(a) Donor advi	ised	funds	(b) Fun	ds and other accounts
1	Total number at end of year	. ,					
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in v		helo	l in donor advise	d fund	ls	
	are the organization's property, subject to the organization's	-					Yes No
6	Did the organization inform all grantees, donors, and donor a						
	for charitable purposes and not for the benefit of the donor or						
	impermissible private benefit?						
Par	t II Conservation Easements. Complete if the org	ganization answered "\	Yes'	on Form 990, Pa	art IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply	y).				
	Preservation of land for public use (for example, recreated	tion or education)		Preservation of a	a histo	rically	important land area
	Protection of natural habitat	L		Preservation of a	a certi	fied his	storic structure
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contr	ribut	ion in the form of	f a cor	nserva	
	day of the tax year.						Held at the End of the Tax Year
а	Total number of conservation easements					2a	
b	Total acreage restricted by conservation easements					2b	
С	Number of conservation easements on a certified historic stru	ucture included on line	2a			2c	
d	Number of conservation easements included on line 2c acqui						
	on a historic structure listed in the National Register					2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, o	or te	minated by the o	organi	zation	during the tax
	year						
4	Number of states where property subject to conservation eas						
5	Does the organization have a written policy regarding the per						
	violations, and enforcement of the conservation easements it						Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations,	anc	enforcing conse	rvatio	n ease	ements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and	enfo	rcing conservation	on eas	sement	ts during the year
_					4) (D) (')		
8	Does each conservation easement reported on line 2d above						□ vaa □ Na
•	and section 170(h)(4)(B)(ii)?						Yes No
9	In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footn						
	organization's accounting for conservation easements.	lote to the organization	151	nanciai statemei	ונס נוופ	ii uesc	Tibes trie
Par	t III Organizations Maintaining Collections of	Art, Historical Ti	rea	sures, or Oth	er S	imila	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.					
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its re	ever	ue statement an	d bala	ınce st	neet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education	on, o	or research in furt	heran	ce of p	oublic
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that d	lesc	ribes these items			
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its rever	nue :	statement and ba	alance	sheet	works of
	art, historical treasures, or other similar assets held for public	exhibition, education,	, or ı	esearch in furthe	rance	of pul	olic service,
	provide the following amounts relating to these items.						
	(i) Revenue included on Form 990, Part VIII, line 1						\$
							\$
2	If the organization received or held works of art, historical trea						
	the following amounts required to be reported under FASB A						
а	Revenue included on Form 990, Part VIII, line 1						\$
b	Assets included in Form 990, Part X						\$

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

	t III Organizations Maintaining Co	ollections of Ar			asures, o	r Other			Contin		age Z
3	Using the organization's acquisition, accession								Toorier	raca,	
	collection items (check all that apply).	.,	-,		-		J				
а	Public exhibition	c	,	I oan or exc	hange progra	am					
b	Scholarly research	•			mango progre						
c	Preservation for future generations	·	,	Othici							
4	Provide a description of the organization's co	llections and evolai	a how th	av furthar th	o organizatio	n'e avan	nnt nurnos	a in Dart	YIII		
5	During the year, did the organization solicit or							Ciiii ait	AIII.		
3	to be sold to raise funds rather than to be ma								Yes		No
Pai	t IV Escrow and Custodial Arrang										
1 0.	reported an amount on Form 990, Part		ite ii tiile	organization	Tanswered	163 0111	01111 990,	ı artıv, n	116 3, 01		
1a	Is the organization an agent, trustee, custodia	n, or other intermed	diary for	contribution	ns or other as	sets not	included				
	on Form 990, Part X?								Yes		No
b	If "Yes," explain the arrangement in Part XIII a										
									Amount	t	
С	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
	Ending balance										
	Did the organization include an amount on Fo								Yes		No
	If "Yes," explain the arrangement in Part XIII.								_		
	t V Endowment Funds Complete if						0.				
	·	(a) Current year		rior year	(c) Two year		(d) Three ye	ears back	(e) Four	years	back
1a	Beginning of year balance	•								-	
	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
	Other expenditures for facilities										
C	. '										
	and programs										
	Г										
g	End of year balance	ant waar and halana		v oolumn (o	\\						
2	Provide the estimated percentage of the curre	•		j, column (a)) neid as:						
a	Board designated or quasi-endowment		_%								
D	Permanent endowment	%									
С		6									
	The percentages on lines 2a, 2b, and 2c should be a sh	•									
За	Are there endowment funds not in the posses	ssion of the organiza	ation tha	t are held ar	nd administer	ed for th	е		Г	V	T No.
	organization by:									Yes	No
	(i) Unrelated organizations?								3a(i)		-
									3a(ii)		-
b	If "Yes" on line 3a(ii), are the related organizat								3b		<u> </u>
4	Describe in Part XIII the intended uses of the	organization's endo	wment f	unds.							
Pai	t VI Land, Buildings, and Equipme		D-4 N	/ 15 44 - 0	F 000	D-st-V	E 40				
	Complete if the organization answered										
	Description of property	(a) Cost or obasis (investr			or other (other)		ccumulated preciation	d	(d) Bool	k valu	ie
1a	Land										
	Buildings										
	Leasehold improvements										
	Equipment				7,023.		6,79	8.		2	25.
	Other										
Tota	. Add lines 1a through 1e. (Column (d) must ed	gual Form 990, Part	X, line 1	0c, column	(B))					2	25.

Schedule D (Form 990) 2023

Part VII Investments - Other Securities	OF STEELE COUN		3-7366680 Page
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
) Financial derivatives			·
Closely held equity interests			
) Other			
(A) INVESTMENTS - LONG TERM	657,601.	COST	
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	657,601.		
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets	5 000 D 1 N/ II 4	11.0 5 000 5 17 15	
Complete if the organization answered "Yes"		1d. See Form 990, Part X, line 15.	(b) Dealership
· · ·	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	((D))		
otal. (Column (b) must equal Form 990, Part X, line 15, co Part X Other Liabilities	I. (B))		<u> </u>
Complete if the organization answered "Yes"	on Form 900 Part IV line 1	1e or 11f See Form 000 Port V line 25	
(a) Description of liability	on rollingso, Fait IV, illie i	TE OF THE GET FORM 990, PAREA, IIII 25	(b) Book value
(a) Description of liability			(b) DOOK Value

<u>1.</u>	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	RIGHT-OF-USE LEASE LIABILITY	30,102.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, line 25, col. (B))	30,102.

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

Schedule D (Form 990) 2023

Complete if the organization answered "Yes" on Form 9		i nevellue per ne	turri	
1 Total revenue, gains, and other support per audited financial st			1	1,149,681.
2 Amounts included on line 1 but not on Form 990, Part VIII, line				
a Net unrealized gains (losses) on investments	1 1	25,270.		
b Donated services and use of facilities		8,092.		
c Recoveries of prior year grants				
d Other (Describe in Part XIII.)		1,466.		
e Add lines 2a through 2d			2e	34,828.
3 Subtract line 2e from line 1			3	1,114,853.
4 Amounts included on Form 990, Part VIII, line 12, but not on lir				
a Investment expenses not included on Form 990, Part VIII, line	7b 4a	4,141.		
b Other (Describe in Part XIII.)	4b			
c Add lines 4a and 4b			4c	4,141.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part XII Reconciliation of Expenses per Audited Fi	Part I, line 12.)	U. F	5	1,118,994.
Complete if the organization answered "Yes" on Form 9		ın Expenses per H	eturi	n
Total expenses and losses per audited financial statements			1	1,241,006.
2 Amounts included on line 1 but not on Form 990, Part IX, line 2				1/211/0000
a Donated services and use of facilities	1 1	8,092.		
b Prior year adjustments		0,0321		
c Other losses				
d Other (Describe in Part XIII.)		1,466.		
e Add lines 2a through 2d		-	2e	9,558.
3 Subtract line 2e from line 1			3	1,231,448.
4 Amounts included on Form 990, Part IX, line 25, but not on line				
a Investment expenses not included on Form 990, Part VIII, line	1 1	4,141.		
b Other (Describe in Part XIII.)		,		
c Add lines 4a and 4b			4c	4,141.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990			5	1,235,589.
Part XIII Supplemental Information	<u>, , , s,,, , , , , , , , , , , , , , , </u>			-
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	·		; Part)	K, line 2; Part XI,
PART X, LINE 2:				
THE ORGANIZATION IS EXEMPT FROM INC	COME TAXES UNDER	R SECTION 50	1(C)(3) OF
THE INTERNAL REVENUE CODE AND APPL	ICABLE STATUTES	OF THE STAT	E O	F
MINNESOTA.				
PART XI, LINE 2D - OTHER ADJUSTMENT	rs:			
OUT OF COUNTY EXPENSE				-4,466.
FUNDRAISING EXPENSE				5,932.
TOTAL TO SCHEDULE D, PART XI, LINE	2D			1,466.
PART XII, LINE 2D - OTHER ADJUSTMEN	NTS:			
OUR OF COUNTY TYPEYER				4 455
OUT OF COUNTY EXPENSE				-4,466.
332054 09-28-23			Sched	dule D (Form 990) 2023

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.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Employer identification number Name of the organization 23-7366680 UNITED WAY OF STEELE COUNTY Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations е Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 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 fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

332081 09-13-23

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

Schedule G (Form 990) 2023

Schedule G (Form 990) 2023 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 gro				s greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			POWER OF THE		NONE	(add col. (a) through
			PURSE			col. (c))
a)			(event type)	(event type)	(total number)	(-)
Revenue						
Seve	1	Gross receipts	90,241.			90,241.
ш						
	2	Less: Contributions	90,241.			90,241.
	3	Gross income (line 1 minus line 2)				
		Ocalinations				
	4	Cash prizes				
	_	Noncoch prizes				
Ś	5	Noncash prizes				
nse	6	Rent/facility costs				
xbe	U	Tiern/ lacinty costs				
Direct Expenses	7	Food and beverages				
Jirec	•					
	8	Entertainment				
		Other direct expenses	5,932.			5,932.
		Direct expense summary. Add lines 4 through	9 in column (d)			5,932.
		Net income summary. Subtract line 10 from li	ne 3, column (d)			-5,932.
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19, or r	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	Г			Г
ē			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				billyo/progressive billyo		coi. (a) tillough coi. (c)
Re						
		Gross revenue				
	2	Cash prizes				
ses	_	Oddin prizod				
Direct Expenses	3	Noncash prizes				
EX	_					
rect	4	Rent/facility costs				
Ö						
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	☐ No	☐ No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)			
	_					
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
0	Ev,	ter the state(s) in which the organization condu	ote gamina activities:			
		the organization licensed to conduct gaming ac				Yes No
						res No
Ŋ	11	No," explain:				
	_					
10a	We	ere any of the organization's gaming licenses re	voked, suspended, or te	rminated during the tax v	/ear?	Yes No
		Yes," explain:	•			
	_					

Schedule G (Form 990) 2023 332082 09-13-23

Sch	edule G (Form 990) 2023 UNITED WAY OF STEELE COUNTY 2	<u>3-736680</u>	J Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No No
	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:		
	The organization's facility	13a	%
	o An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		,,
•	Enter the hame and dadress of the person who propares the organization organization of guilling operations books and records.		
	Name		
	- Name		
	Address		
	Address		
45.	Poss the examination have a contract with a third party from whom the examination receives gaming revenue?	Yes	No
ısa	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	res	NO
b	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amou	nt	
	of gaming revenue retained by the third party \$		
С	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
h	• 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 \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); are	nd Part III lines 9	9h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	ar ar iii, iiioo o,	, 00, 100,
	100, 100, 10, and 110, as applicable. Also provide any additional information. See instructions.		

Schedule G	G (Form 990)	UNITED WAY	OF	STEELE	COUNTY	23-7366680	Page 4
Part IV	G (Form 990) Supplemental Infor	mation (continued)					
		(continued)					
-							

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization UNITED WA	Y OF STEE	LE COUNTY					Employer identification number 23-7366680
Part I General Information on Grants a							
Does the organization maintain records to criteria used to award the grants or assist Describe in Part IV the organization's properties. Part II Grants and Other Assistance to II	tance?ocedures for monit	oring the use of grant	funds in the United	States.			X Yes No
recipient that received more than \$							
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
BIG BROTHERS BIG SISTERS							
545 DUNNEL DR. OWATONNA, MN 55060	36-3501479	501(C)(3)	45,000.	0.	N/A	N/A	MENTORING PROGRAM
BLOOMING PRAIRIE YOUTH CLUB 401-4TH ST. SE BLOOMING PRAIRIE, MN 55917	82-2127340	501(C)(3)	25,000.	0.	N/A	N/A	EDUCATION & CAREER DEVELOPMENT
CEDAR VALLEY SERVICES 415 N GROVE AVE OWATONNA, MN 55060	41-0870082	501(C)(3)	27,000.	0.	N/A	N/A	ACTIVITIES FOR SENIORS WITH DISABILITIES
COMMUNITY PATHWAYS OF STEELE COUNTY - 155 OAKDALE AVE., STE. A - OWATONNA, MN 55060	41-1593592	501(C)(3)	74,500.	0.	N/A	N/A	PROVIDE FOOD AND ESSENTIALS TO THOSE IN NEED
CRISIS RESOURCE CENTER 125 W. FRONT ST. OWATONNA, MN 55060	41-1782844	501(C)(3)	40,000.	0.	N/A	N/A	DOMESTIC VIOLENCE PROGRAM/VIOLENCE PREVENTION EDUCATION
EXCHANGE CLUB CENTER FOR FAMILY UNITY - 209 E MAIN ST SUITE 1 - OWATONNA, MN 55060	36-3305404		22,000.	0.	N/A	N/A	IN-HOME MENTORING/CHILD ABUSE PREVENTION
2 Enter total number of section 501(c)(3) ar3 Enter total number of other organizations		•					

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

Schedule I (Form 990) 2023

Part II Continuation of Grants and Other			and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	- Fage
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEALTHFINDERS COLLABORATIVE, INC. 133 SOUTHVIEW ST.							PROVIDE PRIMARY CARE TO THOSE WHO LACK SUFFICIENT
OWATONNA, MN 55060	20-1805262	501(C)(3)	30,000.	0.	N/A	N/A	HEALTH INSURANCE
LET'S SMILE, INC 1280 COTTAGE LANE SE OWATONNA, MN 55060	46-2672230	501(C)(3)	44,000.	0.	N/A	N/A	DONATION TOWARDS PROMOTING ORAL HEALTH
MEDFORD INDEPENDENT SCHOOL DISTRICT - 750 2ND AVENUE SE - MEDFORD, MN 55049	41-6004065	GOVERNMENT	25,000.	0.	N/A	N/A	CHILD CARE
OWATONNA HEALTHY SENIORS PROGRAM 2250 26TH ST NW OWATONNA, MN 55060	41-1885511	501(C)(3)	40,000.	0.	N/A	N/A	NEIGHBOR TO NEIGHBOR PROGRAM
RACHEL'S LIGHT 115 21ST ST NW OWATONNA, MN 55060	82-2481115	501(C)(3)	30,000.	0.	N/A	N/A	STABILIZATION
SEMCAC 204 S ELM ST OWATONNA, MN 55060	41-0907135	501(C)(3)	17,500.	0.	N/A	N/A	SENIOR NUTRITION/REACH OUT FOR WARMTH/CAREGIVER & ADVOCACY PROGRAM
SOMALI AMERICAN CULTURAL SOCIETY OF OWATONNA - 201 E FRONT STREET - OWATONNA, MN 55060	90-0746889	501(C)(3)	35,000.	0.	N/A	N/A	HOMEWORK HELP
SOUTH CENTRAL HUMAN RELATIONS CENTER - 610 FLORENCE AVE - OWATONNA, MN 55060	41-0873733	501(C)(3)	10,000.	0.	N/A	N/A	CARE PROGRAM/SAGE ENRICHMENT CENTER
STEELE COUNTY TRANSITIONAL HOUSING 560 DUNNELL DR., STE. 212 OWATONNA, MN 55060	41-1946337	501(C)(3)	65,000.	0.	N/A	N/A	EVICTION PREVENTION/TRANSITIONAL HOUSING

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
Part IV Supplemental Information. Provide the information rec	quired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.	
PART I, LINE 2:					
THE USE OF GRANT FUNDS IS MONITORE	D BY THE	ORGANIZATI	ON'S COMMU	NITY	
INVESTMENT COMMITTEE. THE PROCEDUR	ES ARE UN	IQUE TO E	ACH GRANTEE	'S FINANCIAL	
SITUATION.					
PART II, LINE 1, COLUMN (H):					
NAME OF ORGANIZATION OR GOVERNMENT	: ST. VIN	ICENT DE PA	AUL		
(H) PURPOSE OF GRANT OR ASSISTANCE	: FURNISH	ING HOPE -	- PROVIDES	FURNITURE	
TO LOW-INCOME FAMILIES COMING OUT					
			<u> </u>		0-1

SCHEDULE O (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Open to Public

OMB No. 1545-0047

Inspection

Internal Revenue Service Name of the organization

UNITED WAY OF STEELE COUNTY

Employer identification number 23-7366680

FORM 990, PART III, LINE 2, NEW PROGRAM SERVICES:

TRUANCY ACTION TEAM, BORN LEARNING TRAILS, SUMMER INTERNSHIP PROGRAM.

FORM 990, PART VI, SECTION A, LINE 1A:

THE EXECUTIVE COMMITTEE SHALL REPRESENT THE UNITED WAY IN THE COMMUNITY AND ADVOCATE ITS INTERESTS; ENSURE THAT THE UNITED WAY AND ITS OFFICERS DIRECTORS, AND STAFF ETHICALLY CONDUCT THEIR DUTIES IN ACCORDANCE WITH THEIR RESPONSIBILITIES; AND PERPETUATE THE UNITED WAY AND SAFEGUARD ITS INTEGRITY.

TO CARRY OUT THESE DUTIES, THE EXECUTIVE COMMITTEE SHALL:

- ACT AS A STEERING COMMITTEE;
- (II) REPORT TO, ADVISE AND MAKE RECOMMENDATIONS TO THE BOARD FOR FURTHER ACTION;
- (III) ACT IN THE PLACE OF THE BOARD ON MATTERS WHICH REQUIRE ACTION BETWEEN REGULAR BOARD MEETINGS, AND IN THOSE MATTERS EXERCISE ALL OF THE POWERS OF THE BOARD, BUT SHALL NOT TAKE ANY ACTIONS WHICH REQUIRE A SUPERMAJORITY OR VOTE OF MORE THAN A MAJORITY OF A QUORUM, NOR ELECT OR REPLACE ANY OFFICER OR DIRECTOR; AND
- PERFORM SUCH OTHER FUNCTIONS AS THE BOARD MAY DIRECT.

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

COPY OF THE FORM 990 IS PRESENTED TO THE BOARD OF DIRECTORS DURING THEIR MONTHLY MEETING PRIOR TO ITS SUBMISSION TO THE INTERNAL REVENUE SERVICE.

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

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

Schedule O (Form 990) 2023

<u>Schedule O (Form 990) 2023</u> Page **2**

Name of the organization

UNITED WAY OF STEELE COUNTY

Employer identification number 23-7366680

BOARD AND STAFF ARE COVERED BY THE CONFLICT-OF-INTEREST POLICY. POTENTIAL

CONFLICTS CAN BE REVIEWED AT THE POINT OF ANY DECISION. CONFLICTS ARE

SELF-IDENTIFIED WHENEVER POSSIBLE. WHEN A VOTE IS ADDED TO AN AGENDA, THOSE

THAT ARE NOT ELIGIBLE TO VOTE BASED ON WHAT WAS FILLED OUT ON THE

CONFLICT-OF-INTEREST FORM ARE NOTIFIED TO ABSTAIN FROM THE VOTE AND

DISCUSSION UNLESS SPECIFICALLY ASKED A QUESTION OR DIRECTLY ASKED FOR

INPUT. MINUTES ARE TAKEN AT ALL MEETINGS. DIRECTORS AND KEY EMPLOYEES ARE

REQUIRED TO DISCLOSE ANY CONFLICTING INTERESTS ANNUALLY IN WRITING.

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

REVIEWS ARE DONE BY A BOARD NOMINATED COMMITTEE. THE EXECUTIVE DIRECTOR

WILL COMPILE INFORMATION ON COMPARABLE SALARIES AND RECOMMENDATIONS ARE

MADE BASED ON FINDINGS SUBMITTED TO THE BOARD AND APPROVED AT A BOARD

MEETING PRIOR TO AN OFFER BEING MADE. HISTORICAL DATA AND BUDGET ARE USED

TO DETERMINE CURRENT SALARY. DELIBERATION AND DECISION ARE DOCUMENTED IN

MEETING MINUTES. PROCESS IS CONDUCTED YEARLY. THE PROCESS DESCRIBED HERE

WAS LAST COMPLETED IN 2023.

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

THE ORGANIZATION'S FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST

PAGE 12, PART XII, LINE 2C:

THE ORGANIZATION HAS A COMMITTEE WHO OVERSEES THE AUDIT OF THEIR FINANCIAL STATEMENTS AND SELECTS AN INDEPENDENT ACCOUNTANT.

Mail To:

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

SECTION A: Organization Information

Website Address:

www.ag.state.mn.us/charity

STATE OF MINNESOTA

CHARITABLE ORGANIZATION ANNUAL REPORT FORM

(Pursuant to Minn. Stat. ch. 309)

Legal Name of Organization UNITED WAY OF STEELE	COUNTY
Federal EIN: 23-7366680	Fiscal Year-End: 12312023 mm/dd/yyyy
	Did the organization's fiscal year-end change? Yes X No
Mailing Address: ANNETTE DUNCAN	Physical Address: ANNETTE DUNCAN
Contact Person 1850 AUSTIN RD SUITE 103	Contact Person 1850 AUSTIN RD SUITE 103
Street Address OWATONNA, MN 55060	Street Address OWATONNA, MN 55060
City, State, and ZIP Code 507-455-1180	City, State, and ZIP Code 507-455-1180
Phone Number UWOFFICE@UNITEDWAYSTEELECOUNTY.ORG	Phone Number UWOFFICE@UNITEDWAYSTEELECOUNTY.ORG
Email Address	Email Address
Organization's website: <u>WWW.UNITEDWAYSTEELECOU</u>	NTY.ORG
2. List all of the organization's alternate and former names (attach list if n	nore space is needed). Alternate Former
	Alternate Former Alternate Former
3. List all names under which the organization solicits contributions (attacument of the contributions) (attacument of the contribution) (attacument of the contribut	ch list if more space is needed).
Is the organization incorporated pursuant to Minn. Stat. ch. 317A?	X Yes No
5. Total amount of contributions the organization received from Minneson	ta donors: \$ 1,084,846.
6. Has the organization's tax-exempt status with the IRS changed? Yes X No If yes, attach explanation.	
7. Has the organization significantly changed its purpose(s) or program(s Yes X No If yes, attach explanation.)?

8.	Has the organization been denied the right to solicit contributions by any court or government of the solicit contributions by any court or government of the solicit contributions by any court or government of the solicit contributions by any court or government of the solicit contributions by any court or government of the solicit contributions by any court or government of the solicit contributions by any court or government of the solicit contributions by any court or government of the solicit contributions by any court or government of the solicit contributions by any court or government of the solicit contributions by any court or government of the solicit contributions by any court or government of the solicit contributions by any court or government of the solicit contributions by any court or government of the solicit contributions by any court or government of the solicit contributions by any court or government of the solicit contributions are solicit contributions.	mment agency?	
9.	Does the organization use the services of a professional fundraiser (outside solicitor or solicit contributions in Minnesota? Yes X No If yes, provide the following information for each (attach list if more space is needed):	consultant) to	
	Name of Professional Fundraiser	Compensation	
	Street Address	City, State, and ZIP Coo	de
10.	Is the organization a food shelf? Yes X No If yes, is the organization required to file an audit? Yes, audit attached Note: An organization that has total revenue of more than \$750,000 is required to file a accordance with generally accepted accounting principles by an independent CPA or L donated food to a nonprofit food shelf may be excluded from the total revenue if the fool subsequent distribution at no charge and is not resold.	PA. The value of	
11.	Do any directors, officers, or employees of the organization or its related organization(s) compensation* of more than \$100,000? Yes X No If yes, provide the following information for the five highest paid individuals:	receive total	
	Name and title	Compensation*	Other compensation
	*Compensation is defined as the total amount reported on Form W-2 (Box 5) or Form 10 issued by the organization and its related organizations to the individual. See Minn. Stat. § 317A.011 for definitions.	·	
12.	A full list of the organization's board of directors, including names, addresses, and total each (attach list if more space is needed).	compensation paid to	
	SEE STATEMENT 1		

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

SEE STATEMENT 2

SECTION B: Financial Information

This section must be completed by organizations that file an IRS Form 990-EZ, 990-PF, or 990-N. Organizations that file an IRS Form 990 may skip Section B and go directly to Section C.

INCOME

1.	Contributions Received	\$	1
2.	Government Grants	\$	2
3.	Program Service Revenue	\$	
4.	Other Revenue	\$	
5.	TOTAL INCOME	\$	5
EXPE	ENSES		
6.	Program Expenses	\$	6
7.	Management & General Expenses	\$	7
8.	Fund-raising Expenses	\$	8
9.	TOTAL EXPENSES	\$	9
10.	EXCESS or DEFICIT	\$	10
	(Line 5 minus Line 9)		
ASSE	TS .		
11.	Cash	\$	11
12.	Land, Buildings & Equipment	\$	12
13.	Other Assets	\$	13
14.	TOTAL ASSETS	\$	14
LIAB	ILITIES		
15.	Accounts Payable	\$	15
16.	Grants Payable	\$	16
17.	Other Liabilities	\$	
18.	TOTAL LIABILITIES	\$	18
FUND	D BALANCE/NET WORTH	\$	
(Line 1	4 minus Line 18)	*	

Section B (continued): Statement of Functional Expenses

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

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

Section C: Board of Directors Signatures and Acknowledgment

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

We, the undersigned, state and acknowledge that we are duly co	onstituted officers of this organization, being the
PRESIDENT (Title) and BOA	RD TREASURER (Title) respectively, and
that we execute this document on behalf of the organization pursuar	nt to the resolution of the
BOARD OF DIRECTORS	(Board of Directors, Trustees, or Managing Group) adopted on the
day of, 20, approving the contents of the	document, and do hereby certify that the
BOARD OF DIRECTORS	(Board of Directors, Trustees, or Managing Group) has assumed, and will continue
to assume, responsibility for determining matters of policy, and have	supervised, and will continue to supervise, the operations and finances of the
organization. We further state that the information supplied is true, co	orrect and complete to the best of our knowledge.
ANNETTE DUNCAN	WARREN SIMONS
Name (Print)	Name (Print)
Signature	Signature
PRESIDENT	BOARD TREASURER
Title	Title
Date	Date

ANNUAL REPORT INITIAL REGISTRATION	BOARD OF DIRECTORS	STATEMENT 1
NAME AND ADDRESS		COMPENSATION
RACHEL PETERSON		0.
TODD TROUT		0.
TESSA HEYER-BROWN		0.
WARREN SIMONS		0.
KAREN DUNCAN		0.
CHRISTINA WETMORE		0.
MATT DURAND		0.
STEPHANIE WANOUS		0.
RYAN GILLESPIE		0.
JASON KLEEBERGER		0.
ABDULAHI OSMAN		0.
BEN FLEMKE		0.
GRACE HANOVER		0.

UNITED WAY OF S	TEELE COUNTY	23-73666
MELINDA ESTEY		0.
RACHEL BOSS		0.

ANNUAL REPORT INITIAL REGISTRATION	BANK OR FINANCIAL INSTITUTION IN WHICH FUNDS ARE DEPOSITED	STATEMENT 2
NAME AND ADDRESS		PHONE NUMBER

PREMIER BANK MINNESOTA

OWATONNA HOMETOWN CREDIT UNION

BREMER BANK

US BANK