

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

OMB No. 1545-0047
2020
Open to Public Inspection

A For the **2020** calendar year, or tax year beginning **01-01-2020**, and ending **12-31-2020**

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: **GREATER TWIN CITIES UNITED WAY**
 Doing business as: _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **404 SOUTH EIGHTH STREET**
 City or town, state or province, country, and ZIP or foreign postal code: **MINNEAPOLIS, MN 554041084**

D Employer identification number: **41-1973442**

E Telephone number: **(612) 340-7400**

F Name and address of principal officer:
JOHN WILGERS
404 SOUTH EIGHTH STREET
MINNEAPOLIS, MN 55404

G Gross receipts \$ **59,314,628**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)
H(c) Group exemption number ▶ _____

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.GTCUW.ORG**

K Form of organization: Corporation Trust Association Other ▶ _____

L Year of formation: **2001** **M** State of legal domicile: **MN**

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
OUR MISSION IS TO UNITE AS CHANGEMAKERS, ADVOCATE FOR SOCIAL GOOD AND DEVELOP SOLUTIONS TO ADDRESS THE CHALLENGES NO ONE CAN SOLVE ALONE.

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	54
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	54
5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	185
6 Total number of volunteers (estimate if necessary)	6	3,789
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 39	7b	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	56,545,814	55,071,585
9 Program service revenue (Part VIII, line 2g)	122,340	42,453
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,079,205	2,025,074
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	589,122	595,398
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	61,336,481	57,734,510
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	48,296,595	39,555,770
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	12,852,936	13,929,468
16a Professional fundraising fees (Part IX, column (A), line 11e)	34,525	39,000
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 8,544,662		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	8,232,827	6,985,265
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	69,416,883	60,509,503
19 Revenue less expenses. Subtract line 18 from line 12	-8,080,402	-2,774,993

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	124,513,990	123,376,115
21 Total liabilities (Part X, line 26)	8,161,001	6,134,517
22 Net assets or fund balances. Subtract line 21 from line 20	116,352,989	117,241,598

Part II Signature Block

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

Sign Here

Signature of officer: _____ Date: **2021-08-02**

JOHN WILGERS PRESIDENT AND CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: **2021-08-02**

Firm's name ▶ **AKINS HENKE AND COMPANY** Check if self-employed PTIN: **P01008921**

Firm's address ▶ **600 INWOOD AVENUE NORTH SUITE 160** Phone no. **(651) 636-3806**
OAKDALE, MN 55128

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

FOR 106 YEARS, GREATER TWIN CITIES UNITED WAY (UNITED WAY), A NOT-FOR- PROFIT ORGANIZATION, HAS CONTINUALLY EVOLVED TO RESPOND TO THE MOST PRESSING NEEDS FACING THE GREATER TWIN CITIES REGION INCLUDING THE DEVASTATING IMPACT OF COVID-19 AND THE UNREST FOLLOWING THE MURDER OF GEORGE FLOYD. FOCUSED ON DISMANTLING SYSTEMIC RACISM AND OPPRESSION AND THE RESULTING DISPARITIES AMONG PEOPLE OF COLOR, UNITED WAY'S MISSION IS TO UNITE CHANGEMAKERS, ADVOCATE FOR SOCIAL GOOD AND DEVELOP SOLUTIONS TO ADDRESS THE CHALLENGES NO ONE CAN SOLVE ALONE. WITH A VISION OF A COMMUNITY WHERE ALL PEOPLE THRIVE, REGARDLESS OF INCOME, RACE OR PLACE, UNITED WAY CREATES LASTING CHANGE BY COUPLING STRATEGY AND DATA WITH COMPASSION AND INCLUSION. THE ORGANIZATION SUPPORTS THE COMMUNITY IN FIVE KEY AREAS WITH EQUITY AT THE CENTER OF ITS WORK INCLUDING THE GREATER TWIN CITIES UNITED WAYS 2-1-1 RESOURCE HELPLINE, NONPROFIT PARTNERSHIPS, BUSINESS PARTNERSHIPS, INNOVATION INITIATIVES AND ADVOCACY. AS THE LARGEST NONGOVE

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

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

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

4a (Code:) (Expenses \$ 6,793,686 including grants of \$ 6,679,200) (Revenue \$)
See Additional Data

4b (Code:) (Expenses \$ 8,290,458 including grants of \$ 6,430,197) (Revenue \$)
See Additional Data

4c (Code:) (Expenses \$ 15,489,993 including grants of \$ 15,489,993) (Revenue \$ 397,570)
See Additional Data

(Code:) (Expenses \$ 18,598,660 including grants of \$ 10,956,380) (Revenue \$ 42,453)

UNITED WAYS 2-1-1 RESOURCE HELPLINE: CARING 2-1-1 CALL SPECIALISTS ADDRESS 52 URGENT NEEDS EVERY HOUR, PROVIDING PEOPLE GUIDANCE, INFORMATION AND REFERRALS TO STATEWIDE RESOURCES AND SERVICES TO HELP THEM WITH BASIC NEEDS, INCLUDING RENTAL ASSISTANCE, FOOD PROGRAMS, CHILDCARE, EMPLOYMENT AND MORE. THE DATA FROM 2-1-1 INFORMS UNITED WAYS GRANT INVESTMENTS IN HOUSING, FOOD, EDUCATION AND EMPLOYMENT AS WELL AS UNITED WAYS ADVOCACY STRATEGIES IN ADVANCING EQUITABLE POLICIES AND STATE FUNDING. 2-1-1 DATA ALSO SHAPES UNITED WAYS COMMUNITY IMPACT AND FUNDING STRATEGIES, AND ADVISES STATE AND LOCAL LEADERS ABOUT CHANGING COMMUNITY NEEDS. IN 2020, UNITED WAY PROVIDED REAL-TIME 2-1-1 DATA TO LEGISLATORS, WHICH UNDERScoreD THE URGENT NEED FOR EMERGENCY HOUSING SUPPORT RESULTING FROM THE HARSH IMPACT OF COVID-19. AS A RESULT, UNITED WAY HELPED SECURE 100 MILLION IN STATE FUNDING FOR EMERGENCY HOUSING ASSISTANCE, AND IN PARTNERSHIP WITH THE STATE OF MINNESOTA, 2-1-1 SERVED AS AN ACCESS POINT FOR PEOPLE TO ASK QUESTIONS AND SIGN UP FOR SUPPORT. ECONOMIC OPPORTUNITY: UNITED WAY'S VISION IS THAT ALL ADULTS HAVE THE OPPORTUNITY TO PARTICIPATE IN THE WORKFORCE AND ADVANCE TOWARD FAMILY SUSTAINING WAGES. UNITED WAY PREPARES JOB SEEKERS WITH LOW INCOMES THROUGH JOB TRAINING PROGRAMS AND IS ACCOUNTABLE TO KEY PERFORMANCE INDICATORS SUCH AS JOB PLACEMENT, INCREASED EARNINGS AND JOB RETENTION. ADVOCACY: UNITED WAY INFLUENCES GOVERNMENT DECISION-MAKERS TO PASS AND EFFECTIVELY IMPLEMENT POLICY AND FUNDING TO SUPPORT IMMEDIATE NEEDS AND CHANGES IN THE HOUSING, FOOD, EDUCATION AND WORKFORCE SYSTEMS. ALONGSIDE COALITIONS, UNITED WAY LEVERAGES RESEARCH AND DATA TO AMPLIFY THE VOICES OF THOSE WITH LIVED EXPERIENCE, EDUCATES GOVERNMENT OFFICIALS AND LAWMAKERS ON SYSTEMS-LEVEL ISSUES AND OPPORTUNITIES, AND DEVELOPS SOLUTIONS IN PARTNERSHIP WITH THE PUBLIC, PRIVATE AND NONPROFIT SECTORS. FOR INSTANCE, UNITED WAY IS PARTNERING WITH THE MINNEAPOLIS FOUNDATION AND THE SAINT PAUL & MINNESOTA FOUNDATION ON A MULTI-YEAR COLLABORATION TO BRING TRANSFORMATIONAL CHANGE TO THE CRIMINAL JUSTICE SYSTEM WHICH IS BASED ON RACIST POLICIES. ANOTHER EXAMPLE IS THE START EARLY FUNDERS COALITION; A STATEWIDE COLLABORATION LED BY UNITED WAY TO IMPROVE EARLY CHILDHOOD EDUCATION THROUGH RESEARCH AND PUBLIC POLICY. IN 2020, THE COLLABORATION HELPED SECURE 30 MILLION IN EMERGENCY STATEWIDE GRANTS. NONPROFIT PARTNERSHIPS: UNITED WAY CONNECTS LEADERS, TRAINS TEAMS AND PROVIDES GRANTS AND TECHNICAL ASSISTANCE TO NONPROFITS DOING HIGH-IMPACT WORK. WITH EQUITY AND INCLUSION AT THE CENTER OF UNITED WAYS WORK, THE ORGANIZATION INVESTS DONOR RESOURCES IN 100+ NONPROFITS ON THE FRONTLINES OF REALIZING COMMUNITY-LED CHANGE IN THE AREAS OF HOUSING, FOOD, EDUCATION AND EMPLOYMENT. INNOVATION: UNITED WAY PARTNERS WITH NONPROFITS, BUSINESSES AND DONORS TO CREATE NEW SOLUTIONS TO SOLVE COMMUNITY CHALLENGES. ONE OF THOSE INNOVATIONS IS CAREER ACADEMIES, WHICH PREPARES HIGH SCHOOL STUDENTS FOR IN-DEMAND, HIGH-WAGE CAREERS THROUGH REAL-WORK EXPERIENCES AND TRAINING. SINCE 2015, MORE THAN 10,000 STUDENTS COLLECTIVELY HAVE EARNED MORE THAN 9,500 FREE COLLEGE AND TECHNICAL SCHOOL CREDITS AND SAVED MORE THAN 3 MILLION IN TUITION. BUSINESS PARTNERSHIPS: UNITED WAY ALIGNS CORPORATE SOCIAL RESPONSIBILITY GOALS OF ITS BUSINESS PARTNERS WITH COMMUNITY NEEDS. IT ALSO HELPS COMPANIES BUILD A STRONG PHILANTHROPIC CULTURE WITH VOLUNTEERISM AND EMPLOYEE GIVING OPPORTUNITIES THROUGH UNITED WAYS SALESFORCE PHILANTHROPY CLOUD A DIGITAL PLATFORM DESIGNED TO POWER COMPANY-WIDE SOCIAL IMPACT INITIATIVES. OTHER WAYS UNITED WAY ENGAGES BUSINESS PARTNERS IS THROUGH THE ARISE PROJECT, ONE OF UNITED WAYS GIVING COMMUNITIES COMPRISED OF BUSINESS PROFESSIONALS WHO SUPPORT THE LIVES OF LGBTQ YOUTH EXPERIENCING HOMELESSNESS, AND THROUGH ACTION DAY, WHICH IS AN OPPORTUNITY FOR CORPORATE EMPLOYEES TO FILL BACKPACKS FULL OF SCHOOLS SUPPLIES, SETTING UP 40,000 STUDENTS FOR SUCCESS.

4d Other program services (Describe in Schedule O.)
(Expenses \$ 18,598,660 including grants of \$ 10,956,380) (Revenue \$ 42,453)

4e Total program service expenses 49,172,797

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, with sub-questions a-f for items 10, 11, 12, and 14. Each row has a corresponding 'Yes' or 'No' in the rightmost column.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include questions 22 through 38 regarding organizational reporting, compensation, and tax-exempt status.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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



Section A. Governing Body and Management

Table with 5 main rows (1a-9) and 3 sub-columns (1a, 1b, and Yes/No). Row 1a: 54 members. Row 1b: 54 independent members. Rows 2-9 contain various governance questions with Yes/No responses.

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

Table with 10 main rows (10a-16b) and 3 sub-columns (10a, 10b, and Yes/No). Rows 10a-16b contain various policy questions with Yes/No responses.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed: MN
18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: ATHENA MIHAS 404 SOUTH EIGHTH STREET MINNEAPOLIS, MN 55404 (612) 340-7606

Part VIII Statement of Revenue

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

Table with columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include Contributions, Gifts, Grants and Other Similar Amounts; Program Service Revenue; and Other Revenue.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	39,075,770	39,075,770		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	480,000	480,000		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,166,557	424,771	282,013	459,773
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	10,702,283	4,470,522	1,309,954	4,921,807
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	441,171	173,194	64,332	203,645
9 Other employee benefits	829,211	327,628	124,193	377,390
10 Payroll taxes	790,246	321,183	98,952	370,111
11 Fees for services (non-employees):				
a Management				
b Legal	30,815	414	30,018	383
c Accounting	90,550	294	89,984	272
d Lobbying	101,442	101,442		
e Professional fundraising services. See Part IV, line 17	39,000			39,000
f Investment management fees	115,156	160	114,848	148
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,814,125	2,220,343	159,765	434,017
12 Advertising and promotion	799,736	223,632	32,453	543,651
13 Office expenses	159,574	99,724	17,393	42,457
14 Information technology	1,087,909	386,698	137,058	564,153
15 Royalties				
16 Occupancy	385,400	162,826	72,558	150,016
17 Travel	5,467	2,762	404	2,301
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	226,712	114,416	54,133	58,163
20 Interest				
21 Payments to affiliates	538,373	226,863	101,551	209,959
22 Depreciation, depletion, and amortization	411,215	173,276	77,567	160,372
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MISCELLANEOUS	171,703	139,791	24,868	7,044
b AWARDS AND SPONSORSHIPS	47,088	47,088		
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	60,509,503	49,172,797	2,792,044	8,544,662
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <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 IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	8,702,507	1	8,718,045
	2 Savings and temporary cash investments	2,429,509	2	5,852,237
	3 Pledges and grants receivable, net	35,605,516	3	28,289,396
	4 Accounts receivable, net	191,934	4	114,174
	5 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		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	305,306	9	488,198
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 10,713,171		
	b Less: accumulated depreciation	10b 8,170,787	2,635,543	10c 2,542,384
	11 Investments—publicly traded securities	17,131,412	11	17,898,220
	12 Investments—other securities. See Part IV, line 11	55,077,474	12	56,867,154
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	2,434,789	15	2,606,307
16 Total assets. Add lines 1 through 15 (must equal line 33)	124,513,990	16	123,376,115	
Liabilities	17 Accounts payable and accrued expenses	1,682,410	17	1,629,855
	18 Grants payable	5,881,560	18	3,952,585
	19 Deferred revenue	57,585	19	57,417
	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	539,446	23	494,660
	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 Total liabilities. Add lines 17 through 25	8,161,001	26	6,134,517
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	32,177,055	27	35,616,740
	28 Net assets with donor restrictions	84,175,934	28	81,624,858
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	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 Total net assets or fund balances	116,352,989	32	117,241,598	
33 Total liabilities and net assets/fund balances	124,513,990	33	123,376,115	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	57,734,510
2	Total expenses (must equal Part IX, column (A), line 25)	2	60,509,503
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,774,993
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	116,352,989
5	Net unrealized gains (losses) on investments	5	3,492,084
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	171,518
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	117,241,598

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 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:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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 in Schedule O and describe any steps taken to undergo such audits.

		Yes	No
2a			No
2b	Yes		
2c	Yes		
3a			No
3b			

Additional Data

Software ID:

Software Version:

EIN: 41-1973442

Name: GREATER TWIN CITIES UNITED WAY

Form 990 (2020)

Form 990, Part III, Line 4a:

HOUSEHOLD STABILITY - UNITED WAY'S VISION IS THAT HOMELESSNESS AND HUNGER ARE RARE, BRIEF AND NONRECURRING. UNITED WAY STABILIZES THE COMMUNITY WITH EMERGENCY FOOD AND HUNGER RELIEF SERVICES AS WELL AS SAFE SHELTER AND HOUSING SERVICES, WHILE LEVERAGING RESOURCES AND PARTNERSHIPS TO IMPROVE THE EFFICIENCY AND CAPACITY OF ITS SERVICES.

Form 990, Part III, Line 4b:

EDUCATIONAL SUCCESS - UNITED WAY'S VISION IS THAT ALL CHILDREN ARE READY TO THRIVE ACADEMICALLY, PERSONALLY AND SOCIALLY. UNITED WAY SUPPORTS ACCESS TO CULTURALLY RELEVANT, HIGH-QUALITY EARLY CHILDHOOD CARE AND EDUCATION FROM PRENATAL TO AGE FIVE SO ALL CHILDREN HAVE A THRIVING START. THE ORGANIZATION ALSO INCREASES ACCESS TO CAREER PATHWAYS THROUGH UNITED WAYS CAREER ACADEMIES PROGRAM SO YOUTH HAVE THE KNOWLEDGE, SKILLS AND RELATIONSHIPS TO CHOOSE AND DIRECT THEIR OWN FUTURES AND CONTRIBUTE TO THEIR COMMUNITIES.

Form 990, Part III, Line 4c:

DONOR DESIGNATIONS - UNITED WAY FUNDRAISING RESULTS ALSO INCLUDE CONTRIBUTIONS TO UNITED WAY THAT DONORS DIRECT TO SPECIFIC NON-PROFIT ORGANIZATIONS. THERE WERE APPROXIMATELY 5,391 DONOR DESIGNATIONS TO 1,281 AGENCIES IN 2020.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DOROTHY BRIDGES BOARD CHAIR	1.00	X		X				0	0	0
CHRIS COLEMAN TREASURER	1.00	X		X				0	0	0
KAREN RICHARD SECRETARY	1.00	X		X				0	0	0
AMAL ABDALLA BOARD MEMBER	1.00	X						0	0	0
BRIAN ALLINGHAM BOARD MEMBER	1.00	X						0	0	0
JULIE BAKER BOARD MEMBER	1.00	X						0	0	0
LAURA BLOOMBERG BOARD MEMBER	1.00	X						0	0	0
STACY BOGART BOARD MEMBER	1.00	X						0	0	0
MARK BROOKS BOARD MEMBER	1.00	X						0	0	0
JUSTIN BUTLER BOARD MEMBER	1.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KATHLENE HOLMES CAMPBELL BOARD MEMBER	1.00	X						0	0	0
ANU CODATY BOARD MEMBER	1.00	X						0	0	0
ERIN DADY BOARD MEMBER	1.00	X						0	0	0
AMY DAHL BOARD MEMBER	1.00	X						0	0	0
STEPHANIE DEXTER BOARD MEMBER	1.00	X						0	0	0
CURTISS DEYOUNG BOARD MEMBER	1.00	X						0	0	0
REBA DOMINSKI BOARD MEMBER	1.00	X						0	0	0
KWEILIN ELLINGRUD BOARD MEMBER	1.00	X						0	0	0
BETH FORD BOARD MEMBER	1.00	X						0	0	0
CHELSTIE GLAUBITZ GABIOU BOARD MEMBER	1.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
KATIE GOEMAN BOARD MEMBER	1.00	X						0	0	0
JOE GOTHARD BOARD MEMBER	1.00	X						0	0	0
JAMIE GULLEY BOARD MEMBER	1.00	X						0	0	0
CHERYL HADAWAY BOARD MEMBER	0.00	X						0	0	0
LYNNE HARRINGTON BOARD MEMBER	1.00	X						0	0	0
MATT HOMAN BOARD MEMBER	1.00	X						0	0	0
MANDY JANSSEN BOARD MEMBER	1.00	X						0	0	0
RAY JONCAS BOARD MEMBER	1.00	X						0	0	0
ERIC KALER BOARD MEMBER	1.00	X						0	0	0
JD KELLER BOARD MEMBER	1.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MATT KUCHARSKI BOARD MEMBER	1.00	X						0	0	0
NANCY LINDAHL BOARD MEMBER	1.00	X						0	0	0
DARIN LYNCH BOARD MEMBER	1.00	X						0	0	0
MIKE MAESER BOARD MEMBER	1.00	X						0	0	0
MATT MARSH BOARD MEMBER	1.00	X						0	0	0
TODD MARSHALL BOARD MEMBER	1.00	X						0	0	0
AL MCFARLANE BOARD MEMBER	1.00	X						0	0	0
MIQUEL MCMOORE BOARD MEMBER	1.00	X						0	0	0
CHRIS MUSSO BOARD MEMBER	1.00	X						0	0	0
KATHY NOECKER BOARD MEMBER	1.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RAVI NORMAN BOARD MEMBER	1.00	X						0	0	0
MIKE O'LEARY BOARD MEMBER	1.00	X						0	0	0
JOHN POTTER BOARD MEMBER	1.00	X						0	0	0
TODD SENGER BOARD MEMBER	1.00	X						0	0	0
LISA SHANNON BOARD MEMBER	1.00	X						0	0	0
BETH SIMERMAYER BOARD MEMBER	1.00	X						0	0	0
CAROLYN SMALLWOOD BOARD MEMBER	1.00	X						0	0	0
SARAH SOONG BOARD MEMBER	1.00	X						0	0	0
SHARON KENNEDY VICKERS BOARD MEMBER	1.00	X						0	0	0
TIMOTHY WELSH BOARD MEMBER	1.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JERRY WILL BOARD MEMBER	1.00	X						0	0	0
OTIS ZANDERS BOARD MEMBER	1.00	X						0	0	0
JIM ZAPPA BOARD MEMBER	1.00	X						0	0	0
TROY ZIERDEN BOARD MEMBER	1.00	X						0	0	0
JOHN WILGERS PRESIDENT AN	40.00			X				333,700	0	45,542
ATHENA MIHAS CHIEF FINANCIAL OF	40.00			X				169,748	0	20,596
ACOOA ELLIS SVP COMMUNIT	40.00				X			184,762	0	19,761
TRENT BLAIN SVP MARKETIN	40.00				X			179,237	0	22,211
COLLEEN FAHEY SVP IND. GIV	40.00				X			171,985	0	19,015
KELLY PUSPOKI VP COMMUNICA	40.00					X		153,104	0	9,531

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JEFFREY HALBUR DIRECTOR MAJ	40.00					X		147,474	0	10,103
KRISTINA SALKOWSKI VP CORP./FOU	40.00					X		141,945	0	7,543
JOSEPH MUNNICH MD - GENNEXT	40.00					X		140,576	0	8,500
SHELLY LUCAS DIRECT-INST.	40.00					X		138,795	0	37,264

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
GREATER TWIN CITIES UNITED WAY

Employer identification number
41-1973442

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 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 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 **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 in 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		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	85,218,044	72,183,208	63,869,250	56,545,814	55,071,585	332,887,901
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	Total. Add lines 1 through 3	85,218,044	72,183,208	63,869,250	56,545,814	55,071,585	332,887,901
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						1,953,297
6	Public support. Subtract line 5 from line 4.						330,934,604

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4.	85,218,044	72,183,208	63,869,250	56,545,814	55,071,585	332,887,901
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	833,576	851,952	1,122,358	1,307,036	967,130	5,082,052
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).	14,036	32,893	33,809	35,818	165,259	281,815
11	Total support. Add lines 7 through 10						338,251,768
12	Gross receipts from related activities, etc. (see instructions)					12	3,345,410

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 2020 (line 6, column (f) divided by line 11, column (f))	14	97.840 %
15	Public support percentage for 2019 Schedule A, Part II, line 14	15	96.750 %

- 16a 33 1/3% support test—2020.** 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—2019.** 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—2020.** 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—2019.** 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

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 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

15 Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2020. 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—2019. 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 on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <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	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <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 (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 or 990-EZ).</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</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 in 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 in 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 in lines 11b and 11c below, the governing body of a supported organization?		
b	A family member of a person described in 11a above?		
c	A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

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

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)? <i>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).</i>		

Section D. All Type III Supporting Organizations

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

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 government 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? <i>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.</i>		
b	Did the activities described in line 2a constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
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? <i>If "Yes" or "No" provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<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	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<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	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (<i>prior IRS approval required - provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8	
9 Distributable amount for 2020 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required-- <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015.			
b From 2016.			
c From 2017.			
d From 2018.			
e From 2019.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016.			
b Excess from 2017.			
c Excess from 2018.			
d Excess from 2019.			
e Excess from 2020.			

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).

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART II, LINE 10	MISCELLANEOUS INCOME 116,556

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020
Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization GREATER TWIN CITIES UNITED WAY	Employer identification number 41-1973442
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) ▶ \$ _____

3 Volunteer hours for political campaign activities (see instructions)

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ _____

4 Did the filing organization file **Form 1120-POL** for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	860	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	100,582	
c Total lobbying expenditures (add lines 1a and 1b)	101,442	
d Other exempt purpose expenditures	49,071,355	
e Total exempt purpose expenditures (add lines 1c and 1d)	49,172,797	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000	
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	
h Subtract line 1g from line 1a. If zero or less, enter -0-		
i Subtract line 1f from line 1c. If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e.
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.
Over \$17,000,000	\$1,000,000.

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? Yes No

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	172,992	201,498	128,000	101,442	603,932
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	47,500	38,998	25,500	860	112,858

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
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SCHEDULE D (Form 990) Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047 2020 Open to Public Inspection

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.

Name of the organization GREATER TWIN CITIES UNITED WAY

Employer identification number 41-1973442

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 1-4 for total number and aggregate values. Rows 5-6 for donor notification questions.

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

Form for Part II Conservation Easements. Includes questions 1-9 regarding easement types, monitoring, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions 1a, 1b, and 2 regarding reporting requirements.

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	59,250,373	54,230,980	58,607,879	51,701,172	47,021,210
b Contributions	57,214	332,530	1,064,522	1,934,330	2,618,879
c Net investment earnings, gains, and losses	4,781,614	7,058,432	-3,609,679	6,529,050	3,627,581
d Grants or scholarships	3,041,934	2,371,569	1,831,742	1,556,673	1,566,498
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	61,047,267	59,250,373	54,230,980	58,607,879	51,701,172

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a** Board designated or quasi-endowment ▶ 31.020 %
- b** Permanent endowment ▶ 52.920 %
- c** Term endowment ▶ 16.060 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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

- (i)** Unrelated organizations
- (ii)** Related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		33,083		33,083
b Buildings		7,926,322	6,071,375	1,854,947
c Leasehold improvements				
d Equipment		2,753,766	2,099,412	654,354
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				2,542,384

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	6,313,210	F
(3) Other _____		
(A) POOLED INVESTMENT FUNDS HELD	50,553,944	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	56,867,154	

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)		
(10)		
Total. (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)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements		1	41,183,325
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	33,067	
b	Donated services and use of facilities	2b	209,316	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d			2e 242,383
3	Subtract line 2e from line 1			3 40,940,942
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	16,793,568	
c	Add lines 4a and 4b			4c 16,793,568
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)			5 57,734,510

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	45,228,826
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	209,316	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d			2e 209,316
3	Subtract line 2e from line 1			3 45,019,510
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	15,489,993	
c	Add lines 4a and 4b			4c 15,489,993
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)			5 60,509,503

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.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 41-1973442

Name: GREATER TWIN CITIES UNITED WAY

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 2, PART V, LINE 4	UNRESTRICTED GRANTS ARE MADE FROM THE ENDOWMENT FUND TO SUPPORT GENERAL OPERATING COSTS, PROGRAMS, NON-PROFITS, AND INITIATIVES.

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	UNITED WAY IS CLASSIFIED AS A TAX-EXEMPT ORGANIZATION UNDER MINNESOTA STATUTE 290.05 AND SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM PRIVATE FOUNDATION STATUS UNDER SECTION 509(A)(1) OF THE INTERNAL REVENUE CODE AND, AS SUCH, IS SUBJECT TO INCOME TAXES ONLY ON NET UNRELATED BUSINESS INCOME. UNITED WAY DID NOT HAVE ANY UNRELATED BUSINESS INCOME FOR THE YEAR ENDED DECEMBER 31, 2020. UNITED WAY'S ACCOUNTING POLICY PROVIDES THAT A TAX EXPENSE/BENEFIT FROM AN UNCERTAIN TAX POSITION MAY BE RECOGNIZED WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION, INCLUDING RESOLUTIONS OF ANY RELATED APPEALS OR LITIGATION PROCESSES, BASED ON THE TECHNICAL MERITS. UNITED WAY HAS NO UNCERTAIN TAX POSITIONS RESULTING IN AN ACCRUAL OF TAX EXPENSE OR BENEFIT.

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 4B	DONOR DESIGNATED CONTRIBUTIONS FOR OTHER NON-PROFITS 15,489,993 INVESTMENT INCOME RECORDED IN OTHER CHANGES IN NET ASSETS 1,303,575

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 4B	DONOR DESIGNATED CONTRIBUTIONS FOR OTHER NON-PROFITS 15,489,993

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
GREATER TWIN CITIES UNITED WAY

Employer identification number
41-1973442

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3** Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
NORTH AMERICA - CANADA			GRANTS TO RECIPIENTS	GRANTMAKING	480,000
3a Sub-total					480,000
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					480,000

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA - CANADA	SEE PART V	450,000	WIRE TRANSFER			BOOK VALUE
		NORTH AMERICA - CANADA	SEE PART V	30,000	WIRE TRANSFER			BOOK VALUE

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter **2**
- 3 Enter total number of other organizations or entities **2**

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* . Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PAGE 1, PART I, LINE 2	UNITED WAY RUNS AN OPEN AND COMPETITIVE GRANT-MAKING PROCESS THAT IS OVERSEEN AND IMPLEMENTED BY UNITED WAY STAFF. UNITED WAY DOES NOT MAKE GRANTS FOR LOBBYING OR PUBLIC POLICY. ALL GRANTS ARE AWARDED TO DIRECT-SERVICE PROGRAMS. NON-PROFITS MUST PROVIDE ANNUAL REPORTS ON USE OF FUNDS AND MUST BE IN COMPLIANCE WITH AGREED UPON TERMS AND CONDITIONS OF FUNDING AGREEMENT. THE UNITED WAY BOARD OF DIRECTORS AND ITS COMMUNITY IMPACT COMMITTEE APPROVE THE GRANT MAKING PROCESS, RFP PROCESS AND APPROVE FINAL DECISIONS ON GRANT AWARDS.

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PAGE 1, PART I, LINE 3	NORTH AMERICA - CANADA 480,000 0

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PAGE 5, PART V	PART II, LINES 1 AND 2 - PURPOSE OF THE GRANT: GRANTS TOTALING 450,000 TO UNITED WAY OF TORONTO WERE MADE TO SUPPORT LOCAL COMMUNITY FOOD SYSTEMS. GRANTS TOTALING 30,000 TO UNITED WAY OF CENTRAIDE WERE MADE FOR COVID RELIEF.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
GREATER TWIN CITIES UNITED WAY

Employer identification number
41-1973442

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 <input checked="" type="checkbox"/> Mail solicitations | e <input checked="" type="checkbox"/> Solicitation of non-government grants |
| b <input checked="" type="checkbox"/> Internet and email solicitations | f <input checked="" type="checkbox"/> Solicitation of government grants |
| c <input checked="" type="checkbox"/> Phone solicitations | g <input checked="" type="checkbox"/> Special fundraising events |
| d <input checked="" type="checkbox"/> In-person solicitations | |
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 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			
AMPLIFYDMC LLC 1375 ST ANTHONY AVE SUITE 201 ST PAUL, MN 55104	CONSULTING		No	1,025,000	39,000	986,000
Total				1,025,000	39,000	986,000

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.

MN

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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts				
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)				
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) ▶				

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.

Revenue		(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 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.

Return Reference	Explanation
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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

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.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
GREATER TWIN CITIES UNITED WAY

Employer identification number

41-1973442

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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 196

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

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.

Return Reference	Explanation
SCHEDULE I, PAGE 1, PART I, LINE 2	UNITED WAY RUNS AN OPEN AND COMPETITIVE GRANT-MAKING PROCESS THAT IS OVERSEEN AND IMPLEMENTED BY UNITED WAY STAFF. UNITED WAY DOES NOT MAKE GRANTS FOR LOBBYING OR PUBLIC POLICY. ALL GRANTS ARE AWARDED TO DIRECT-SERVICE PROGRAMS. NON-PROFITS MUST PROVIDE ANNUAL REPORTS ON USE OF FUNDS AND MUST BE IN COMPLIANCE WITH AGREED UPON TERMS AND CONDITIONS OF FUNDING AGREEMENT. THE UNITED WAY BOARD OF DIRECTORS AND ITS COMMUNITY IMPACT COMMITTEE APPROVE THE GRANT MAKING PROCESS, RFP PROCESS AND APPROVE FINAL DECISIONS ON GRANT AWARDS.
SCHEDULE I, PAGE 4, PART IV	PART II, COLUMN G - DESCRIPTION OF NONCASH ASSISTANCE UNITED WAY PROVIDES NONCASH ASSISTANCE IN THE FORM OF BACKPACKS, SCHOOL SUPPLIES, AND HOUSEHOLD SUPPLIES TO THE VARIOUS ORGANIZATIONS.

Additional Data

Software ID:
Software Version:
EIN: 41-1973442
Name: GREATER TWIN CITIES UNITED WAY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
360 COMMUNITIES 501 E HWY 13 STE 112 BURNSVILLE, MN 553372877	41-0987708	501C3	60,000	7,111		SEE PART IV	PROGRAM COSTS
AFRICAN DEVELOPMENT CENTER 1931 S FIFTH ST MINNEAPOLIS, MN 55454	20-0553370	501C3	165,000				PROGRAM COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AFRICAN ECONOMIC DEVELOPMENT SOLUTI 1821 UNIVERSITY AVE W ST PAUL, MN 55104	80-0345712	501C3	305,000				PROGRAM COSTS
AIN DAH YUNG CENTER 1089 PORTLAND AVENUE ST PAUL, MN 55104	41-1697692	501C3	158,700	3,745		SEE PART IV	PROGRAM COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALL SQUARE 4047 MINNEHAHA AVE MINNEAPOLIS, MN 55406	81-3572476	501C3	10,000				PROGRAM COSTS
AL-MAA'UUN 1729 LYNDALE AVE N MINNEAPOLIS, MN 55411	27-1893708	501C3	148,000				PROGRAM COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN INDIAN COMMUNITY DEVELOPME 1508 E FRANKLIN AVE 200 MINNEAPOLIS, MN 55404	41-1716667	501C3	65,000				PROGRAM COSTS
AMERICAN INDIAN OIC INC 1845 EAST FRANKLIN AVE MINNEAPOLIS, MN 554044062	41-1365561	501C3	251,500	904		SEE PART IV	PROGRAM COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMHERST H WILDER FOUNDATION 451 LEXINGTON PKWY N ST PAUL, MN 55104	41-0693889	501C3	453,025	16,321		SEE PART IV	PROGRAM COSTS
ANOKA HENNEPIN SCHOOLS 2727 N FERRY ST ANOKA, MN 55303	41-6008267	GOV'T		11,773		SEE PART IV	PROGRAM COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
APPETITE FOR CHANGE 1200 WEST BROADWAY AVE MINNEAPOLIS, MN 55411	27-5112040	501C3	85,000	1,210		SEE PART IV	PROGRAM COSTS
ASIAN ECONOMIC DEVELOPMENT ASSOCIAT 422 UNIVERSITY AVE W ST PAUL, MN 55103	41-1911474	501C3	710,000				PROGRAM COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ATHLETES COMMITTED TO EDUCATING STU 1115 EAST HENNEPIN AVE MINNEAPOLIS, MN 554142321	41-1789659	501C3	66,000				PROGRAM COSTS
AUGSBURG COLLEGE 2211 RIVERSIDE AVE MINNEAPOLIS, MN 554541398	41-0694721	501C3	62,500				PROGRAM COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUSTINE ASPIRES 301 NORTH MAIN STREET AUSTIN, MN 55912	46-5425522	501C3	16,500				PROGRAM COSTS
AVENUES FOR HOMELESS YOUTH 1708 OAK PARK AVE NORTH MINNEAPOLIS, MN 55411	41-1765140	501C3	108,000	2,045		SEE PART IV	PROGRAM COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AVIVO DBA -RESOURCE INC MINNEAPOLIS, MN 554041903	41-0828779	501C3	326,500	10,021		SEE PART IV	PROGRAM COSTS
BABY'S SPACE A PLACE TO GROW 2438 18TH AVE S MINNEAPOLIS, MN 55404	20-4502788	501C3	105,500	186		SEE PART IV	PROGRAM COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BANYAN COMMUNITY 2529 13TH AVE S MINNEAPOLIS, MN 55404	41-1922813	501C3	70,630				PROGRAM COSTS
BOLDER OPTIONS 2100 STEVENS AVE S MINNEAPOLIS, MN 55404	41-1909408	501C3	65,000	512		SEE PART IV	PROGRAM COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUBS TWIN CITIES 690 JACKSON ST ST PAUL, MN 55130	41-0842657	501C3	90,650				PROGRAM COSTS
BREAKTHROUGH TWIN CITIES 2051 LARPEN TEUR AVE E ST PAUL, MN 55109	45-3587267	501C3	100,000	1,679		SEE PART IV	PROGRAM COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BROOKLYN CENTER SCHOOLS ISD 286 6500 HUMBOLDT AVE NORTH BROOKLYN CENTER, MN 554301897	41-6009038	GOV'T		6,594		SEE PART IV	PROGRAM COSTS
BURNSVILLE SCHOOL DISTRICT ISD 191 100 RIVER RIDGE CT BURNSVILLE, MN 55337	41-6000802	GOV'T	25,000				PROGRAM COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAPI USA 3702 E LAKE ST STE 200 MINNEAPOLIS, MN 55406	41-1417198	501C3	225,725	1,784		SEE PART IV	PROGRAM COSTS
CASA DE ESPERANZA 1821 UNIVERSITY AVE W ST PAUL, MN 55175	41-1414710	501C3	132,500	936		SEE PART IV	PROGRAM COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC CHARITIES 1200 SECOND AVE SOUTH MINNEAPOLIS, MN 554032500	41-1302487	501C3	539,800	8,269		SEE PART IV	PROGRAM COSTS
CENTER FOR ECONOMIC INCLUSION 1015 4TH AVE N MINNEAPOLIS, MN 55405	82-3563111	501C3	160,500	24,051		SEE PART IV	PROGRAM COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR VICTIMS OF TORTURE 2356 UNIVERSITY AVE W ST PAUL, MN 55114	36-3383933	501C3	64,000				PROGRAM COSTS
CENTRO TYRONE GUZMAN 1915 CHICAGO AVE SOUTH MINNEAPOLIS, MN 554041904	41-1290349	501C3	274,000	1,401		SEE PART IV	PROGRAM COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S DEFENSE FUND OF MINNESOTA 555 PARK ST ST PAUL, MN 55103	52-0895622	501C3	115,000	5,045		SEE PART IV	PROGRAM COSTS
CLARE HOUSING 929 CENTRAL AVENUE NE MINNEAPOLIS, MN 554132404	41-1794924	501C3	65,000	4,127		SEE PART IV	PROGRAM COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMONBOND COMMUNITIES 1080 MONTREAL AVENUE ST PAUL, MN 55116	41-1260469	501C3	10,000	7,890		SEE PART IV	PROGRAM COSTS
COMMUNITY EMERGENCY ASSISTANCE PROG 7051 BROOKLYN BLVD BROOKLY CENTER, MN 55429	41-0990340	501C3	91,495				PROGRAM COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMUNIDADES LATINAS UNIDAS EN SERVI 797 EAST SEVENTH ST ST PAUL, MN 551065014	41-1386986	501C3	525,490	12,906		SEE PART IV	PROGRAM COSTS
CONNECTIONS TO INDEPENDENCE 310 E 38TH STREET MINNEAPOLIS, MN 55409	80-0542940	501C3	45,000				PROGRAM COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CORNERSTONE ADVOCACY SERVICES 1000 EAST 80TH ST BLOOMINGTON, MN 554201424	41-1476268	501C3	70,750	574		SEE PART IV	PROGRAM COSTS
COVINGTON-NEWTON COUNTY UW PO BOX 1344 COVINGTON, GA 300151344	58-6044347	501C3	35,000				PROGRAM COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CROSS PO BOX 574 ROGERS, MN 55374	41-1314577	501C3		5,528		SEE PART IV	PROGRAM COSTS
CULTURAL WELLNESS CENTER 2025 PORTLAND AVE S MINNEAPOLIS, MN 55404	41-1850859	501C3	55,000				PROGRAM COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DIVISION OF INDIAN WORK 1001 EAST LAKE ST MINNEAPOLIS, MN 55407	81-5265328	501C3	205,000	765		SEE PART IV	PROGRAM COSTS
DREAM OF WILD HEALTH 1001 EAST LAKE ST MINNEAPOLIS, MN 55407	81-5265328	501C3	45,000	512		SEE PART IV	PROGRAM COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EASTSIDE NEIGHBORHOOD SERVICE 1700 SECOND ST NORTHEAST MINNEAPOLIS, MN 55413	41-0873798	501C3	180,280	2,157		SEE PART IV	PROGRAM COSTS
EMERGE COMMUNITY DEVELOPEMENT 1101 WEST BROADWAY AVENUE MINNEAPOLIS, MN 554112570	41-1277423	501C3	285,000				PROGRAM COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMMA NORTON SERVICES 670 NORTH ROBERT ST ST PAUL, MN 55101	41-0859485	501C3	10,000	1,955		SEE PART IV	PROGRAM COSTS
FACE TO FACE HEALTH & COUNSELING SE 1165 ARCADE ST ST PAUL, MN 55106	41-0986780	501C3	10,000	6,377		SEE PART IV	PROGRAM COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FAMILY PATHWAYS 6413 OAK STREET NORTH BRANCH, MN 55056	41-1332828	501C3	85,000				PROGRAM COSTS
FAMILY VALUES FOR LIFE 1280 ARCADE ST ST PAUL, MN 55106	41-2006889	501C3		5,466		SEE PART IV	PROGRAM COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FAMILYWISE 3036 UNIVERSITY AVE SE MINNEAPOLIS, MN 55414	41-1343909	501C3	117,000	1,669		SEE PART IV	PROGRAM COSTS
FOX VALLEY UW 44 EAST GALENA BLVD AURORA, IL 60505	36-2195467	501C3	12,000				PROGRAM COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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FROGTOWN NEIGHBORHOOD ASSOC 501 NORTH DALE SAINT PAUL, MN 55103	41-0963444	501C3	70,000				PROGRAM COSTS
GAGE COUNTY UW 1207 S 8TH ST BEATRICE, NE 68310	47-6024389	501C3	10,000				PROGRAM COSTS

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GOODWILL INDUSTRIES INC 553 FAIRVIEW AVE N ST PAUL, MN 551041708	41-0706171	501C3	57,000				PROGRAM COSTS
GREAT RIVERS UW 1855 E MAIN ST ONALASKA, WI 546506727	39-0848188	501C3	10,000				PROGRAM COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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GREATER MINNEAPOLIS CRISIS NURSERY 4544 4TH AVE S MINNEAPOLIS, MN 55419	41-1379021	501C3	90,500				PROGRAM COSTS
GUILD INCORPORATED 130 WABASHA ST ST PAUL, MN 551071819	41-1669233	501C3	157,000				PROGRAM COSTS

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HALLIE Q BROWN COMMUNITY CENTER INC 270 KENT ST NORTH ST PAUL, MN 551021744	41-0693846	501C3	173,350	1,396		SEE PART IV	PROGRAM COSTS
HEADWAY EMOTIONAL HEALTH SERVICES 6425 NICOLLET AVE SOUTH RICHFIELD, MN 55423	41-0962511	501C3	63,000				PROGRAM COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HEART OF FLORIDA UW 1940 TRAYLOR BLVD ORLANDO, FL 328044714	59-0808854	501C3	17,000				PROGRAM COSTS
HENNEPIN COUNTY 300 SOUTH 6TH ST MINNEAPOLIS, MN 55487	41-6005801	GOV'T		10,142		SEE PART IV	PROGRAM COSTS

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HMONG AMERICAN PARTNERSHIP 1075 ARCADE ST ST PAUL, MN 55106	41-1667580	501C3	10,000				PROGRAM COSTS
HOPE COMMUNITY INC 611 EAST FRANKLIN AVENUE MINNEAPOLIS, MN 55404	41-1292817	501C3	206,500	1,530		SEE PART IV	PROGRAM COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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IGNITE AFTERSCHOOL 1400 VAN BUREN ST NE MINNEAPOLIS, MN 55413	47-4834387	501C3	19,000				PROGRAM COSTS
INLAND SOUTHERN CA UW 9624 HERMOSA AVENUE RANCHO CUCAMONGA, CA 917305812	95-1742174	501C3	12,000				PROGRAM COSTS

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INTERCONGREGATION COMMUNITIES ASSOC 12990 ST DAVIDS RD MINNETONKA, MN 55305	41-0979010	501C3	63,000				PROGRAM COSTS
INTERFAITH ACTION OF GREATER SAINT 1671 SUMMIT AVE ST PAUL, MN 551051884	41-0694741	501C3	10,000				PROGRAM COSTS

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INTERNATIONAL INSTITUTE OF MINNESOTA 1694 COMO AVE ST PAUL, MN 551082784	41-0693912	501C3	290,000	2,946		SEE PART IV	PROGRAM COSTS
ISUROON 1600 E LAKE STREET MINNEAPOLIS, MN 55407	42-1651737	501C3	50,000				PROGRAM COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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JEWISH FAMILY & CHILDREN'S SERVICES 5905 GOLDEN VALLEY ROAD GOLDEN VALLEY, MN 55422	41-0693860	501C3	93,500	2,534		SEE PART IV	PROGRAM COSTS
JOYCE PRESCHOOL 1219 WEST 31ST STREET MINNEAPOLIS, MN 55408	81-0594016	501C3	81,000				PROGRAM COSTS

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JUSTUS HEALTH 2577 TERRITORIAL RD ST PAUL, MN 55114	41-1524746	501C3	10,000	3,745		SEE PART IV	PROGRAM COSTS
KA JOOG NONPROFIT ORGANIZATION 1420 WASHINGTON AVE S MINNEAPOLIS, MN 55454	39-2073475	501C3	70,000				PROGRAM COSTS

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KAREN ORGANIZATION OF MN 2353 RICE STREET ROSEVILLE, MN 55113	30-0438142	501C3	165,500	1,841		SEE PART IV	PROGRAM COSTS
KEYSTONE COMMUNITY SERVICES 2000 ST ANTHONY AVE ST PAUL, MN 551045199	41-0693924	501C3	247,000	4,572		SEE PART IV	PROGRAM COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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KWANZAA COMMUNITY CHURCH 3700 BRYANT AVE N MINNEAPOLIS, MN 55412	27-0031853	501C3	120,500				PROGRAM COSTS
LAKE STREET COUNCIL 919 E LAKE ST MINNEAPOLIS, MN 55407	41-0975738	501C3	200,000				PROGRAM COSTS

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LAO ASSISTANCE OF MINNESOTA 503 IRVING AVE N MINNEAPOLIS, MN 55405	36-3255880	501C3	10,000				PROGRAM COSTS
LATINO ECONOMIC DEVELOPMENT CENTER 804 MARGARET ST ST PAUL, MN 55106	51-0467167	501C3	530,200				PROGRAM COSTS

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LIFETRACK RESOURCES 709 UNIVERSITY AVE WEST ST PAUL, MN 551044804	41-0874507	501C3	201,500				PROGRAM COSTS
LOAVES & FISHES TOO 721 KASOTA AVE SE MINNEAPOLIS, MN 55414	41-1421522	501C3	61,000	8,471		SEE PART IV	PROGRAM COSTS

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LUTHERAN SOCIAL SERVICE OF MN 2485 COMO AVE ST PAUL, MN 55108	41-0872993	501C3	139,250	579		SEE PART IV	PROGRAM COSTS
MERRICK COMMUNITY SERVICES 1669 ARCADE STREET NORTH ST PAUL, MN 55106	41-0693851	501C3	519,485	10,090		SEE PART IV	PROGRAM COSTS

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METRO MEALS ON WHEELS 1200 WASHINGTON AVE S MINNEAPOLIS, MN 55415	31-1501057	501C3	10,000				PROGRAM COSTS
MID-MINNESOTA LEGAL ASSISTANCE 111 N 5TH ST SUITE 100 MINNEAPOLIS, MN 55403	41-1412710	501C3	215,000				PROGRAM COSTS

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MINNEAPOLIS AMERICAN INDIAN CENTER 1530 FRANKLIN AVE EAST MINNEAPOLIS, MN 554042136	41-0966005	501C3	85,000				PROGRAM COSTS
MINNEAPOLIS FOUNDATION 800 IDS CENTER MINNEAPOLIS, MN 55402	41-6029402	501C3	287,000				PROGRAM COSTS

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MINNEAPOLIS PUBLIC SCHOOLS 1250 W BROADWAY AVE MINNEAPOLIS, MN 55411	41-1972445	GOV'T		51,716		SEE PART IV	PROGRAM COSTS
MINNEAPOLIS URBAN LEAGUE 2100 PLYMOUTH AVE NORTH MINNEAPOLIS, MN 55411	41-0706915	501C3	10,000				PROGRAM COSTS

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MINNESOTA ALLIANCE WITH YOUTH 2233 UNIVERSITY AVE W ST PAUL, MN 55114	45-3774063	501C3	85,000				PROGRAM COSTS
MINNESOTA INDIAN WOMEN'S RESOURCE C 2300 15TH AVE SOUTH MINNEAPOLIS, MN 554043935	41-1500950	501C3	90,000	3,297		SEE PART IV	PROGRAM COSTS

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MINNESOTA TEAMSTERS SERVICE BUREAU 2829 UNIVERSITY AVE SE MINNEAPOLIS, MN 55414	41-1513000	501C3	103,182				PROGRAM COSTS
MN VALLEY ACTION COUNCIL 706 N VICTORY DRIVE MANKATO, MN 56001	41-6050353	501C3	186,000				PROGRAM COSTS

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MODEL CITIES OF ST PAUL INC 839 UNIVERSITY AVE W ST PAUL, MN 55104	41-1687873	501C3	196,901	6,461		SEE PART IV	PROGRAM COSTS
MUSLIM AMERICAN SOCIETY OF MINNESOTA 4100 66TH ST EAST INVER GROVE HEIGHTS, MN 55076	47-0907353	501C3	10,000				PROGRAM COSTS

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NEIGHBORHOOD DEVELOPMENT CENTER 663 UNIVERSITY AVE ST PAUL, MN 55104	41-1738791	501C3	445,000				PROGRAM COSTS
NEIGHBORHOOD HOUSE PAUL AND SHEILA WELLSTONE CTR ST PAUL, MN 551072360	41-0693916	501C3	292,650	17,087		SEE PART IV	PROGRAM COSTS

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NEON NORTHSIDE ECONOMIC OPPORTUNIT 1007 W BROADWAY AVE N MINNEAPOLIS, MN 55411	80-0163521	501C3	628,000				PROGRAM COSTS
NEW AMERICAN DEVELOPMENT CENTER 115 E LAKE STREET MINNEAPOLIS, MN 55408	32-0241006	501C3	85,000				PROGRAM COSTS

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NEXUS COMMUNITY PARTNERS 2314 UNIVERSITY AVE W ST PAUL, MN 55413	30-0658898	501C3	15,000				PROGRAM COSTS
NOMI ROOTS 2901 EMERSON AVE N MINNEAPOLIS, MN 55411	81-4983393	501C3	15,000				PROGRAM COSTS

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NORTHFIELD HEALTHY COMMUNITY INITIA 1651 JEFFERSON PKWY NORTHFIELD, MN 55057	26-2852506	501C3	53,762				PROGRAM COSTS
NORTHPOINT HEALTH & WELLNESS CENTER 1315 PENN AVE N MINNEAPOLIS, MN 554113047	20-0898277	501C3	117,000	956		SEE PART IV	PROGRAM COSTS

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NORTHSIDE ACHIEVEMENT ZONE 2123 W BROADWAY AVE MINNEAPOLIS, MN 55411	30-0238807	501C3	162,000				PROGRAM COSTS
OASIS FOR YOUTH 2200 W OLD SHAKOPEE RD BLOOMINGTON, MN 55431	45-3683785	501C3	25,000	1,872		SEE PART IV	PROGRAM COSTS

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PEOPLE REACHING OUT TO OTHER PEOPLE 14700 MARTIN DRIVE EDEN PRAIRIE, MN 55344	41-1430172	501C3	63,000				PROGRAM COSTS
PEOPLE RESPONDING IN SOCIAL MINISTR 1220 ZANE AVE N GOLDEN VALLEY, MN 55422	41-1442049	501C3		11,768		SEE PART IV	PROGRAM COSTS

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PEOPLE SERVING PEOPLE 614 SOUTH THIRD ST MINNEAPOLIS, MN 55415	41-1965067	501C3	74,000	5,264		SEE PART IV	PROGRAM COSTS
PHYLLIS WHEATLEY COMMUNITY CENTER 1301 TENTH AVE N MINNEAPOLIS, MN 55411	41-0706132	501C3	95,000				PROGRAM COSTS

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PILLSBURY UNITED COMMUNITIES 3650 FREMONT AVE N MINNEAPOLIS, MN 55412	41-0916478	501C3	762,300	21,475		SEE PART IV	PROGRAM COSTS
PORTICO HEALTHNET 1600 UNIVERSITY AVE W ST PAUL, MN 551043825	41-1814659	501C3	10,000				PROGRAM COSTS

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PREPARE PROSPER 2610 UNIVERSITY AVE W ST PAUL, MN 55114	23-7131829	501C3	10,000				PROGRAM COSTS
PROJECT FOR PRIDE IN LIVING INC 1035 EAST FRANKLIN AVE MINNEAPOLIS, MN 554042920	23-7232208	501C3	548,330	9,273		SEE PART IV	PROGRAM COSTS

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PROJECT SUCCESS 1 GROVELAND TER 300 MINNEAPOLIS, MN 55403	41-1837278	501C3	126,000				PROGRAM COSTS
PROJECT SWEETIE PIE 5115 EXCELSIOR BLVD ST LOUIS PARK, MN 55416	46-4183605	501C3	15,000				PROGRAM COSTS

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ROCHESTER AREA FOUNDATION CRADLE TO CAREER ROCHESTER, MN 55901	41-6017740	501C3	16,500				PROGRAM COSTS
SCIENCE MUSEUM OF MINNESOTA 120 W KELLOGG BLVD ST PAUL, MN 55102	41-0706172	501C3	82,000				PROGRAM COSTS

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SCOTT-CARVER-DAKOTA CAP AGENCY INC 712 CANTERBURY ROAD SOUTH SHAKOPEE, MN 553791840	41-0903890	501C3	40,000	21,081		SEE PART IV	PROGRAM COSTS
SEWA-AIFW INC 3702 E LAKE STREET MINNEAPOLIS, MN 55406	05-0608392	501C3	10,000				PROGRAM COSTS

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SHAKOPEE MDEWAKANTON SIOUX COMMUNIT 2330 SIOUX TRAIL NW PRIOR LAKE, MN 55372	41-0989737	50C13		21,321		SEE PART IV	PROGRAM COSTS
SHOLOM FOUNDATION 3610 PHILLIPS PKWY ST LOUIS PARK, MN 55426	36-3411361	501C3	10,000				PROGRAM COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SIMPSON HOUSING SERVICES INC 2100 PILLSBURY AVE S MINNEAPOLIS, MN 55404	41-1759477	501C3	74,000	1,872		SEE PART IV	PROGRAM COSTS
SOLID GROUND 3521 CENTURY AVENUE NORTH WHITE BEAR LAKE, MN 551105689	36-3578158	501C3	107,000	5,591		SEE PART IV	PROGRAM COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOMALI SUCCESS SCHOOL 1545 E LAKE STREET MINNEAPOLIS, MN 55407	20-3021208	501C3	89,380				PROGRAM COSTS
SOUTHEAST ASIAN REFUGE CMTY HOME 1113 E FRANKLIN AVE STE 212 MINNEAPOLIS, MN 554042922	41-1729008	501C3	61,000				PROGRAM COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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SOUTHERN MN REGIONAL LEGAL SVC INC ADMINISTRATIVE OFFICE ST PAUL, MN 55101	41-1316151	501C3	147,390				PROGRAM COSTS
SOUTHSIDE FAMILY NURTURING CENTER 2448 SOUTH 18TH ST MINNEAPOLIS, MN 554044048	41-1274177	501C3	122,000	760		SEE PART IV	PROGRAM COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHWEST INITIATIVE FOUNDATIO 15 3RD AVE NW HUTCHINSON, MN 55350	41-1555592	501C3	185,000				PROGRAM COSTS
ST DAVID'S SCHOOL FOR CHILD DEVELOP 3395 PLYMOUTH ROAD MINNETONKA, MN 55305	41-1429208	501C3	82,000				PROGRAM COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST LOUIS PARK SCHOOLS ISD 283 6311 WAYZATA BLVD ST LOUIS PARK, MN 55416	20-5186292	GOV'T	25,000	258		SEE PART IV	PROGRAM COSTS
ST MARY'S HEALTH CLINICS 1884 RANDOLPH AVE ST PAUL, MN 55105	41-1760632	501C3	40,000				PROGRAM COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST PAUL LABOR STUDIES & RESOURCE CE 353 WEST SEVENTH ST ST PAUL, MN 55102	36-3569973	501C3	163,850				PROGRAM COSTS
ST PAUL PUBLIC SCHOOLS ISD 625 360 COLBORNE STREET ST PAUL, MN 55102	41-0901311	GOV'T	625,000	21,176		SEE PART IV	PROGRAM COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST PAUL YOUTH SERVICES PO BOX 6486 ST PAUL, MN 551066486	41-1316444	501C3	86,066				PROGRAM COSTS
ST STEPHEN'S HUMAN SERVICES INC 2309 NICOLLET AVE S MINNEAPOLIS, MN 55404	01-0639118	501C3	105,500	8,732		SEE PART IV	PROGRAM COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUMMIT ACADEMY OIC 935 OLSON MEMORIAL HIGHWAY MINNEAPOLIS, MN 554051360	41-0908458	501C3	266,630				PROGRAM COSTS
THE BRIDGE FOR YOUTH 1111 WEST 22ND STREET MINNEAPOLIS, MN 55405	41-0983062	501C3	202,250	3,083		SEE PART IV	PROGRAM COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE FAMILY PARTNERSHIP 414 SOUTH EIGHTH ST MINNEAPOLIS, MN 554041081	41-0693858	501C3	237,500	1,143		SEE PART IV	PROGRAM COSTS
THE FOOD GROUP MINNESOTA INC 8501 54TH AVE N NEW HOPE, MN 55428	41-1246504	501C3	45,000				PROGRAM COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE LINK 1210 GLENWOOD AVE MINNEAPOLIS, MN 55405	41-1920649	501C3	213,750	5,100		SEE PART IV	PROGRAM COSTS
THE NETWORK FOR BETTER FUTURES 2620 MINNEHAHA AVE S MINNEAPOLIS, MN 55406	45-0550557	501C3	221,000				PROGRAM COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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THE OPEN DOOR 3930 RAHN RD EAGAN, MN 55122	27-0415900	501C3	10,000				PROGRAM COSTS
THE SAINT PAUL & MINNESOTA FOUNDATI 101 E 5TH STREET ST PAUL, MN 551011800	41-6031510	501C3	20,000				PROGRAM COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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THE SALVATION ARMY 2445 PRIOR AVE NORTH ROSEVILLE, MN 551132714	41-0698597	501C3	254,730	10,884		SEE PART IV	PROGRAM COSTS
THE SANNEH FOUNDATION 2090 CONWAY STREET ST PAUL, MN 55119	56-2332269	501C3	50,000				PROGRAM COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOUCHSTONE MENTAL HEALTH 2312 SNELLING AVE MINNEAPOLIS, MN 55404	41-1920740	501C3	76,300				PROGRAM COSTS
TUBMAN FAMILY ALLIANCE & CHRYSALIS 4432 CHICAGO AVE S MINNEAPOLIS, MN 55437	41-1240048	501C3	208,000	765		SEE PART IV	PROGRAM COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TWIN CITIES RISE 1301 BRYANT AVE N MINNEAPOLIS, MN 55411	41-1761118	501C3	165,000	1,143		SEE PART IV	PROGRAM COSTS
UJAMAA PLACE 1821 UNIVERSITY AVE W N257 ST PAUL, MN 55104	27-1216065	501C3	251,750	574		SEE PART IV	PROGRAM COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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UNITED CAMBODIAN ASSOC OF MN 1385 MENDOTA HEIGHTS RD INVER GROVE HEIGHTS, MN 55120	41-1631017	501C3	107,500				PROGRAM COSTS
UNITED FUND OF PERRY OK PO BOX 294 PERRY, OK 73077	73-1329110	501C3	30,000				PROGRAM COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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UNITED WAY OF CENTRAL MINNESOTA 921 1ST ST N ST CLOUD, MN 56303	40-0915124	501C3	60,000				PROGRAM COSTS
URBAN STRATEGIES 1000 OLSON MEMORIAL HWY MINNEAPOLIS, MN 55411	43-1141027	501C3	107,500	4,208		SEE PART IV	PROGRAM COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UW OF BOONE COUNTY 220 W LOCUST ST BELVIDERE, IL 610083621	36-2700861	501C3	35,000				PROGRAM COSTS
UW OF BUFFALO & ERIE COUNTIES 742 DELAWARE AVENUE BUFFALO, NY 142092295	16-0743969	501C3	35,000				PROGRAM COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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UW OF CASCADE COUNTY 417 CENTRAL AVE GREAT FALLS, MT 59401	81-0304170	501C3	10,000				PROGRAM COSTS
UW OF CENTRAL IOWA 1111 NINTH ST STE 100 DES MOINES, IA 503142527	42-0680425	501C3	15,000				PROGRAM COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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UW OF CENTRAL MN 921 1ST STREET NORTH ST CLOUD, MN 563034602	41-0915124	501C3	10,000				PROGRAM COSTS
UW OF CENTRAL NEW MEXICO 2340 ALAMO SE 2ND FLOOR ALBUQUERQUE, NM 87106	85-0277138	501C3	35,000				PROGRAM COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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UW OF CENTRAL OHIO 360 SOUTH THIRD STREET COLUMBUS, OH 432155412	31-4393712	501C3	35,000				PROGRAM COSTS
UW OF DICKINSON COUNTY PO BOX 429 IRON MOUNTAIN, MI 49801	23-7112824	501C3	10,000				PROGRAM COSTS

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UW OF EAST CENTRAL IOWA 317 7TH AVE SE CEDAR RAPIDS, IA 52401	42-0861239	501C3	35,000				PROGRAM COSTS
UW OF EL PASO COUNTY 100 NO STANTON EL PASO, TX 79901	74-1291051	501C3	10,000				PROGRAM COSTS

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UW OF GREATER CINCINNATI 2400 READING ROAD CINCINNATI, OH 452021458	31-0537502	501C3	25,000				PROGRAM COSTS
UW OF GREATER HOUSTON 50 WAUGH DRIVE HOUSTON, TX 77007	74-1167964	501C3	12,000				PROGRAM COSTS

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UW OF GREATER KANSAS CITY 801 W 47TH STREET KANSAS CITY, MO 641871400	44-0545812	501C3	37,000				PROGRAM COSTS
UW OF GREATER MILWAUKEE & WAUKESHA 225 WEST VINE STREET MILWAUKEE, WI 532123935	39-0806190	501C3	37,000				PROGRAM COSTS

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UW OF INLAND VALLEYS 1835 CHICAGO AVE SUITE B RIVERSIDE, CA 92507	95-1742174	501C3	15,000				PROGRAM COSTS
UW OF JEFFERSON & N WALWORTH C 734 MADISON AVE FORT ATKINSON, WI 535381361	39-6046361	501C3	10,000				PROGRAM COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UW OF MARK TWAIN AREA PO BOX 81 HANNIBAL, MO 63401	43-0716604	501C3	35,000				PROGRAM COSTS
UW OF MECOSTA-OSCEOLA 315 IVES AVENUE BIG RAPIDS, MI 49307	38-2489813	501C3	35,000				PROGRAM COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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UW OF METRO CHICAGO 333 S WABASH CHICAGO, IL 60604	30-0200478	501C3	12,000				PROGRAM COSTS
UW OF METRO TARRANT CO PO BOX 4448 FORT WORTH, TX 761640448	75-0858360	501C3	10,000				PROGRAM COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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UW OF RUTHERFORD COUNTY PO BOX 330056 MURFREESBORO, TN 371330056	58-1341880	501C3	35,000				PROGRAM COSTS
UW OF SAN DIEGO COUNTY 4699 MURPHY CANYON ROAD SAN DIEGO, CA 921235371	95-2213995	501C3	15,000				PROGRAM COSTS

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UW OF SHEBOYGAN COUNTY 2020 ERIE AVE SHEBOYGAN, WI 530813711	39-0808471	501C3	10,000				PROGRAM COSTS
UW OF SOUTHWEST MISSOURI 3510 EAST THRID STREET JOPLIN, MO 64801	44-0556865	501C3	35,000				PROGRAM COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UW OF THE GREATER TRIANGLE PO BOX 110583 DURHAM, NC 27709	56-1949103	501C3	12,000				PROGRAM COSTS
UW OF VENTURA COUNTY 4001 MISSION OAKS BLVD CAMARILLO, CA 93012	95-1945833	501C3	12,000				PROGRAM COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UW OF VOLUSIA-FLAGLER COUNTIES 3747 W INTERNATIONAL SPEEDWAY DAYTONA BEACH, FL 321241071	59-1099774	501C3	12,000				PROGRAM COSTS
UW OF WAYNE & HOLMES COUNTY 215 S WALNUT ST WOOSTER, OH 446914753	34-0946973	501C3	20,000				PROGRAM COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UW OF WHITEWATER VALLEY 129 SOUTH 9TH STREET RICHMOND, IN 47374	35-1020935	501C3	25,000				PROGRAM COSTS
VIETNAMESE SOCIAL SERVICES OF MN 277 UNIVERSITY AVE W ST PAUL, MN 55103	36-3532232	501C3	10,000				PROGRAM COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHBURN CENTER FOR CHILDREN 1100 GLENWOOD AVE MINNEAPOLIS, MN 55405	41-0711618	501C3		6,422		SEE PART IV	PROGRAM COSTS
WAY TO GROW 125 WEST BROADWAY MINNEAPOLIS, MN 554112246	71-0956749	501C3	100,000	1,989		SEE PART IV	PROGRAM COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WELLSHARE INTERNATIONAL 122 WEST FRANKLIN AVENUE MINNEAPOLIS, MN 55404	41-1397062	501C3	73,630	1,339		SEE PART IV	PROGRAM COSTS
WHITE BEAR LAKE AREA SCHOOLS ISD 62 4855 BLOOM AVE WHITE BEAR LAKE, MN 55110	41-6008212	GOV'T	25,000	3,491		SEE PART IV	PROGRAM COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WINDOM UNITED SERVICE DRIVE PO BOX 222 WINDOM, MN 56101	41-6028178	501C3	10,000				PROGRAM COSTS
WOMEN OF NATIONS 73 LEECH ST ST PAUL, MN 551022719	41-1447503	50C13	10,000				PROGRAM COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOMEN'S ADVOCATES INC 588 GRAND AVE ST PAUL, MN 55102	23-7310701	501C3	67,500	258		SEE PART IV	PROGRAM COSTS
WORKING PARTNERSHIPS INC 312 CENTRAL AVE SE MINNEAPOLIS, MN 55414	20-3244371	501C3	134,877				PROGRAM COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA HAROLD MEZILE NORTH COMMUNITY 1711 WE BROADWAY AVE MINNEAPOLIS, MN 55411	45-2563299	501C3	34,000				PROGRAM COSTS
YMCA OF THE GREATER TWIN CITIES 651 NICOLLET MALL MINNEAPOLIS, MN 55402	45-2563299	501C3	12,000	10,453		SEE PART IV	PROGRAM COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF THE NORTH 651 NICOLLET MALL MINNEAPOLIS, MN 55402	45-2563299	501C3	700,150				PROGRAM COSTS
YOUTHLINK 41 NORTH 12TH ST MINNEAPOLIS, MN 55403	41-1341773	501C3	350,000	3,745		SEE PART IV	PROGRAM COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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YWCA OF MINNEAPOLIS 1130 NICOLLET MALL MINNEAPOLIS, MN 554032405	41-0693891	501C3	541,500				PROGRAM COSTS
YWCA OF ST PAUL 375 SELBY AVE ST PAUL, MN 551021790	41-0693892	501C3	326,440	2,341		SEE PART IV	PROGRAM COSTS

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047

2020

Open to Public Inspection

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

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

▶ **Attach to Form 990.**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
GREATER TWIN CITIES UNITED WAY

Employer identification number
41-1973442

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input checked="" type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax idemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax idemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b Yes									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?</p>	2 Yes									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a No	4b No								
	4c No									
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a No	5b No								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a No	6b No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7 No									
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8 No									
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JOHN WILGERS PRESIDENT AND CEO	(i)	333,650	50		16,530	29,012	379,242	
	(ii)	-----	-----	-----	-----	-----	-----	-----
2 ATHENA MIHAS CHIEF FINANCIAL OFFICER	(i)	168,371	50	1,327	9,200	11,396	190,344	
	(ii)	-----	-----	-----	-----	-----	-----	-----
3 ACOOA ELLIS SVP COMMUNITY IMPACT	(i)	184,158	50	554	9,782	9,979	204,523	
	(ii)	-----	-----	-----	-----	-----	-----	-----
4 TRENT BLAIN SVP MARKETING	(i)	178,440	50	747	9,729	12,482	201,448	
	(ii)	-----	-----	-----	-----	-----	-----	-----
5 COLLEEN FAHEY SVP IND. GIVING	(i)	168,970	50	2,965	6,826	12,189	191,000	
	(ii)	-----	-----	-----	-----	-----	-----	-----
6 KELLY PUSPOKI VP COMMUNICATIONS	(i)	152,547	50	507	8,151	1,380	162,635	
	(ii)	-----	-----	-----	-----	-----	-----	-----
7 JEFFREY HALBUR DIRECTOR MAJOR GIFTS	(i)	146,595	50	829	7,721	2,382	157,577	
	(ii)	-----	-----	-----	-----	-----	-----	-----
8 SHELLY LUCAS DIRECT-INST. GIVING	(i)	130,039	50	8,706	7,782	29,482	176,059	
	(ii)	-----	-----	-----	-----	-----	-----	-----

Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
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Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

2020

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization GREATER TWIN CITIES UNITED WAY

Employer identification number 41-1973442

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 5 columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958. \$
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization. \$

Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) MCFARLANE MEDIA INTERESTS INC	SEE PART V	69,268	MEDIA SERVICES		No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

Return Reference	Explanation
SCHEDULE L, PART V	PART IV, LINE 1, COLUMN (B) - COMPANY PRIMARILY OWNED BY A BOARD MEMBER

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

▶ **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 for the latest information.**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
GREATER TWIN CITIES UNITED WAY

Employer identification number
41-1973442

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	X		96,443	FAIR VALUE
6 Cars and other vehicles	X	1	20,999	FAIR VALUE
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	110	1,580,118	QUOTED MARKET PRICES
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	X	1	1,200	FAIR VALUE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>SPORTS SUITES</u>)	X	2	10,900	FAIR VALUE
26 Other ▶ (<u>MEMORABILIA</u>)	X	3	1,250	FAIR VALUE
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		No
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?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
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.

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2020

Open to Public Inspection

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

▶ Attach to Form 990 or 990-EZ.

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

Department of the Treasury

Name of the organization

GREATER TWIN CITIES UNITED WAY

Employer identification number

41-1973442

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	<p>FOR 106 YEARS, GREATER TWIN CITIES UNITED WAY (UNITED WAY), A NOT-FOR- PROFIT ORGANIZATION, HAS CONTINUALLY EVOLVED TO RESPOND TO THE MOST PRESSING NEEDS FACING THE GREATER TWIN CITIES REGION INCLUDING THE DEVASTATING IMPACT OF COVID-19 AND THE UNREST FOLLOWING THE MURDER OF GEORGE FLOYD. FOCUSED ON DISMANTLING SYSTEMIC RACISM AND OPPRESSION AND THE RESULTING DISPARITIES AMONG PEOPLE OF COLOR, UNITED WAY'S MISSION IS TO UNITE CHANGEMAKERS, ADVOCATE FOR SOCIAL GOOD AND DEVELOP SOLUTIONS TO ADDRESS THE CHALLENGES NO ONE CAN SOLVE ALONE. WITH A VISION OF A COMMUNITY WHERE ALL PEOPLE THRIVE, REGARDLESS OF INCOME, RACE OR PLACE, UNITED WAY CREATES LASTING CHANGE BY COUPLING STRATEGY AND DATA WITH COMPASSION AND INCLUSION. THE ORGANIZATION SUPPORTS THE COMMUNITY IN FIVE KEY AREAS WITH EQUITY AT THE CENTER OF ITS WORK INCLUDING THE GREATER TWIN CITIES UNITED WAYS 2-1-1 RESOURCE HELPLINE, NONPROFIT PARTNERSHIPS, BUSINESS PARTNERSHIPS, INNOVATION INITIATIVES AND ADVOCACY. AS THE LARGEST NONGOVERNMENTAL INVESTOR IN HEALTH AND HUMAN SERVICES IN THE STATE, UNITED WAY SUPPORTS APPROXIMATELY 200 PROGRAMS ACROSS THE TWIN CITIES. OVER THE PAST CENTURY, UNITED WAY HAS INVESTED MORE THAN 2 BILLION TO SUPPORT HUMAN SERVICES IN THE NINE-COUNTY REGION OF ANOKA, CARVER, CHISAGO, DAKOTA, HENNEPIN, ISANTI, RAMSEY, SCOTT, AND WESTERN WASHINGTON COUNTIES.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 1, PART I, LINE 6	IN ADDITION TO THE DIRECT VOLUNTEERS REPORTED ON LINE 6 OF THE 990 RETURN, GTCUW MOBILIZES VOLUNTEERS TO ADDRESS COMMUNITY NEEDS BY CONNECTING THEM WITH OUR NON-PROFIT PARTNERS FOR SHORT-TERM AND ONGOING VOLUNTEER NEEDS. IN 2020, WE ENGAGED APPROXIMATELY 4,824 VOLUNTEERS, RESULTING IN A SAVINGS OF 155K IN LABOR COSTS IN THE COMMUNITY. THIS IS A LARGE DECLINE FROM PRIOR YEARS DUE TO THE PANDEMIC RESTRICTIONS ON ORGANIZATIONS.

990 Schedule O, Organizational Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	<p>UNITED WAYS 2-1-1 RESOURCE HELPLINE: CARING 2-1-1 CALL SPECIALISTS ADDRESS 52 URGENT NEEDS EVERY HOUR, PROVIDING PEOPLE GUIDANCE, INFORMATION AND REFERRALS TO STATEWIDE RESOURCES AND SERVICES TO HELP THEM WITH BASIC NEEDS, INCLUDING RENTAL ASSISTANCE, FOOD PROGRAMS, CHILD CARE, EMPLOYMENT AND MORE. THE DATA FROM 2-1-1 INFORMS UNITED WAYS GRANT INVESTMENTS IN HOUSING, FOOD, EDUCATION AND EMPLOYMENT AS WELL AS UNITED WAYS ADVOCACY STRATEGIES IN ADVANCING EQUITABLE POLICIES AND STATE FUNDING. 2-1-1 DATA ALSO SHAPES UNITED WAYS COMMUNITY IMPACT AND FUNDING STRATEGIES, AND ADVISES STATE AND LOCAL LEADERS ABOUT CHANGING COMMUNITY NEEDS. IN 2020, UNITED WAY PROVIDED REAL-TIME 2-1-1 DATA TO LEGISLATORS, WHICH UNDERSCORED THE URGENT NEED FOR EMERGENCY HOUSING SUPPORT RESULTING FROM THE HARSH IMPACT OF COVID-19. AS A RESULT, UNITED WAY HELPED SECURE 100 MILLION IN STATE FUNDING FOR EMERGENCY HOUSING ASSISTANCE, AND IN PARTNERSHIP WITH THE STATE OF MINNESOTA, 2-1-1 SERVED AS AN ACCESS POINT FOR PEOPLE TO ASK QUESTIONS AND SIGN UP FOR SUPPORT.</p> <p>ECONOMIC OPPORTUNITY: UNITED WAYS'S VISION IS THAT ALL ADULTS HAVE THE OPPORTUNITY TO PARTICIPATE IN THE WORKFORCE AND ADVANCE TOWARD FAMILY SUSTAINING WAGES. UNITED WAY PREPARES JOB SEEKERS WITH LOW INCOMES THROUGH JOB TRAINING PROGRAMS AND IS ACCOUNTABLE TO KEY PERFORMANCE INDICATORS SUCH AS JOB PLACEMENT, INCREASED EARNINGS AND JOB RETENTION. ADVOCACY: UNITED WAY INFLUENCES GOVERNMENT DECISION-MAKERS TO PASS AND EFFECTIVELY IMPLEMENT POLICY AND FUNDING TO SUPPORT IMMEDIATE NEEDS AND CHANGES IN THE HOUSING, FOOD, EDUCATION AND WORKFORCE SYSTEMS. ALONGSIDE COALITIONS, UNITED WAY LEVERAGES RESEARCH AND DATA TO AMPLIFY THE VOICES OF THOSE WITH LIVED EXPERIENCE, EDUCATES GOVERNMENT OFFICIALS AND LAWMAKERS ON SYSTEMS-LEVEL ISSUES AND OPPORTUNITIES, AND DEVELOPS SOLUTIONS IN PARTNERSHIP WITH THE PUBLIC, PRIVATE AND NONPROFIT SECTORS. FOR INSTANCE, UNITED WAY IS PARTNERING WITH THE MINNEAPOLIS FOUNDATION AND THE SAINT PAUL & MINNESOTA FOUNDATION ON A MULTI-YEAR COLLABORATION TO BRING TRANSFORMATIONAL CHANGE TO THE CRIMINAL JUSTICE SYSTEM WHICH IS BASED ON RACIST POLICIES. ANOTHER EXAMPLE IS THE START EARLY FUNDERS COALITION; A STATEWIDE COLLABORATION LED BY UNITED WAY TO IMPROVE EARLY CHILDHOOD EDUCATION THROUGH RESEARCH AND PUBLIC POLICY. IN 2020, THE COLLABORATION HELPED SECURE 30 MILLION IN EMERGENCY STATEWIDE GRANTS. NONPROFIT PARTNERSHIPS: UNITED WAY CONNECTS LEADERS, TRAINS TEAMS AND PROVIDES GRANTS AND TECHNICAL ASSISTANCE TO NONPROFITS DOING HIGH-IMPACT WORK. WITH EQUITY AND INCLUSION AT THE CENTER OF UNITED WAYS WORK, THE ORGANIZATION INVESTS DONOR RESOURCES IN 100+ NONPROFITS ON THE FRONTLINES OF REALIZING COMMUNITY-LED CHANGE IN THE AREAS OF HOUSING, FOOD, EDUCATION AND EMPLOYMENT. INNOVATION: UNITED WAY PARTNERS WITH NONPROFITS, BUSINESSES AND DONORS TO CREATE NEW SOLUTIONS TO SOLVE COMMUNITY CHALLENGES. ONE OF THOSE INNOVATIONS IS CAREER ACADEMIES, WHICH PREPARES HIGH SCHOOL STUDENTS FOR IN-DEMAND, HIGH-WAGE CAREER</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	<p>EERS THROUGH REAL-WORK EXPERIENCES AND TRAINING. SINCE 2015, MORE THAN 10,000 STUDENTS COLLECTIVELY HAVE EARNED MORE THAN 9,500 FREE COLLEGE AND TECHNICAL SCHOOL CREDITS AND SAVED MORE THAN 3 MILLION IN TUITION. BUSINESS PARTNERSHIPS: UNITED WAY ALIGNS CORPORATE SOCIAL RESPONSIBILITY GOALS OF ITS BUSINESS PARTNERS WITH COMMUNITY NEEDS. IT ALSO HELPS COMPANIES BUILD A STRONG PHILANTHROPIC CULTURE WITH VOLUNTEERISM AND EMPLOYEE GIVING OPPORTUNITIES THROUGH UNITED WAYS SALESFORCE PHILANTHROPY CLOUD A DIGITAL PLATFORM DESIGNED TO POWER COMPANY-WIDE SOCIAL IMPACT INITIATIVES. OTHER WAYS UNITED WAY ENGAGES BUSINESS PARTNERS IS THROUGH THE ARISE PROJECT, ONE OF UNITED WAYS GIVING COMMUNITIES COMPRISED OF BUSINESS PROFESSIONALS WHO SUPPORT THE LIVES OF LGBTQ YOUTH EXPERIENCING HOMELESSNESS, AND THROUGH ACTION DAY, WHICH IS AN OPPORTUNITY FOR CORPORATE EMPLOYEES TO FILL BACKPACKS FULL OF SCHOOLS SUPPLIES, SETTING UP 40,000 STUDENTS FOR SUCCESS.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI	THE FOLLOWING BOARD MEMBERS OF UNITED WAY HAVE A SEPERATE PROFESSIONAL OR BUSINESS RELATIONSHIP WITH EACH OTHER: LISA SHANNON AND TIMOTHY WELSH - BUSINESS RELATIONSHIP JUSTIN BAKER AND TIMOTHY WELSH - BUSINESS RELATIONSHIP TODD SENGER AND TIMOTHY WELSH - BUSINESS RELATIONSHIP BRIAN ALLINGHAM AND JUSTIN BUTLER - BUSINESS RELATIONSHIP LAURA BLOOMBERG, DOROTHY BRIDGES, AND ERIC KALER - BUSINESS RELATIONSHIP KATHLENE HOLMES CAMPBELL AND TIMOTHY WELSH - BUSINESS RELATIONSHIP DOROTHY BRIDGES, REBA DOMINSKI, AND TIMOTHY WELSH - BUSINESS RELATIONSHIP JULIE BAKER AND CAROLYN SMALLWOOD - BUSINESS RELATIONSHIP JUSTIN BUTLER AND MIKE MAESER - BUSINESS RELATIONSHIP

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 9	TRENT BLAIN 5405 ABBOTT PLACE EDINA, MN 55410

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	THE AUDIT COMMITTEE REVIEWS THE COMPLETED FORM 990 WITH MANAGEMENT. THE GOVERNANCE COMMITTEE REVIEWS AND APPROVES REQUIRED GOVERNANCE DISCLOSURES INCLUDED IN THE FORM 990. THE EXECUTIVE COMPENSATION COMMITTEE REVIEWS AND APPROVES REQUIRED DISCLOSURES REGARDING THE PROCESS FOLLOWED FOR DETERMINING COMPENSATION OF THE CEO AND SENIOR MANAGEMENT INCLUDED IN THE FORM 990. ONCE THESE REVIEWS HAVE BEEN PERFORMED, THE COMPLETED FORM 990 IS MADE AVAILABLE TO THE BOARD PRIOR TO ITS FILING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 12C	EVERY YEAR, ALL BOARD MEMBERS AND STAFF ARE REQUIRED TO SUBMIT A SIGNED CONFLICT OF INTEREST FORM TO THE GOVERNANCE COMMITTEE. THE GOVERNANCE COMMITTEE REVIEWS ALL SUBMISSIONS, AND IF NECESSARY, FOLLOWS UP ON ANY POSSIBLE CONFLICTS. IF THE CONFLICT IS DEEMED MATERIAL, A BOARD MEMBER WOULD BE ASKED TO STEP DOWN FROM THE BOARD OF DIRECTORS, PER OUR BYLAWS. IN THE CASE OF STAFF, STAFF ARE ASKED TO ELIMINATE ANY CONFLICTS OF INTEREST AS SOON AS MANAGEMENT IS MADE AWARE OF THEM.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	<p>THE CHAIR OF THE BOARD, IMMEDIATE PAST CHAIR OF THE BOARD, CHAIR OF THE FINANCE AND HUMAN CAPITAL COMMITTEE AND A DESIGNATED EXECUTIVE COMMITTEE BOARD MEMBER SERVE AS THE EXECUTIVE COMMITTEE COMPENSATION TASK FORCE. TOGETHER THEY WORK WITH AN INDEPENDENT COMPENSATION CONSULTANT TO FACILITATE THE CEO'S PERFORMANCE REVIEW ANNUALLY SOLICITING FEEDBACK RELATIVE TO THE CEO'S PERFORMANCE RESULTS AGAINST THE UNITED WAY'S ANNUAL STRATEGIC DIRECTIONS AND MEASURES OF SUCCESS, AS WELL AS, INDIVIDUAL PERFORMANCE GOALS PREVIOUSLY AGREED UPON BY THE CHAIR OF THE BOARD AND CEO. THE EXECUTIVE COMMITTEE COMPENSATION TASK FORCE GATHERS FEEDBACK FROM EACH EXECUTIVE COMMITTEE MEMBER (APPROXIMATELY 15 MEMBERS) AND PROVIDES A RECOMMENDATION FOR THE CEO'S COMPENSATION AND BONUS TO THE EXECUTIVE COMMITTEE OF THE BOARD FOR APPROVAL AFTER AGGREGATING AND COMMUNICATING PERFORMANCE RESULTS. MARKET COMPARABILITY DATA IS COLLECTED FROM AN OUTSIDE CONSULTING FIRM AND IS SUPPLEMENTED BY OTHER DATA COLLECTED BY INTERNAL HUMAN RESOURCES STAFF. MARKET COMPARABILITY DATA INCLUDES COMPENSATION RANGES AND SUPPLEMENTAL BENEFITS ESTABLISHED FOR THE CEO AND KEY EXECUTIVES - CHIEF FINANCIAL OFFICER, SR. VICE PRESIDENT OF MARKETING, SR. VICE PRESIDENT OF COMMUNITY IMPACT, VP OF COMMUNICATIONS, VP OF IT & ANALYTICS, AND SVP OF INDIVIDUAL GIVING. MARKET COMPARABILITY DATA IS PROVIDED TO THE EXECUTIVE COMPENSATION TASK FORCE PRIOR TO MAKING RECOMMENDATIONS AND/OR APPROVING PAY AND BENEFITS DECISIONS. THE EXECUTIVE COMPENSATION TASK FORCE DETERMINES AND RECOMMENDS TO THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS APPROVAL OF THE FOLLOWING: -CEOS TOTAL COMPENSATION AND SUPPLEMENTAL BENEFITS, AND -CEOS PERFORMANCE GOALS AND OBJECTIVES FOR THE NEXT PERFORMANCE EVALUATION PERIOD. THE CHAIR OF THE EXECUTIVE COMPENSATION TASK FORCE REPORTS TO THE BOARD OF DIRECTORS AT THE SUBSEQUENT MEETING THE ACTIONS REPORTED AND RECOMMENDATIONS APPROVED BY THE EXECUTIVE COMMITTEE AND EXECUTIVE COMPENSATION TASK FORCE. THE EXECUTIVE COMPENSATION TASK FORCE DOCUMENTS THE BASIS FOR MAKING ITS DETERMINATION CONCURRENTLY WITH MAKING ITS DECISION.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	THE EXECUTIVE COMPENSATION TASK FORCE REVIEWS AND DISCUSSES KEY EXECUTIVES COMPENSATION AND BENEFITS BASED ON THE CEOS PERFORMANCE EVALUATION AND RECOMMENDATIONS FOR THESE EXECUTIVES. THE RECOMMENDATIONS ARE THEN REVIEWED WITH THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	THE UNITED WAY MAKES ITS FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON ITS WEBSITE AS WELL AS UPON REQUEST. GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN FAIR VALUE OF BENEFICIAL INTERESTS IN 171,518