



2450 College Way  
Fergus Falls,, MN 56537

United Way of Otter Tail  
& Wadena Counties, Inc.  
120 East Washington Ave  
Fergus Falls, MN 56537



**CarlsonSV, LLP**  
**2450 College Way**  
**Fergus Falls,, MN 56537**  
**218-739-3267**

**United Way of Otter Tail  
& Wadena Counties, Inc.**

*INCOME TAX RETURNS*

December 31, 2021

**CarlsonSV, LLP Privacy Policy**

Tax professionals, like all providers of personal financial services, are now required by law to inform their clients of their policies regarding the privacy of client information. Our firm has been, and continues to be, bound by professional standards of confidentiality that are even more stringent than those required by law. We have always protected your right to privacy.

**Types of Nonpublic Personal Information We Collect**

We collect nonpublic personal information that is either provided by you or obtained with your authorization.

**Parties to Whom We Disclose Information**

We do not disclose any nonpublic personal information obtained in the course of our practice except as required or permitted by law for both current and former clients. Permitted disclosures include, for instance, providing information to our employees, and in limited situations, to unrelated third parties who need to know that information to assist us in providing services to you. In all such situations, we stress the confidential nature of information being shared.

**Protecting the Confidentiality and Security of Current and Former Clients' Information**

We retain records relating to professional services that we provide so that we are better able to assist you with your professional needs and, in some cases, to comply with professional guidelines. In order to guard your nonpublic personal information, we maintain physical, electronic, and procedural safeguards that comply with our professional standards.

## CarlsonSV, LLP

November 14, 2022

United Way of Otter Tail  
& Wadena Counties, Inc.  
120 East Washington Ave  
Fergus Falls, MN 56537

Dear :

We have prepared the following returns from information provided by you without verification or audit.

Return of Organization Exempt From Income Tax (Form 990)  
Minnesota Charitable Organization Initial Registration & Annual Report Form

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements.

### **Federal Filing Instructions**

Your Form 990 for the year ended 12/31/21 shows no balance due.

Your return is being filed electronically with the IRS and is not required to be mailed. If you mail a paper copy of your return to the IRS it will delay the processing of your return. Your electronically filed return is not complete without your signature. You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS *e-file* Signature Authorization for an Exempt Organization should be signed and dated by an authorized officer of the organization and returned as soon as possible to:

CarlsonSV, LLP  
2450 College Way  
Fergus Falls,, MN 56537

***Important:*** Your return will not be filed with the IRS until the signed Form 8879-TE has been received by this office.

### **Minnesota Charitable Organization Filing Instructions**

The filing fee for the tax year ended 12/31/21 is \$25. The Annual Report Form must be signed and dated on page 5 by two duly constituted officers of the organization. Include a check payable to the State of Minnesota and write "E.I.N. 41-0873718, for the year ended 12/31/21" on the check. Mail the return AS SOON AS POSSIBLE to:

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

Also enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

## **CarlsonSV, LLP**

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

CarlsonSV, LLP

## Forms 990 / 990-EZ Return Summary

For calendar year 2021, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

**UNITED WAY OF OTTER TAIL  
& WADENA COUNTIES, INC.**

41-0873718

<b>Net Asset / Fund Balance at Beginning of Year</b>		<u>496,353</u>
<b>Revenue</b>		
Contributions	<u>468,611</u>	
Program service revenue		
Investment income	<u>334</u>	
Capital gain / loss		
Fundraising / Gaming:		
Gross revenue	<u>1,297</u>	
Direct expenses		
Net income	<u>1,297</u>	
Other income	<u>2,753</u>	
<b>Total revenue</b>		<u>472,995</u>
<b>Expenses</b>		
Program services	<u>317,514</u>	
Management and general	<u>81,186</u>	
Fundraising	<u>93,081</u>	
<b>Total expenses</b>		<u>491,781</u>
<b>Excess / (deficit)</b>		<u>-18,786</u>
Changes		<u>8,603</u>
<b>Net Asset / Fund Balance at End of Year</b>		<u>486,170</u>

<b>Reconciliation of Revenue</b>	
Total revenue per financial statements	<u>481,598</u>
Less:	
Unrealized gains	<u>8,603</u>
Donated services	
Recoveries	
Other	
Plus:	
Investment expenses	
Other	
<b>Total revenue per return</b>	<u>472,995</u>

<b>Reconciliation of Expenses</b>	
Total expenses per financial statements	<u>491,781</u>
Less:	
Donated services	
Prior year adjustments	
Losses	
Other	
Plus:	
Investment expenses	
Other	
<b>Total expenses per return</b>	<u>491,781</u>

<b>Balance Sheet</b>			
	<b>Beginning</b>	<b>Ending</b>	<b>Differences</b>
Assets	<u>519,379</u>	<u>515,888</u>	
Liabilities	<u>23,026</u>	<u>29,718</u>	
Net assets	<u>496,353</u>	<u>486,170</u>	<u>-10,183</u>

**Miscellaneous Information**

Amended return \_\_\_\_\_  
 Return / extended due date 11/15/22  
 Failure to file penalty \_\_\_\_\_

Form **990****Two Year Comparison Report****2020 & 2021**

For calendar year 2021, or tax year beginning , ending

Name

Taxpayer Identification Number

**UNITED WAY OF OTTER TAIL  
& WADENA COUNTIES, INC.****41-0873718**

		2020	2021	Differences
<b>Revenue</b>	1. Contributions, gifts, grants	538,466	468,611	-69,855
	2. Membership dues and assessments			
	3. Government contributions and grants	35,000		-35,000
	4. Program service revenue			
	5. Investment income	855	334	-521
	6. Proceeds from tax exempt bonds			
	7. Net gain or (loss) from sale of assets other than inventory			
	8. Net income or (loss) from fundraising events		1,297	1,297
	9. Net income or (loss) from gaming			
	10. Net gain or (loss) on sales of inventory			
	11. Other revenue	21,950	2,753	-19,197
	<b>12. Total revenue.</b> Add lines 1 through 11	<b>596,271</b>	<b>472,995</b>	<b>-123,276</b>
<b>Expenses</b>	13. Grants and similar amounts paid	163,611	233,475	69,864
	14. Benefits paid to or for members			
	15. Compensation of officers, directors, trustees, etc.	51,765		-51,765
	16. Salaries, other compensation, and employee benefits	62,788	156,527	93,739
	17. Professional fundraising fees			
	18. Other professional fees	7,125	7,650	525
	19. Occupancy, rent, utilities, and maintenance	14,950	13,415	-1,535
	20. Depreciation and Depletion	3,055	4,604	1,549
	21. Other expenses	195,673	76,110	-119,563
	<b>22. Total expenses.</b> Add lines 13 through 21	<b>498,967</b>	<b>491,781</b>	<b>-7,186</b>
	<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12	<b>97,304</b>	<b>-18,786</b>	<b>-116,090</b>
<b>Other Information</b>	24. Total exempt revenue	596,271	472,995	-123,276
	25. Total unrelated revenue			
	26. Total excludable revenue	22,805	3,087	-19,718
	27. Total assets	519,379	515,888	-3,491
	28. Total liabilities	23,026	29,718	6,692
	29. Retained earnings	496,353	486,170	-10,183
	30. Number of voting members of governing body	14	12	
	31. Number of independent voting members of governing body	14	12	
	32. Number of employees	3	4	
	33. Number of volunteers	214	178	

Form **990****Tax Return History****2021**Name **UNITED WAY OF OTTER TAIL  
& WADENA COUNTIES, INC.**Employer Identification Number  
**41-0873718**

	2017	2018	2019	2020	2021	2022
Contributions, gifts, grants	528,028	534,034	539,499	573,466	468,611	
Membership dues						
Program service revenue						
Capital gain or loss						
Investment income	658	895	1,038	855	334	
Fundraising revenue (income/loss)					1,297	
Gaming revenue (income/loss)						
Other revenue				21,950	2,753	
<b>Total revenue</b>	<b>528,686</b>	<b>534,929</b>	<b>540,537</b>	<b>596,271</b>	<b>472,995</b>	
Grants and similar amounts paid	211,034	245,733	258,838	163,611	233,475	
Benefits paid to or for members						
Compensation of officers, etc.			51,090	51,765		
Other compensation	173,784	181,004	86,114	62,788	156,527	
Professional fees	5,734	6,032	6,700	7,125	7,650	
Occupancy costs	17,396	19,751	15,888	14,950	13,415	
Depreciation and depletion	2,688	1,717	2,483	3,055	4,604	
Other expenses	166,608	146,620	136,251	195,673	76,110	
<b>Total expenses</b>	<b>577,244</b>	<b>600,857</b>	<b>557,364</b>	<b>498,967</b>	<b>491,781</b>	
<b>Excess or (Deficit)</b>	<b>-48,558</b>	<b>-65,928</b>	<b>-16,827</b>	<b>97,304</b>	<b>-18,786</b>	
Total exempt revenue	528,686	534,929	540,537	596,271	472,995	
Total unrelated revenue						
Total excludable revenue	658	895	1,038	22,805	3,087	
Total Assets	498,469	437,875	443,102	519,379	515,888	
Total Liabilities	15,118	13,600	26,998	23,026	29,718	
Net Fund Balances	483,351	424,275	416,104	496,353	486,170	

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

OMB No. 1545-0047  
**2021**  
**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

**A For the 2021 calendar year, or tax year beginning** \_\_\_\_\_, **and ending** \_\_\_\_\_

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>UNITED WAY OF OTTER TAIL &amp; WADENA COUNTIES, INC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>120 EAST WASHINGTON AVE</b> City or town, state or province, country, and ZIP or foreign postal code <b>FERGUS FALLS MN 56537</b>	<b>D</b> Employer identification number <b>41-0873718</b> <b>E</b> Telephone number <b>218-736-5147</b> <b>G</b> Gross receipts \$ <b>472,995</b>
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<b>F</b> Name and address of principal officer: <b>CAROLYN GLESNE</b> <b>120 E WASHINGTON AVE</b> <b>FERGUS FALLS MN 56537</b>	<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
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**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J** Website: ▶ **WWW.UWOTW.ORG** **H(c)** Group exemption number ▶

**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: **2000** **M** State of legal domicile: **MN**

**Part I Summary**

	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO IMPROVE LIVES IN OTTER TAIL &amp; WADENA COUNTIES BY MOBILIZING THE CARING POWERS IN OUR COMMUNITIES</b>		
Activities & Governance	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>12</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>12</b>
	<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	<b>4</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>178</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0</b>
	<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0</b>
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>573,466</b>	<b>468,611</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>855</b>	<b>0</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>21,950</b>	<b>334</b>
	<b>12</b> Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>596,271</b>	<b>472,995</b>
	Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<b>163,611</b>
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)		<b>114,553</b>	<b>0</b>
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		<b>114,553</b>	<b>156,527</b>
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)		<b>93,081</b>	<b>0</b>
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶			
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		<b>220,803</b>	<b>101,779</b>
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		<b>498,967</b>	<b>491,781</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>97,304</b>	<b>-18,786</b>	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	<b>519,379</b>	<b>515,888</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>23,026</b>	<b>29,718</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer <b>CAROLYN GLESNE</b> Type or print name and title	Date <b>PRESIDENT</b>
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<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>MATT GUYER, CPA</b>	Preparer's signature <b>MATT GUYER, CPA</b>	Date <b>11/14/22</b>	Check <input checked="" type="checkbox"/> if self-employed PTIN <b>P00386499</b>	Firm's name ▶ <b>CARLSONSV, LLP</b> <b>2450 COLLEGE WAY</b> Firm's address ▶ <b>FERGUS FALLS, MN 56537</b>	Firm's EIN ▶ <b>41-1562398</b> Phone no. <b>218-739-3267</b>
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May the IRS discuss this return with the preparer shown above? See instructions  Yes  No



**Part III Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:  
**TO IMPROVE LIVES IN OTTER TAIL & WADENA COUNTIES BY MOBILIZING THE CARING POWERS IN OUR COMMUNITIES**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

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

4a (Code: ) (Expenses \$ **317,514** including grants of \$ **233,475** ) (Revenue \$ )  
**THE UNITED WAY OF OTTER TAIL & WADENA COUNTIES, INC. IS SET UP FOR THE BENEFIT OF ITS AGENCIES. PROGRAM EXPENSES WERE FOR THEIR BENEFIT AND THE BENEFIT OF THE CITIZENS OF OTTER TAIL & WADENA COUNTIES.**

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
**N/A**

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
**N/A**

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

4e Total program service expenses **317,514**

**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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
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		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	

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

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

**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		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		

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

Yes No

Table with columns for question number, question text, and Yes/No columns. Includes rows for employee counts, federal employment tax returns, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, annual gross receipts, and various organizational requirements.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with columns for line numbers (1a, 1b, 2-9), Yes/No checkboxes, and descriptions of questions regarding governing body members, relationships, and documentation.

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

Table with columns for line numbers (10a-16b), Yes/No checkboxes, and descriptions of questions regarding local chapters, conflict of interest policies, whistleblower policies, and compensation.

Section C. Disclosure

- List of disclosure questions 17 through 20, including requirements for state filings, public inspection of forms, and record keeping.

UNITED WAY OF OTTERTAIL COUNTY 120 E WASHINGTON AVE MN 56537 218-736-5147 FERGUS FALLS

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JACKIE HENDRICKSON ..... PAST PRESIDENT	1.00 0.00	X					0	0	0	
(2) CAROLYN GLESNE ..... PRESIDENT	2.00 0.00	X		X			0	0	0	
(3) TIM KELLY ..... TREASURER	2.00 0.00	X					0	0	0	
(4) DIANE THORSON ..... SECRETARY	2.00 0.00			X			0	0	0	
(5) SADIE CHRISTIANSEN ..... VICE PRESIDENT	2.00 0.00	X		X			0	0	0	
(6) CASEY WARD ..... DIRECTOR	1.00 0.00	X					0	0	0	
(7) PATRICIA SJOLIE ..... DIRECTOR	1.00 0.00	X					0	0	0	
(8) GARY SELLMAN ..... DIRECTOR	1.00 0.00	X					0	0	0	
(9) JOANN THOMPSON ..... DIRECTOR	1.00 0.00	X					0	0	0	
(10) MARY PHILLIPE ..... EXECUTIVE DIRECTOR	40.00 0.00	X		X			42,210	0	0	
(11) JEFF DRAKE ..... DIRECTOR	1.00 0.00	X					0	0	0	

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) <b>RYAN JACOBSON</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
(13) <b>SUE TYSDAL</b>	1.00									
DIRECTOR	0.00	X					0	0	0	
<b>1b Subtotal</b>							<b>42,210</b>			
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							<b>42,210</b>			

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns	<b>1a</b>	<b>390,988</b>				
	<b>b</b> Membership dues	<b>1b</b>					
	<b>c</b> Fundraising events	<b>1c</b>	<b>62,704</b>				
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	<b>14,919</b>				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	<b>\$ 30,510</b>				
	<b>h Total.</b> Add lines 1a-1f			<b>468,611</b>			
	<b>Program Service Revenue</b>	<b>2a</b>	Business Code				
<b>b</b>							
<b>c</b>							
<b>d</b>							
<b>e</b>							
<b>f</b> All other program service revenue							
<b>g Total.</b> Add lines 2a-2f							
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			<b>334</b>		<b>334</b>	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties						
	<b>6a</b> Gross rents	<b>6a</b>	(i) Real				
			(ii) Personal				
	<b>b</b> Less: rental expenses	<b>6b</b>					
	<b>c</b> Rental inc. or (loss)	<b>6c</b>					
	<b>d</b> Net rental income or (loss)						
	<b>7a</b> Gross amount from sales of assets other than inventory	<b>7a</b>	(i) Securities				
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales exps.	<b>7b</b>					
	<b>c</b> Gain or (loss)	<b>7c</b>					
	<b>d</b> Net gain or (loss)						
<b>8a</b> Gross income from fundraising events (not including \$ 62,704 of contributions reported on line 1c). See Part IV, line 18	<b>8a</b>						
			<b>1,297</b>				
<b>b</b> Less: direct expenses	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events			<b>1,297</b>				
<b>9a</b> Gross income from gaming activities. See Part IV, line 19	<b>9a</b>						
<b>b</b> Less: direct expenses	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities							
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>						
<b>b</b> Less: cost of goods sold	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>	<b>11a</b> MISCELLANEOUS INCOME	Business Code		<b>2,753</b>		<b>2,753</b>	
	<b>b</b>						
	<b>c</b>						
	<b>d</b> All other revenue						
	<b>e Total.</b> Add lines 11a-11d			<b>2,753</b>			
<b>12 Total revenue.</b> See instructions			<b>472,995</b>	<b>0</b>	<b>0</b>	<b>3,087</b>	



**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	233,475	233,475		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	156,527	57,948	44,710	53,869
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits				
<b>10</b> Payroll taxes				
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	7,650		7,650	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
<b>12</b> Advertising and promotion	11,407	4,710	708	5,989
<b>13</b> Office expenses	25,157	9,226	6,006	9,925
<b>14</b> Information technology	7,449		7,449	
<b>15</b> Royalties				
<b>16</b> Occupancy	13,415	3,816	6,052	3,547
<b>17</b> Travel	4,806	1,869	1,010	1,927
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	1,453	150	1,003	300
<b>20</b> Interest				
<b>21</b> Payments to affiliates	6,915	2,820		4,095
<b>22</b> Depreciation, depletion, and amortization	4,604		4,604	
<b>23</b> Insurance	1,880		1,880	
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> OTHER EXPENSES	17,043	3,500	114	13,429
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	491,781	317,514	81,186	93,081
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1	Cash—non-interest-bearing		1
	2	Savings and temporary cash investments	326,168	2 348,709
	3	Pledges and grants receivable, net	118,736	3 88,802
	4	Accounts receivable, net		4
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6
	7	Notes and loans receivable, net		7
	8	Inventories for sale or use		8
	9	Prepaid expenses and deferred charges	1,107	9 1,009
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 19,221	
	b	Less: accumulated depreciation	10b 15,001	10c 4,220
	11	Investments—publicly traded securities	64,545	11 73,148
	12	Investments—other securities. See Part IV, line 11		12
	13	Investments—program-related. See Part IV, line 11		13
	14	Intangible assets		14
	15	Other assets. See Part IV, line 11		15
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	519,379	16 515,888	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	23,026	17 29,718
	18	Grants payable		18
	19	Deferred revenue		19
	20	Tax-exempt bond liabilities		20
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22
	23	Secured mortgages and notes payable to unrelated third parties		23
	24	Unsecured notes and loans payable to unrelated third parties		24
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25
	26	<b>Total liabilities.</b> Add lines 17 through 25	23,026	26 29,718
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	27	Net assets without donor restrictions	102,631	27 132,432
	28	Net assets with donor restrictions	393,722	28 353,738
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	29	Capital stock or trust principal, or current funds		29
	30	Paid-in or capital surplus, or land, building, or equipment fund		30
	31	Retained earnings, endowment, accumulated income, or other funds		31
	32	<b>Total net assets or fund balances</b>	496,353	32 486,170
33	<b>Total liabilities and net assets/fund balances</b>	519,379	33 515,888	

**Part XI Reconciliation of Net Assets**

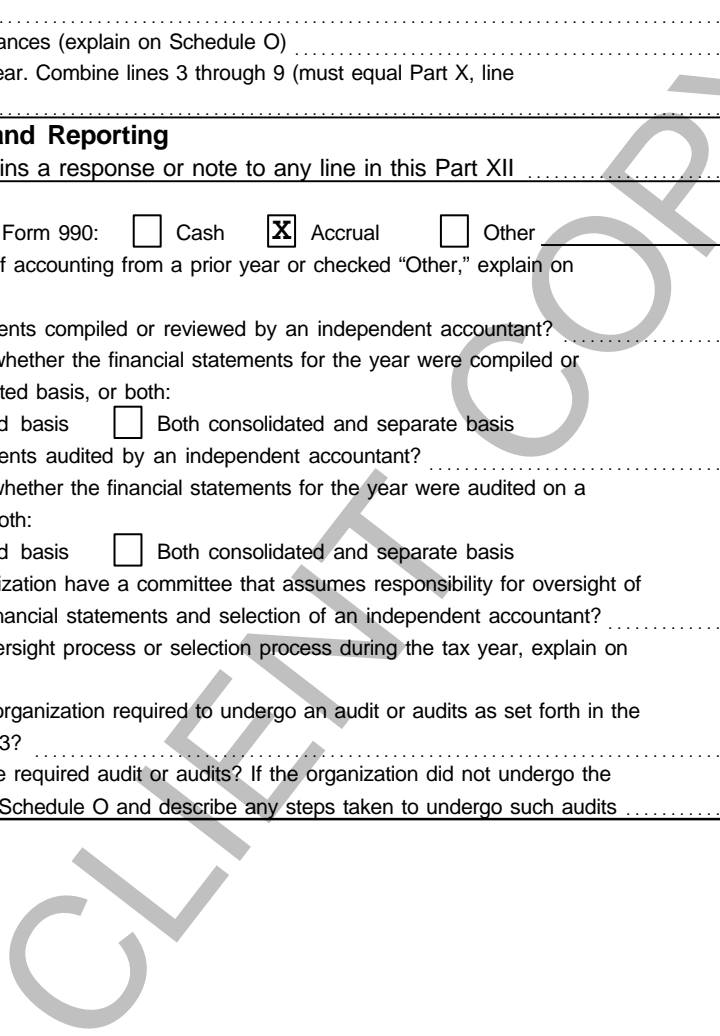
Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	<b>472,995</b>
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	<b>491,781</b>
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<b>-18,786</b>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	<b>496,353</b>
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	<b>8,603</b>
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O)	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	<b>486,170</b>

**Part XII Financial Statements and Reporting**

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

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



**SCHEDULE A**  
(Form 990)

**Public Charity Status and Public Support**

OMB No. 1545-0047

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.

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization

**UNITED WAY OF OTTER TAIL  
& WADENA COUNTIES, INC.**

Employer identification number

**41-0873718**

**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.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	528,028	534,034	539,499	573,466	468,611	2,643,638
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3	528,028	534,034	539,499	573,466	468,611	2,643,638
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)						73,599
6 Public support. Subtract line 5 from line 4						2,570,039

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	528,028	534,034	539,499	573,466	468,611	2,643,638
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	658	895	1,038	855	334	3,780
9 Net income from unrelated business activities, whether or not the business is regularly carried on				21,950	1,753	23,703
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 <b>Total support.</b> Add lines 7 through 10						2,671,121

12 Gross receipts from related activities, etc. (see instructions) 12 1,297

13 **First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶

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

14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))	14	96.22%
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	96.06%

16a **33 1/3% support test—2021.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% support test—2020.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a **10%-facts-and-circumstances test—2021.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ▶

b **10%-facts-and-circumstances test—2020.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ▶

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶

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

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business under section 513; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income. Do not include gain or loss from the sale of capital assets; 13 Total support; 14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Line Number, Percentage. Rows: 15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) - 15 - %; 16 Public support percentage from 2020 Schedule A, Part III, line 15 - 16 - %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Line Number, Percentage. Rows: 17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) - 17 - %; 18 Investment income percentage from 2020 Schedule A, Part III, line 17 - 18 - %

- 19a 33 1/3% support tests—2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
b 33 1/3% support tests—2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions.

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section 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	

**Section C. Type II Supporting Organizations**

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

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

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

**Section E. Type III Functionally Integrated Supporting Organizations**

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2	Activities Test. Answer lines 2a and 2b below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	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.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	



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

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

Section A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
Section B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
Section C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

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

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

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

CLIENT COPY

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service

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

Name of the organization UNITED WAY OF OTTER TAIL & WADENA COUNTIES, INC.

Employer identification number 41-0873718

Organization type (check one):

- Filers of: Section: Form 990 or 990-EZ [X] 501(c)( 3 ) (enter number) organization [ ] 4947(a)(1) nonexempt charitable trust not treated as a private foundation [ ] 527 political organization Form 990-PF [ ] 501(c)(3) exempt private foundation [ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation [ ] 501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

- [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).

Name of organization

**UNITED WAY OF OTTER TAIL**

Employer identification number

**41-0873718**

**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	OTTER TAIL POWER COMPANY 215 SOUTH CASCADE STREET FERGUS FALLS MN 56537	\$ 15,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	SERVICE FOOD MARKET 321 WEST LINCOLN AVE FERGUS FALLS MN 56537	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	K.L.N. ENTERPRISES, INC. 109 LAKESIDE DR PO BOX 230 PERHAM MN 56573	\$ 17,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	DOROTHY PORTER 411 E EVERETT AVE APT. 150 FERGUS FALLS MN 56537	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

UNITED WAY OF OTTER TAIL & WADENA COUNTIES, INC.

Employer identification number

41-0873718

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (a) Total number of conservation easements, (b) Total acreage restricted by conservation easements, (c) Number of conservation easements on a certified historic structure included in (a), (d) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Revenue included on Form 990, Part VIII, line 1; Assets included in Form 990, Part X. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other .....
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                       | Amount |
|---------------------------------------|--------|
| c Beginning balance .....             | 1c     |
| d Additions during the year .....     | 1d     |
| e Distributions during the year ..... | 1e     |
| f Ending balance .....                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  Yes  No

**Part V Endowment Funds.**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance .....					
b Contributions .....					
c Net investment earnings, gains, and losses .....					
d Grants or scholarships .....					
e Other expenditures for facilities and programs .....					
f Administrative expenses .....					
g End of year balance .....					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶ ..... %
  - b Permanent endowment ▶ ..... %
  - c Term endowment ▶ ..... %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |                                   | Yes    | No |
|-----------------------------------|--------|----|
| (i) Unrelated organizations ..... | 3a(i)  |    |
| (ii) Related organizations .....  | 3a(ii) |    |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?  Yes  No
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land .....				
b Buildings .....				
c Leasehold improvements .....				
d Equipment .....				
e Other .....		19,221	15,001	4,220
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>4,220</b>

**Part VII Investments – Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments – Program Related.**

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

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

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.**

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

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

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



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

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

1	Total revenue, gains, and other support per audited financial statements		1	481,598
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	8,603	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	8,603
3	Subtract line 2e from line 1		3	472,995
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	472,995

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

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

1	Total expenses and losses per audited financial statements		1	491,781
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	491,781
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	491,781

**Part XIII Supplemental Information.**

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

**PART X - FIN 48 FOOTNOTE**

**INCOME TAXES**

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SIMILAR STATE PROVISIONS, THOUGH IT IS SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT PURPOSE, UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE CODE. THE ORGANIZATION HAS PROCESSES PRESENTLY IN PLACE TO ENSURE THE MAINTENANCE OF ITS TAX-EXEMPT STATUS; TO IDENTIFY AND REPORT UNRELATED INCOME; TO DETERMINE ITS FILING AND TAX OBLIGATIONS IN JURISDICTIONS FOR WHICH IT HAS NEXUS; AND TO IDENTIFY AND EVALUATE OTHER MATTERS THAT MAY BE CONSIDERED TAX POSITIONS. THE ORGANIZATION HAS DETERMINED THAT THERE ARE NO MATERIAL UNCERTAIN TAX

Part XIII Supplemental Information (continued)

POSITIONS THAT REQUIRE RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

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**SCHEDULE G  
(Form 990)**

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

OMB No. 1545-0047

**2021**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization

**UNITED WAY OF OTTER TAIL  
& WADENA COUNTIES, INC.**

Employer identification number

**41-0873718**

**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.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>						

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.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events		
		<u>FRIENDS OF FRIE</u> (event type)	<u>CHILDREN'S FEED</u> (event type)	<u>1</u> (total number)	(add col. (a) through col. (c))		
Revenue	1	Gross receipts	25,171	24,085	13,335	62,591	
	2	Less: Contributions	25,171	24,085	12,038	61,294	
	3	Gross income (line 1 minus line 2)			1,297	1,297	
Direct Expenses	4	Cash prizes					
	5	Noncash prizes					
	6	Rent/facility costs					
	7	Food and beverages					
	8	Entertainment					
	9	Other direct expenses					
	10	Direct expense summary. Add lines 4 through 9 in column (d)					
	11	Net income summary. Subtract line 10 from line 3, column (d)					1,297

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

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

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

b If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No

b If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No

13 Indicate the percentage of gaming activity conducted in:

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

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

Name ▶ .....

Address ▶ .....

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

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

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

Name ▶ .....

Address ▶ .....

16 Gaming manager information:

Name ▶ .....

Gaming manager compensation ▶ \$ .....

Description of services provided ▶ .....

- Director/officer       Employee       Independent contractor

17 Mandatory distributions:

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

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

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

.....  
 .....  
 .....  
 .....  
 .....  
 .....  
 .....  
 .....  
 .....  
 .....

**SCHEDULE I  
(Form 990)**

**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.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990.**

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

Name of the organization **UNITED WAY OF OTTER TAIL & WADENA COUNTIES, INC.** Employer identification number **41-0873718**

**Part I General Information on Grants and Assistance**

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	SOMEPLACE SAFE PO BOX 815 FERGUS FALLS MN 56537	41-1358654	3	22,900				ANTI-VIOLENCE GRANTS
(2)	NORTH COUNTRY FOOD BANK 1011 11TH AVE NE EAST GRAND FORKS MN 56721	41-1459758	3	12,600				MEAL ASSISTANCE
(3)	SALVATION ARMY 622 EAST VERNON AVENUE FERGUS FALLS MN 56537	41-0698597	3	18,100				SOCIAL SERVICES
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								

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

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

Schedule I (Form 990) (2021)

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1					
2					
3					
4					
5					
6					
7					

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

**PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS**

APPLICATIONS ARE RECEIVED REQUESTING ASSISTANCE. THE BOARD OF DIRECTORS  
 REVIEWS THESE REQUESTS BASED UPON NEED.

**PART IV - ADDITIONAL INFORMATION**

UNITED WAY OF OTTER TAIL & WADENA COUNTIES PROVIDED FOOD FOR 145 CHILDREN  
 IN NEED AND PROVIDED 701 BACKPACKS TO CHILDREN THRU OUR "STUFF THE BUS"  
 PROGRAM.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0074

**2021**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization

**& WADENA COUNTIES, INC.**

Employer identification number

**41-0873718**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art — Works of art				
2 Art — Historical treasures				
3 Art — Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities — Publicly traded				
10 Securities — Closely held stock				
11 Securities — Partnership, LLC, or trust interests				
12 Securities — Miscellaneous				
13 Qualified conservation contribution — Historic structures				
14 Qualified conservation contribution — Other				
15 Real estate — Residential				
16 Real estate — Commercial				
17 Real estate — Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( )	<b>X</b>	<b>3</b>	<b>30,510</b>	
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

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

**29**

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



**Part II Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

**UNITED WAY OF OTTER TAIL  
& WADENA COUNTIES, INC.**

Employer identification number

**41-0873718**

**FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990  
FORM 990 IS PRESENTED TO THE BOARD OF DIRECTORS BEFORE FILING.**

**FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY  
IF A POTENTIAL CONFLICT OF INTEREST EXISTS, IT IS PRESENTED TO THE BOARD  
FOR REVIEW.**

**FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION  
DOCUMENTS ARE MADE AVAILABLE UPON REQUEST.**

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Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service (99)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

Name(s) shown on return UNITED WAY OF OTTER TAIL & WADENA COUNTIES, INC.

Identifying number 41-0873718

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 13 rows for Part I, including fields for maximum amount, total cost, threshold cost, reduction in limitation, dollar limitation, and listed property amounts.

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

Table with 3 rows for Part II, including special depreciation allowance, property subject to election, and other depreciation.

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

Table with 2 rows for Section A, including MACRS deductions for assets placed in service before 2021 and a checkbox for grouping assets.

Section B—Assets Placed in Service During 2021 Tax Year Using the General Depreciation System

Table with 7 columns (a-g) and 9 rows (19a-i) for Section B, detailing property classification, month/year placed in service, basis, recovery period, convention, method, and depreciation deduction.

Section C—Assets Placed in Service During 2021 Tax Year Using the Alternative Depreciation System

Table with 7 columns and 4 rows (20a-d) for Section C, detailing class life, month/year placed in service, basis, recovery period, convention, method, and depreciation deduction.

Part IV Summary (See instructions.)

Table with 3 rows for Part IV, including listed property amount, total depreciation, and portion of basis attributable to section 263A costs.

For Paperwork Reduction Act Notice, see separate instructions.

# Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Other Depreciation:</b>									
49	FILE CABINET	4/15/88	154			154	7 MO S/L	154	0
	Sold/Scrapped: 12/31/21								
51	TABLES	6/30/90	240			240	7 MO S/L	240	0
	Sold/Scrapped: 12/31/21								
55	TABLE, CHAIR	8/15/92	200			200	7 MO S/L	200	0
	Sold/Scrapped: 12/31/21								
56	TABLES, DES	11/15/92	400			400	7 MO S/L	400	0
	Sold/Scrapped: 12/31/21								
57	DESK	11/15/92	150			150	7 MO S/L	150	0
	Sold/Scrapped: 12/31/21								
59	CAMPAIGN	9/16/99	4,750			4,750	5 MO S/L	4,750	0
	Sold/Scrapped: 12/31/21								
60	14 USED BLUE CHAIRS	1/01/00	140			140	4 MO S/L	140	0
	Sold/Scrapped: 12/31/21								
69	DESK	2/28/05	1,373			1,373	7 MO S/L	1,373	0
	Sold/Scrapped: 12/31/21								
70	DESK	6/14/06	300			300	7 MO S/L	300	0
	Sold/Scrapped: 12/31/21								
71	DC535 COPIER & NETWORK PRINTER	4/20/09	7,245			7,245	5 MO S/L	7,245	0
	Sold/Scrapped: 12/31/21								
72	PAPER FOLDING MACHINE	6/10/09	725			725	5 MO S/L	725	0
74	PROJECTOR AND SCREEN	7/31/09	914			914	5 MO S/L	914	0
76	LENOVO THINK PAD #2	7/31/09	1,638			1,638	5 MO S/L	1,638	0
	Sold/Scrapped: 12/31/21								
77	HP 4014N LASER PRINTER #1	7/31/09	1,100			1,100	5 MO S/L	1,100	0
78	HP 4014N LASER PRINTER #2	7/31/09	1,100			1,100	5 MO S/L	1,100	0
79	DELL OPTIPLEX 360 DESKTOP	7/31/09	874			874	5 MO S/L	874	0
	Sold/Scrapped: 12/31/21								
80	SOFTWARE UPGRADE FOR MARY'S C	10/01/11	1,450			1,450	3 MO S/L	1,450	0
	Sold/Scrapped: 12/31/21								
81	LENOVA THINKPAD COMPUTER	10/10/11	1,989			1,989	5 MO S/L	1,989	0
	Sold/Scrapped: 12/31/21								
82	HP OFFICEJET PRINTER	11/17/11	315			315	5 MO S/L	315	0
	Sold/Scrapped: 12/31/21								
83	USED MONITOR	12/29/11	100			100	3 MO S/L	100	0
	Sold/Scrapped: 12/31/21								
84	OPTIPLEX 3010 COMPUTER	1/31/13	1,160			1,160	5 MO S/L	1,160	0
	Sold/Scrapped: 12/31/21								
85	LENOVA 2392 COMPUTER	1/31/13	2,178			2,178	5 MO S/L	2,178	0
	Sold/Scrapped: 12/31/21								
86	DELL POWEREDGE T320 SERVER	7/12/13	4,474			4,474	5 MO S/L	4,474	0
	Sold/Scrapped: 12/31/21								
87	SURFACE 64GB TABLET #1	1/15/14	534			534	5 MO S/L	534	0
88	SURFACE 64GB TABLET #2	1/15/14	545			545	5 MO S/L	545	0
89	LAPTOP COMPUTER - MARY	5/31/15	1,165			1,165	5 MO S/L	1,165	0
	Sold/Scrapped: 12/31/21								
90	LAPTOP COMPUTER - CHRISTI	5/31/15	1,165			1,165	5 MO S/L	1,165	0
	Sold/Scrapped: 12/31/21								
91	LENOVO THINK PAD T560 (Marsha)	3/07/17	1,645			1,645	3 MO S/L	1,261	384
93	(4) LENOVO COMPUTERS AND MONIT	4/30/19	12,658			12,658	3 MO S/L	4,219	4,219
<b>Total Other Depreciation</b>			<b>50,681</b>			<b>50,681</b>		<b>41,858</b>	<b>4,603</b>
<b>Total ACRS and Other Depreciation</b>			<b>50,681</b>			<b>50,681</b>		<b>41,858</b>	<b>4,603</b>
<b>Grand Totals</b>			<b>50,681</b>			<b>50,681</b>		<b>41,858</b>	<b>4,603</b>
<b>Less: Dispositions and Transfers</b>			<b>31,460</b>			<b>31,460</b>		<b>31,460</b>	<b>0</b>
<b>Less: Start-up/Org Expense</b>			<b>0</b>			<b>0</b>		<b>0</b>	<b>0</b>
<b>Net Grand Totals</b>			<b>19,221</b>			<b>19,221</b>		<b>10,398</b>	<b>4,603</b>

# MN Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	MN Prior	MN Current	Federal Current	Difference Fed - MN
<b>Other Depreciation:</b>								
49	FILE CABINET	4/15/88	154	154	154	0	0	0
	Sold/Scrapped: 12/31/21							
51	TABLES	6/30/90	240	240	240	0	0	0
	Sold/Scrapped: 12/31/21							
55	TABLE, CHAIR	8/15/92	200	200	200	0	0	0
	Sold/Scrapped: 12/31/21							
56	TABLES, DES	11/15/92	400	400	400	0	0	0
	Sold/Scrapped: 12/31/21							
57	DESK	11/15/92	150	150	150	0	0	0
	Sold/Scrapped: 12/31/21							
59	CAMPAIGN	9/16/99	4,750	4,750	4,750	0	0	0
	Sold/Scrapped: 12/31/21							
60	14 USED BLUE CHAIRS	1/01/00	140	140	140	0	0	0
	Sold/Scrapped: 12/31/21							
69	DESK	2/28/05	1,373	1,373	1,373	0	0	0
	Sold/Scrapped: 12/31/21							
70	DESK	6/14/06	300	300	300	0	0	0
	Sold/Scrapped: 12/31/21							
71	DC535 COPIER & NETWORK PRINTER	4/20/09	7,245	7,245	7,245	0	0	0
	Sold/Scrapped: 12/31/21							
72	PAPER FOLDING MACHINE	6/10/09	725	725	725	0	0	0
74	PROJECTOR AND SCREEN	7/31/09	914	914	914	0	0	0
76	LENOVO THINK PAD #2	7/31/09	1,638	1,638	1,638	0	0	0
	Sold/Scrapped: 12/31/21							
77	HP 4014N LASER PRINTER #1	7/31/09	1,100	1,100	1,100	0	0	0
78	HP 4014N LASER PRINTER #2	7/31/09	1,100	1,100	1,100	0	0	0
79	DELL OPTIPLEX 360 DESKTOP	7/31/09	874	874	874	0	0	0
	Sold/Scrapped: 12/31/21							
80	SOFTWARE UPGRADE FOR MARY'S C	10/01/11	1,450	1,450	1,450	0	0	0
	Sold/Scrapped: 12/31/21							
81	LENOVA THINKPAD COMPUTER	10/10/11	1,989	1,989	1,989	0	0	0
	Sold/Scrapped: 12/31/21							
82	HP OFFICEJET PRINTER	11/17/11	315	315	315	0	0	0
	Sold/Scrapped: 12/31/21							
83	USED MONITOR	12/29/11	100	100	100	0	0	0
	Sold/Scrapped: 12/31/21							
84	OPTIPLEX 3010 COMPUTER	1/31/13	1,160	1,160	1,160	0	0	0
	Sold/Scrapped: 12/31/21							
85	LENOVA 2392 COMPUTER	1/31/13	2,178	2,178	2,178	0	0	0
	Sold/Scrapped: 12/31/21							
86	DELL POWEREDGE T320 SERVER	7/12/13	4,474	4,474	4,474	0	0	0
	Sold/Scrapped: 12/31/21							
87	SURFACE 64GB TABLET #1	1/15/14	534	534	534	0	0	0
88	SURFACE 64GB TABLET #2	1/15/14	545	545	545	0	0	0
89	LAPTOP COMPUTER - MARY	5/31/15	1,165	1,165	1,165	0	0	0
	Sold/Scrapped: 12/31/21							
90	LAPTOP COMPUTER - CHRISTI	5/31/15	1,165	1,165	1,165	0	0	0
	Sold/Scrapped: 12/31/21							
91	LENOVO THINK PAD T560 (Marsha)	3/07/17	1,645	1,645	1,261	384	384	0
93	(4) LENOVO COMPUTERS AND MONIT	4/30/19	12,658	12,658	4,219	4,219	4,219	0
<b>Total Other Depreciation</b>			<b>50,681</b>	<b>50,681</b>	<b>41,858</b>	<b>4,603</b>	<b>4,603</b>	<b>0</b>
<b>Total ACRS and Other Depreciation</b>			<b>50,681</b>	<b>50,681</b>	<b>41,858</b>	<b>4,603</b>	<b>4,603</b>	<b>0</b>
<b>Grand Totals</b>			<b>50,681</b>	<b>50,681</b>	<b>41,858</b>	<b>4,603</b>	<b>4,603</b>	<b>0</b>
<b>Less: Dispositions</b>			<b>31,460</b>	<b>31,460</b>	<b>31,460</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Less: Start-up/Org Expense</b>			<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Net Grand Totals</b>			<b>19,221</b>	<b>19,221</b>	<b>10,398</b>	<b>4,603</b>	<b>4,603</b>	<b>0</b>

# AMT Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv	Meth	Prior	Current
<b>Other Depreciation:</b>											
49	FILE CABINET	4/15/88	154				154	7	MO S/L	154	0
	Sold/Scrapped: 12/31/21										
51	TABLES	6/30/90	0				0	0	HY	0	0
	Sold/Scrapped: 12/31/21										
55	TABLE, CHAIR	8/15/92	0				0	0	HY	0	0
	Sold/Scrapped: 12/31/21										
56	TABLES, DES	11/15/92	0				0	0	HY	0	0
	Sold/Scrapped: 12/31/21										
57	DESK	11/15/92	0				0	0	HY	0	0
	Sold/Scrapped: 12/31/21										
59	CAMPAIGN	9/16/99	0				0	0	HY	0	0
	Sold/Scrapped: 12/31/21										
60	14 USED BLUE CHAIRS	1/01/00	0				0	0	HY	0	0
	Sold/Scrapped: 12/31/21										
69	DESK	2/28/05	0				0	0	HY	0	0
	Sold/Scrapped: 12/31/21										
70	DESK	6/14/06	0				0	0	HY	0	0
	Sold/Scrapped: 12/31/21										
71	DC535 COPIER & NETWORK PRINTER	4/20/09	0				0	0	HY	0	0
	Sold/Scrapped: 12/31/21										
72	PAPER FOLDING MACHINE	6/10/09	0				0	0	HY	0	0
74	PROJECTOR AND SCREEN	7/31/09	0				0	0	HY	0	0
76	LENOVO THINK PAD #2	7/31/09	0				0	0	HY	0	0
	Sold/Scrapped: 12/31/21										
77	HP 4014N LASER PRINTER #1	7/31/09	0				0	0	HY	0	0
78	HP 4014N LASER PRINTER #2	7/31/09	0				0	0	HY	0	0
79	DELL OPTIPLEX 360 DESKTOP	7/31/09	0				0	0	HY	0	0
	Sold/Scrapped: 12/31/21										
80	SOFTWARE UPGRADE FOR MARY'S C	10/01/11	0				0	0	HY	0	0
	Sold/Scrapped: 12/31/21										
81	LENOVA THINKPAD COMPUTER	10/10/11	0				0	0	HY	0	0
	Sold/Scrapped: 12/31/21										
82	HP OFFICEJET PRINTER	11/17/11	0				0	0	HY	0	0
	Sold/Scrapped: 12/31/21										
83	USED MONITOR	12/29/11	0				0	0	HY	0	0
	Sold/Scrapped: 12/31/21										
84	OPTIPLEX 3010 COMPUTER	1/31/13	0				0	0	HY	0	0
	Sold/Scrapped: 12/31/21										
85	LENOVA 2392 COMPUTER	1/31/13	0				0	0	HY	0	0
	Sold/Scrapped: 12/31/21										
86	DELL POWEREDGE T320 SERVER	7/12/13	0				0	0	HY	0	0
	Sold/Scrapped: 12/31/21										
87	SURFACE 64GB TABLET #1	1/15/14	0				0	0	HY	0	0
88	SURFACE 64GB TABLET #2	1/15/14	0				0	0	HY	0	0
89	LAPTOP COMPUTER - MARY	5/31/15	0				0	0	HY	0	0
	Sold/Scrapped: 12/31/21										
90	LAPTOP COMPUTER - CHRISTI	5/31/15	0				0	0	HY	0	0
	Sold/Scrapped: 12/31/21										
91	LENOVO THINK PAD T560 (Marsha)	3/07/17	0				0	0	HY	0	0
93	(4) LENOVO COMPUTERS AND MONIT	4/30/19	12,658				12,658	3	MO S/L	4,219	4,219
	<b>Total Other Depreciation</b>		<u>12,812</u>				<u>12,812</u>			<u>4,373</u>	<u>4,219</u>
	<b>Total ACRS and Other Depreciation</b>		<u>12,812</u>				<u>12,812</u>			<u>4,373</u>	<u>4,219</u>
	<b>Grand Totals</b>		12,812				12,812			4,373	4,219
	<b>Less: Dispositions and Transfers</b>		154				154			154	0
	<b>Net Grand Totals</b>		<u>12,658</u>				<u>12,658</u>			<u>4,219</u>	<u>4,219</u>

# Depreciation Adjustment Report

## All Business Activities

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
There are no assets that meet the criteria of this report						

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**Future Depreciation Report    FYE: 12/31/22**  
**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Other Depreciation:</b>					
72	PAPER FOLDING MACHINE	6/10/09	725	0	0
74	PROJECTOR AND SCREEN	7/31/09	914	0	0
77	HP 4014N LASER PRINTER #1	7/31/09	1,100	0	0
78	HP 4014N LASER PRINTER #2	7/31/09	1,100	0	0
87	SURFACE 64GB TABLET #1	1/15/14	534	0	0
88	SURFACE 64GB TABLET #2	1/15/14	545	0	0
91	LENOVO THINK PAD T560 (Marsha)	3/07/17	1,645	0	0
93	(4) LENOVO COMPUTERS AND MONITORS	4/30/19	12,658	4,220	4,220
<b>Total Other Depreciation</b>			<u>19,221</u>	<u>4,220</u>	<u>4,220</u>
<b>Total ACRS and Other Depreciation</b>			<u>19,221</u>	<u>4,220</u>	<u>4,220</u>
<b>Grand Totals</b>			<u>19,221</u>	<u>4,220</u>	<u>4,220</u>

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**MN Future Depreciation Report**  
**Form 990, Page 1****FYE: 12/31/22**

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>MN</u>
<b>Other Depreciation:</b>				
72	PAPER FOLDING MACHINE	6/10/09	725	0
74	PROJECTOR AND SCREEN	7/31/09	914	0
77	HP 4014N LASER PRINTER #1	7/31/09	1,100	0
78	HP 4014N LASER PRINTER #2	7/31/09	1,100	0
87	SURFACE 64GB TABLET #1	1/15/14	534	0
88	SURFACE 64GB TABLET #2	1/15/14	545	0
91	LENOVO THINK PAD T560 (Marsha)	3/07/17	1,645	0
93	(4) LENOVO COMPUTERS AND MONITORS	4/30/19	12,658	4,220
<b>Total Other Depreciation</b>			<u>19,221</u>	<u>4,220</u>
<b>Total ACRS and Other Depreciation</b>			<u>19,221</u>	<u>4,220</u>
<b>Grand Totals</b>			<u>19,221</u>	<u>4,220</u>

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**SCHEDULE G  
(Form 990 or  
990-EZ)**

**Fundraising Other Events**

**2021**

For calendar year 2021, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

Name

**UNITED WAY OF OTTER TAIL  
& WADENA COUNTIES, INC.**

Employer Identification Number

**41-0873718**

		(a) Other event	(b) Other event	(c) Other event	(d) Total other events (add col. (a) through col. (c))
		<u>GOLF TOURNAMENT</u> (event type)	_____ (event type)	_____ (event type)	
Revenue	1 Gross receipts	<b>13,335</b>			<b>13,335</b>
	2 Less: Charitable contributions	<b>12,038</b>			<b>12,038</b>
	3 Gross income (line 1 minus line 2)	<b>1,297</b>			<b>1,297</b>
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food/beverages				
	8 Entertainment				
	9 Other expenses				

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Taxable Interest on Investments

Description	Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
	\$ 334			14		
TOTAL	\$ <u>334</u>					

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## Federal Statements

Schedule A, Part II, Line 1(e)

Description	Amount
FEDERATED CAMPAIGNS	\$ 311,488
MISC	310
OT FAMILY	
GRANTS	
WOMEN'S LEADERSHIP	3,184
LEAVE A LEGACY	
PROJECT PLANNING & IMPLEMENT	
CARING CNCTS ORAL HEALTH	
	6,425
	1,000
	4,000
CHUCK & LINDA MCFARLANE	
CASH CONTRIBUTION	6,000
OTTER TAIL POWER COMPANY	
CASH CONTRIBUTION	15,500
SERVICE FOOD MARKET	
CASH CONTRIBUTION	10,000
K.L.N. ENTERPRISES, INC.	
CASH CONTRIBUTION	17,000
TRI-COUNTY HEALTH CARE	
CASH CONTRIBUTION	5,000
LAKE AREA DOCKS & LIFTS	
CASH CONTRIBUTION	5,000
VECTOR WINDOWS	
CASH CONTRIBUTION	6,000
DOROTHY PORTER	
CASH CONTRIBUTION	10,000
DAVID & SARA THRONSEDT	
CASH CONTRIBUTION	5,000
FRIENDS OF FRIENDS	
CASH CONTRIBUTION	25,171
CHILDREN'S FEED BACKPACK PR	
FERGUS FALLS	16,570
NEW YORK MILLS	7,515
HENNING	
IMAGINATION LIBRARY	
CASH CONTRIBUTION	750
WOMENS LEADERSHIP COUNCIL	
CASH CONTRIBUTION	660
GOLF TOURNAMENT REVENUE	

Schedule A, Part II, Line 1(e) (continued)

Description	Amount
CASH CONTRIBUTION	\$ 12,038
TOTAL	\$ 468,611

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**Schedule A, Part II, Line 5 - Excess Gifts**

<u>Donor Name</u>	<u>Total</u>	<u>Excess</u>
WEST CENTRAL INITIATIVE	\$ 69,267	\$ 15,845
ENDOWMENT FUND INGA JOHNSON	20,000	
CHUCK & LINDA MCFARLANE	28,000	
ANONYMOUS	25,000	
OTTER TAIL POWER COMPANY	76,820	23,398
SERVICE FOOD MARKET	35,000	
K.L.N. ENTERPRISES, INC.	85,200	31,778
TRI-COUNTY HEALTH CARE	17,500	
ANONYMOUS	20,000	
RD OFFUT COMPANY	5,000	
DON YAGGIE FARMS	5,000	
BRENDA DAVIS	5,000	
THE BOIS FAMILY FOUNDATION	56,000	2,578
OTTO BREMER FOUNDATION	25,000	
OTTER TAIL COUNTY HUMAN SERVICES	41,600	
LAKE AREA DOCKS & LIFTS	10,000	
VECTOR WINDOWS	17,769	
DR. RUD & TIMMY WASSON	7,000	
JANET L. ANDERSON	5,500	
DOROTHY PORTER	10,000	
DAVID & SARA THRONSEDT	5,000	
TOTAL	<u>\$ 569,656</u>	<u>\$ 73,599</u>

## Federal Statements

Schedule A, Part II, Line 8(e)

Description	Amount
	\$ 334
TOTAL	\$ 334

Schedule A, Part II, Line 9(e)

Description	Amount
MISCELLANEOUS INCOME	\$ 2,753
LESS: DEDUCTIONS	-1,000
TOTAL	\$ 1,753

Schedule A, Part II, Line 10(e)

Description	Amount
FRIENDS OF FRIENDS	\$
TOTAL	\$ 0

Schedule A, Part II, Line 12 - Current year

Description	Amount
CHILDREN'S FEED BACKPACK PR IMAGINATION LIBRARY SPONSORSHIPS	\$
WOMENS LEADERSHIP COUNCIL GOLF TOURNAMENT REVENUE	1,297
TOTAL	\$ 1,297

# Minnesota Return Summary

For calendar year 2021, or taxable period beginning \_\_\_\_\_, and ending \_\_\_\_\_

**UNITED WAY OF OTTER TAIL  
& WADENA COUNTIES, INC.**

**41-0873718**

**Income**

Federal taxable income  
 Additions  
 Subtractions  
 Income subject to apportionment  
 Income apportionment factor  
 Minnesota taxable net income  
 Net operating loss  
 Deductions  
**Taxable income**

\_\_\_\_\_  
 \_\_\_\_\_

**Tax Computation**

Regular tax  
 Proxy tax  
 Credits against tax  
 Nongame wildlife fund donation  
**Total tax**

\_\_\_\_\_  
 \_\_\_\_\_

**Payments / Refundable Credits / Penalties**

Payments / refundable credits  
 Failure to file penalty  
 Failure to pay penalty  
 Late filing interest  
 M15NP penalty  
**Total payments / penalties**

\_\_\_\_\_  
 \_\_\_\_\_

**Overpayment credited to next year's estimated tax**

\_\_\_\_\_  
 \_\_\_\_\_

**Refund**

\_\_\_\_\_  
 \_\_\_\_\_

**Tax due**

\_\_\_\_\_  
 \_\_\_\_\_

**Next Year's Estimates**

1st quarter \_\_\_\_\_  
 2nd quarter \_\_\_\_\_  
 3rd quarter \_\_\_\_\_  
 4th quarter \_\_\_\_\_  
**Total** \_\_\_\_\_

**Miscellaneous Information**

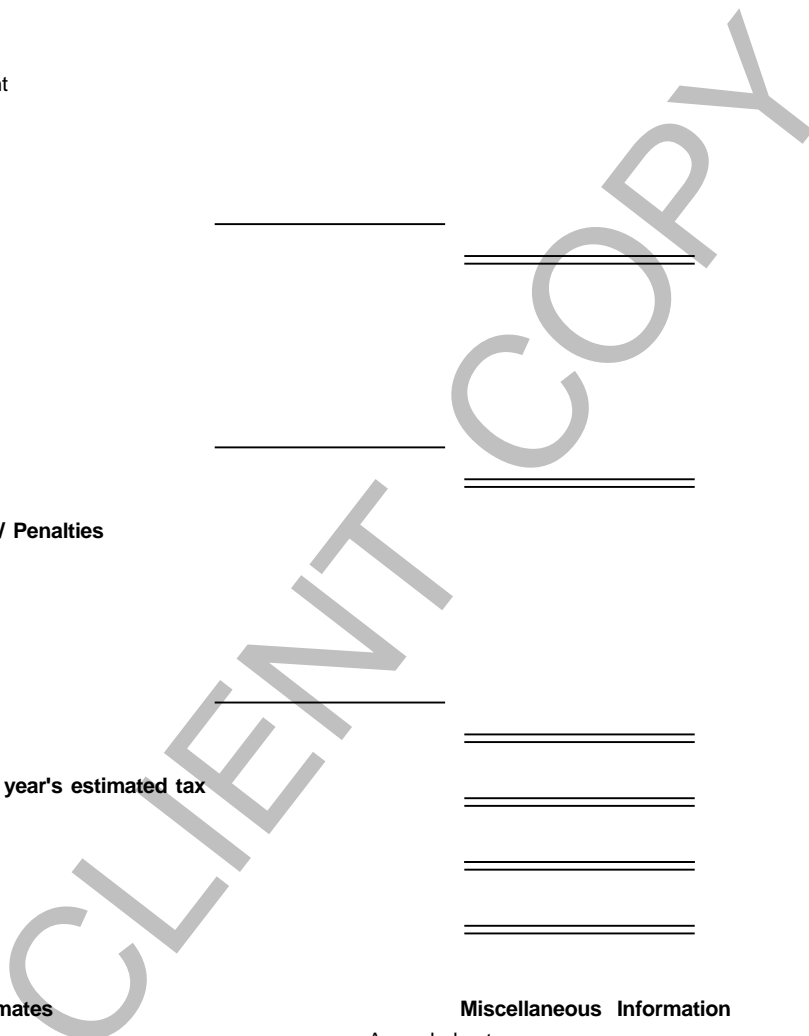
Amended return \_\_\_\_\_  
 Return / extended due date \_\_\_\_\_

**Charitable Organization**

Total revenue 472,995  
 Total expenses 491,781  
 Total Assets 515,888  
 Total liabilities 29,718

Amended return \_\_\_\_\_  
 Return / extended due date 11/15/22

Filing fee 25  
 Late filing fee \_\_\_\_\_  
**Total** 25





**Mail To:**

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

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

(Pursuant to Minn. Stat. ch. 309)

**Website Address:**

www.ag.state.mn.us/charity

**SECTION A: Organization Information**

Legal Name of Organization UNITED WAY OF OTTER TAIL  
& WADENA COUNTIES, INC.

Federal EIN: 41-0873718

Fiscal Year-End: 12/31/2021

mm/dd/yyyy

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

**Mailing Address:**

CAROLYN GLESNE

Contact Person

120 EAST WASHINGTON AVE

Street Address

FERGUS FALLS

MN 56537

City, State, and Zip Code

218-736-5147

Phone Number

Email Address

**Physical Address:**

CAROLYN GLESNE

Contact Person

120 EAST WASHINGTON AVE

Street Address

FERGUS FALLS

MN 56537

City, State, and Zip Code

218-736-5147

Phone Number

Email Address

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

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

\_\_\_\_\_  
\_\_\_\_\_  
 Alternate  Former  
 Alternate  Former

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

\_\_\_\_\_  
\_\_\_\_\_

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

5. Total amount of contributions the organization received from Minnesota donors: \$ 450,000

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

Yes  No If yes, attach explanation.

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

Yes  No If yes, attach explanation.

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

8. Has the organization been denied the right to solicit contributions by any court or government agency?  
 Yes  No If yes, attach explanation.

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

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

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

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

10. Is the organization a food shelf?  Yes  No  
 If yes, is the organization required to file an audit?  Yes, audit attached  No

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

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

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

Name and title	Compensation*	Other compensation

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

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

**SECTION B: Financial Information**

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

**INCOME**

1. Contributions Received	\$ <u>468,611</u>	1
2. Government Grants	\$ _____	2
3. Program Service Revenue	\$ _____	3
4. Other Revenue	\$ <u>4,384</u>	4
<b>5. TOTAL INCOME</b>	<b>\$ <u>472,995</u></b>	<b>5</b>

**EXPENSES**

6. Program Expenses	\$ <u>317,514</u>	6
7. Management & General Expenses	\$ <u>81,186</u>	7
8. Fund-raising Expenses	\$ <u>93,081</u>	8
<b>9. TOTAL EXPENSES</b>	<b>\$ <u>491,781</u></b>	<b>9</b>
<b>10. EXCESS or DEFICIT</b>	<b>\$ <u>-18,786</u></b>	<b>10</b>
(Line 5 minus Line 9)		

**ASSETS**

11. Cash	\$ <u>348,709</u>	11
12. Land, Buildings & Equipment	\$ <u>4,220</u>	12
13. Other Assets	\$ <u>162,959</u>	13
<b>14. TOTAL ASSETS</b>	<b>\$ <u>515,888</u></b>	<b>14</b>

**LIABILITIES**

15. Accounts Payable	\$ <u>29,718</u>	15
16. Grants Payable	\$ _____	16
17. Other Liabilities	\$ _____	17
<b>18. TOTAL LIABILITIES</b>	<b>\$ <u>29,718</u></b>	<b>18</b>

**FUND BALANCE/NET WORTH**

(Line 14 minus Line 18)

\$ 486,170

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

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

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

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

CHARITABLE ORGANIZATION ANNUAL REPORT FORM  
(Continued)

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

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

We, the undersigned, state and acknowledge that we are duly constituted officers of this organization, being the PRESIDENT (Title) and \_\_\_\_\_ (Title) respectively, and that we execute this document on behalf of the organization pursuant to the resolution of the \_\_\_\_\_ (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, Trustees or Managing Group) has assumed, and will continue to assume, responsibility for determining matters of policy, and have supervised, and will continue to supervise, the operations and finances of the organization. We further state that the information supplied is true, correct and complete to the best of our knowledge.

<u>CAROLYN GLESNE</u>	_____
Name (Print)	Name (Print)
_____	_____
Signature	Signature
<u>PRESIDENT</u>	_____
Title	Title
_____	_____
Date	Date