

**GREATER TWIN CITIES
UNITED WAY**

990 Return - Public Inspection Copy

For the Year Ended December 31, 2020



600 INWOOD AVENUE NORTH
SUITE 160
OAKDALE, MN 55128
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FAX: (651) 636-1136
www.akinshenke.com

Return of Organization Exempt From Income Tax

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

2020

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the 2020 calendar year, or tax year beginning , and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p style="text-align: center;">GREATER TWIN CITIES UNITED WAY</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p style="text-align: center;">404 SOUTH EIGHTH STREET</p> City or town, state or province, country, and ZIP or foreign postal code <p style="text-align: center;">MINNEAPOLIS MN 55404-1084</p>	D Employer identification number <p style="text-align: center;">41-1973442</p> E Telephone number <p style="text-align: center;">612-340-7400</p> G Gross receipts \$ 59,314,628
F Name and address of principal officer: <p style="text-align: center;">JOHN WILGERS 404 SOUTH EIGHTH STREET MINNEAPOLIS MN 55404</p>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () <input type="checkbox"/> t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: WWW.GTCUW.ORG		H(c) Group exemption number u
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other u		L Year of formation: 2001 M State of legal domicile: MN

Part I Summary

Activities & Governance	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 <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.				
	3 Number of voting members of the governing body (Part VI, line 1a)	3	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	3789		
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a		0		
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b		0		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year		
	9 Program service revenue (Part VIII, line 2g)	56,545,814	55,071,585		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	122,340	42,453		
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,079,205	2,025,074		
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	589,122	595,398		
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	61,336,481	57,734,510		
	14 Benefits paid to or for members (Part IX, column (A), line 4)	48,296,595	39,555,770		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0		
	16a Professional fundraising fees (Part IX, column (A), line 11e)	12,852,936	13,929,468		
	b Total fundraising expenses (Part IX, column (D), line 25) u	34,525	39,000		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	8,544,662	8,232,827	6,985,265	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	8,232,827	69,416,883	60,509,503	
19 Revenue less expenses. Subtract line 18 from line 12	-8,080,402	-2,774,993			
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year		
	21 Total liabilities (Part X, line 26)	124,513,990	123,376,115		
	22 Net assets or fund balances. Subtract line 21 from line 20	8,161,001	6,134,517		
		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	
	JOHN WILGERS	PRESIDENT AND CEO		
	Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	CHRIS HENKE	CHRIS HENKE		P01008921
	Firm's name } AKINS HENKE AND COMPANY	Firm's EIN } 46-3220328		
	Firm's address } 600 INWOOD AVENUE NORTH, SUITE 160 OAKDALE, MN 55128	Phone no. 651-636-3806		

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

Yes No

If "Yes," describe these changes on Schedule O.

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

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

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.

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

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 WAY'S CAREER ACADEMIES PROGRAM SO YOUTH HAVE THE KNOWLEDGE, SKILLS AND RELATIONSHIPS TO CHOOSE AND DIRECT THEIR OWN FUTURES AND CONTRIBUTE TO THEIR COMMUNITIES.

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

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.

4d Other program services (Describe on Schedule O.)

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

4e Total program service expenses **u 49,172,797**

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	X	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	X	
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	X	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

1a	105
1b	0

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	185
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b	If "Yes," enter the name of the foreign country u See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	54	
b	Enter the number of voting members included on line 1a, above, who are independent	54	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	X	

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

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

Section C. Disclosure

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

ATHENA MIHAS
MINNEAPOLIS

404 SOUTH EIGHTH STREET

MN 55404

612-340-7606

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week 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			
(1) DOROTHY BRIDGES	1.00									
BOARD CHAIR	0.00	X		X			0	0	0	
(2) CHRIS COLEMAN	1.00									
TREASURER	0.00	X		X			0	0	0	
(3) KAREN RICHARD	1.00									
SECRETARY	0.00	X		X			0	0	0	
(4) AMAL ABDALLA	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(5) BRIAN ALLINGHAM	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(6) JULIE BAKER	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(7) LAURA BLOOMBERG	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(8) STACY BOGART	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(9) MARK BROOKS	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(10) JUSTIN BUTLER	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(11) KATHLENE HOLMES	1.00									
CAMPBELL BOARD MEMBER	0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week 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			
(12) ANU CODATY	1.00									
BOARD MEMBER	0.00	X						0	0	
(13) ERIN DADY	1.00									
BOARD MEMBER	0.00	X						0	0	
(14) AMY DAHL	1.00									
BOARD MEMBER	0.00	X						0	0	
(15) STEPHANIE DEXTER	1.00									
BOARD MEMBER	0.00	X						0	0	
(16) CURTISS DEYOUNG	1.00									
BOARD MEMBER	0.00	X						0	0	
(17) REBA DOMINSKI	1.00									
BOARD MEMBER	0.00	X						0	0	
(18) KWEILIN ELLINGRUD	1.00									
BOARD MEMBER	0.00	X						0	0	
(19) BETH FORD	1.00									
BOARD MEMBER	0.00	X						0	0	
1b Subtotal										
c Total from continuation sheets to Part VII, Section A								1,761,326	200,066	
d Total (add lines 1b and 1c)								1,761,326	200,066	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u 29**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MORNEAU SHEPELL LIMITED ATLANTA GA 30346	115 PERIMETER CENTER PLACE 211 CALL CENTER	830,121
ADVENT CREATIVE GROUP, LLC EDINA MN 55435	7101 YORK AVE S. SUITE 240 211 CALL CENTER	612,052
LIFEWORKS US INC. CHICAGO IL 60677	PO BOX 775226 211 CALL CENTER	498,073
NINA HALE CONSULTING, INC MINNEAPOLIS MN 55402	100 SOUTH 5TH STREET, SUITE 2000 CONSULTING	431,514
NANCY HYLDEN MINNEAPOLIS MN 55415	310 4TH AVE S, SUITE 5010 CONSULTING	195,666

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **u 7**

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

(A) Name and title	(B) Average hours per week 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			
(20) CHELSIE GLAUBITZ GABIOU	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(21) KATIE GOEMAN	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(22) JOE GOTHARD	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(23) JAMIE GULLEY	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(24) CHERYL HADAWAY	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(25) LYNNE HARRINGTON	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(26) MATT HOMAN	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(27) MANDY JANSSEN	1.00									
BOARD MEMBER	0.00	X					0	0	0	
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week 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			
(28) RAY JONCAS	1.00									
BOARD MEMBER	0.00	X						0	0	0
(29) ERIC KALER	1.00									
BOARD MEMBER	0.00	X						0	0	0
(30) J.D. KELLER	1.00									
BOARD MEMBER	0.00	X						0	0	0
(31) MATT KUCHARSKI	1.00									
BOARD MEMBER	0.00	X						0	0	0
(32) NANCY LINDAHL	1.00									
BOARD MEMBER	0.00	X						0	0	0
(33) DARIN LYNCH	1.00									
BOARD MEMBER	0.00	X						0	0	0
(34) MIKE MAESER	1.00									
BOARD MEMBER	0.00	X						0	0	0
(35) MATT MARSH	1.00									
BOARD MEMBER	0.00	X						0	0	0
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week 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			
(36) TODD MARSHALL	1.00									
BOARD MEMBER	0.00	X						0	0	
(37) AL MCFARLANE	1.00									
BOARD MEMBER	0.00	X						0	0	
(38) MIQUEL MCMOORE	1.00									
BOARD MEMBER	0.00	X						0	0	
(39) CHRIS MUSSO	1.00									
BOARD MEMBER	0.00	X						0	0	
(40) KATHY NOECKER	1.00									
BOARD MEMBER	0.00	X						0	0	
(41) RAVI NORMAN	1.00									
BOARD MEMBER	0.00	X						0	0	
(42) MIKE O'LEARY	1.00									
BOARD MEMBER	0.00	X						0	0	
(43) JOHN POTTER	1.00									
BOARD MEMBER	0.00	X						0	0	
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week 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			
(44) TODD SENGER	1.00									
BOARD MEMBER	0.00	X						0	0	0
(45) LISA SHANNON	1.00									
BOARD MEMBER	0.00	X						0	0	0
(46) BETH SIMERMEYER	1.00									
BOARD MEMBER	0.00	X						0	0	0
(47) CAROLYN SMALLWOOD	1.00									
BOARD MEMBER	0.00	X						0	0	0
(48) SARAH SOONG	1.00									
BOARD MEMBER	0.00	X						0	0	0
(49) SHARON KENNEDY VICKERS	1.00									
BOARD MEMBER	0.00	X						0	0	0
(50) TIMOTHY WELSH	1.00									
BOARD MEMBER	0.00	X						0	0	0
(51) JERRY WILL	1.00									
BOARD MEMBER	0.00	X						0	0	0
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week 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			
(52) OTIS ZANDERS	1.00									
BOARD MEMBERS	0.00	X						0	0	
(53) JIM ZAPPA	1.00									
BOARD MEMBER	0.00	X						0	0	
(54) TROY ZIERDEN	1.00									
BOARD MEMBER	0.00	X						0	0	
(55) JOHN WILGERS	40.00									
PRESIDENT AND CEO	0.00			X				333,700	0	
(56) ATHENA MIHAS, CHIEF	40.00									
FINANCIAL OFFICER	0.00			X				169,748	0	
(57) ACOOA ELLIS	40.00									
SVP COMMUNITY IMPACT	0.00				X			184,762	0	
(58) TRENT BLAIN	40.00									
SVP MARKETING	0.00				X			179,237	0	
(59) COLLEEN FAHEY	40.00									
SVP IND. GIVING	0.00				X			171,985	0	
1b Subtotal								1,039,432	127,125	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

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

(A) Name and title	(B) Average hours per week 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			
(60) KELLY PUSPOKI	40.00									
VP COMMUNICATIONS	0.00				X		153,104	0	9,531	
(61) JEFFREY HALBUR	40.00									
DIRECTOR MAJOR GIFTS	0.00				X		147,474	0	10,103	
(62) KRISTINA SALKOWSKI	40.00									
VP CORP./FOUNDATION	0.00				X		141,945	0	7,543	
(63) JOSEPH MUNNICH	40.00									
MD - GENNEXT	0.00				X		140,576	0	8,500	
(64) SHELLY LUCAS	40.00									
DIRECT-INST. GIVING	0.00				X		138,795	0	37,264	
1b Subtotal							721,894		72,941	
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a	77,848			
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e	3,093,552			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	51,900,185			
	g Noncash contributions included in lines 1a-1f	1g	\$ 1,710,910			
	h Total. Add lines 1a-1f	u	55,071,585			
	Program Service Revenue	2a MEMBERSHIPS	Business Code	21,974	21,974	
b FEES FOR SERVICE			20,479	20,479		
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f		u	42,453			
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)	u	934,561		
	4 Income from investment of tax-exempt bond proceeds	u				
	5 Royalties	u				
	6a Gross rents	(i) Real	32,569			
		(ii) Personal				
		6a				
	b Less: rental expenses	6b				
	c Rental inc. or (loss)	6c	32,569			
	d Net rental income or (loss)	u	32,569			32,569
	7a Gross amount from sales of assets other than inventory	(i) Securities	1,586,223			
		(ii) Other	1,084,408			
		7a				
	b Less: cost or other basis and sales exps.	7b	1,580,118			
	c Gain or (loss)	7c	6,105	1,084,408		
	d Net gain or (loss)	u	1,090,513			1,090,513
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a					
	b Less: direct expenses	8b				
	c Net income or (loss) from fundraising events	u				
9a Gross income from gaming activities. See Part IV, line 19	9a					
	b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities	u				
10a Gross sales of inventory, less returns and allowances	10a					
	b Less: cost of goods sold	10b				
	c Net income or (loss) from sales of inventory	u				
Miscellaneous Revenue	11a DESIGNATION COST RECOVERY	Business Code	900099	397,570	397,570	
	b MISCELLANEOUS INCOME		900099	120,250		120,250
	c LICENSE FEE		900099	45,009		45,009
	d All other revenue					
	e Total. Add lines 11a-11d	u	562,829			
12 Total revenue. See instructions	u	57,734,510	440,023	0	2,222,902	

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 (nonemployees):				
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 on 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 X

		(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 receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	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	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 on 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

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

u Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

u 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 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 **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box 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		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 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.")	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	97.84 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	96.75 %

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 <input type="checkbox"/>						

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
3b	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>		
3c	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 12a or 12b in Part I, answer (b) and (c) below.</i>		
4b	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>		
4c	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>		
5b	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?		
5c	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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 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>		
9b	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>		
9c	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>		
10b	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?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a governmental entity (see instructions).</i>			
2 Activities Test. <i>Answer lines 2a and 2b below.</i>			
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>			
2a			
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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>			
2b			
3 Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>			
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>			
3a			
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>			
3b			

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

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

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

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

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i>)	
6 Other distributions (<i>describe in Part VI</i>). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	
9 Distributable amount for 2020 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-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 3e			
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. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020 Subtract lines 3h and 4b from line 1. For result 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.)

PART II, LINE 10 - OTHER INCOME DETAIL

MISCELLANEOUS INCOME **\$ 116,556**

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

Name of the organization

Employer identification number

GREATER TWIN CITIES UNITED WAY

41-1973442

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

Name of organization

GREATER TWIN CITIES UNITED WAY

Employer identification number

41-1973442

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	\$ 2,108,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	\$ 1,563,737	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	\$ 1,376,835	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	\$ 1,225,538	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	\$ 1,156,114	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2020

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

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 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) u \$

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 u \$

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

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 u \$

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

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

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)				

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

Schedule C (Form 990 or 990-EZ) 2020

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 (grassroots 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													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		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.		
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.														
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000													
h Subtract line 1g from line 1a. If zero or less, enter -0-		0													
i Subtract line 1f from line 1c. If zero or less, enter -0-		0													
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?			<input type="checkbox"/> Yes <input type="checkbox"/> 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.

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; a Volunteers?; b Paid staff or management...; 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).

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

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."

Table with 3 columns: Question, Yes, No. Rows include: 1 Dues, assessments and similar amounts from members; 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; b Carryover from last year; c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 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?; 5 Taxable amount of lobbying and political expenditures (See instructions)

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.

Series of horizontal dotted lines for providing supplemental information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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. u Attach to Form 990.

u 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 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

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

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

Part II Conservation Easements.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year u, 4 Number of states where property subject to conservation easement is located u, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year u \$, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

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

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

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

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

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

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

	Amount
1c	
1d	
1e	
1f	

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

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

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	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 **u** 31.02 %
- b** Permanent endowment **u** 52.92 %
- c** Term endowment **u** 16.06 %

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		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 10c.) **u** 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	MARKET
(3) Other	0	
(A) POOLED INVESTMENT FUNDS HELD AT THE		
(B) SAINT PAUL AND MINNESOTA FOUNDATION	38,705,195	MARKET
(C)		
(D) POOLED INVESTMENT FUNDS HELD AT THE		
(E) MINNEAPOLIS FOUNDATION	11,848,749	MARKET
(F)		
(G)		
(H)		
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)		
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)	
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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements	1	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.

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS:

UNRESTRICTED GRANTS ARE MADE FROM THE ENDOWMENT FUND TO SUPPORT GENERAL OPERATING COSTS, PROGRAMS, NON-PROFITS, AND INITIATIVES.

PART X - FIN 48 FOOTNOTE:

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

Part XIII Supplemental Information (continued)

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.

PART XI, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER:

DONOR DESIGNATED CONTRIBUTIONS FOR OTHER NON-PROFITS \$ 15,489,993

INVESTMENT INCOME RECORDED IN OTHER CHANGES IN NET ASSETS \$ 1,303,575

PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER:

DONOR DESIGNATED CONTRIBUTIONS FOR OTHER NON-PROFITS \$ 15,489,993

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

u Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
u Attach to Form 990.

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

u 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 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 the 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					
(1)			GRANTS TO RECIPIENTS	GRANTMAKING	480,000
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal					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)
(1)			NORTH AMERICA - CANADA	SEE PART V	450,000	WIRE TRANSFER			BOOK VALUE
(2)			NORTH AMERICA - CANADA	SEE PART V	30,000	WIRE TRANSFER			BOOK VALUE
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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

3 Enter total number of other organizations or entities **u** _____

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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.

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

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.

PART I, LINE 3 - ACTIVITIES PER REGION

REGION	EXPENDITURES	INVESTMENTS
NORTH AMERICA - CANADA	\$ 480,000	\$ 0

PART V - ADDITIONAL INFORMATION

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

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

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

U Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
AMPLIFYDMC, LLC 1 1375 ST. ANTHONY AVE. ST. PAUL MN 55104	CONSULTING		X	1,025,000	39,000	986,000
2						
3						
4						
5						
6						
7						
8						
9						
10						
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.

MINNESOTA

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(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.

		(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:

**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.
u Attach to Form 990.
u 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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	360 COMMUNITIES 501 E. HWY. 13, STE. 112 BURNSVILLE MN 55337-2877	41-0987708	501C3	60,000	7,111		SEE PART IV	PROGRAM COSTS
(2)	AFRICAN DEVELOPMENT CENTER 1931 S FIFTH ST MINNEAPOLIS MN 55454	20-0553370	501C3	165,000				PROGRAM COSTS
(3)	AFRICAN ECONOMIC DEVELOPMENT SOLUTIONS 1821 UNIVERSITY AVE. W. ST. PAUL MN 55104	80-0345712	501C3	305,000				PROGRAM COSTS
(4)	AIN DAH YUNG CENTER 1089 PORTLAND AVENUE ST. PAUL MN 55104	41-1697692	501C3	158,700	3,745		SEE PART IV	PROGRAM COSTS
(5)	ALL SQUARE 4047 MINNEHAHA AVE MINNEAPOLIS MN 55406	81-3572476	501C3	10,000				PROGRAM COSTS
(6)	AL-MAA'UUN 1729 LYNDAL AVE N MINNEAPOLIS MN 55411	27-1893708	501C3	148,000				PROGRAM COSTS
(7)	AMERICAN INDIAN COMMUNITY DEVELOPMENT CENTER 1508 E FRANKLIN AVE #200 MINNEAPOLIS MN 55404	41-1716667	501C3	65,000				PROGRAM COSTS
(8)	AMERICAN INDIAN OIC INC 1845 EAST FRANKLIN AVE. MINNEAPOLIS MN 55404-4062	41-1365561	501C3	251,500	904		SEE PART IV	PROGRAM COSTS
(9)	AMHERST H. WILDER FOUNDATION 451 LEXINGTON PKWY. N ST. PAUL MN 55104	41-0693889	501C3	453,025	16,321		SEE PART IV	PROGRAM COSTS

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

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

Schedule I (Form 990) (2020)

**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.
u Attach to Form 990.
u 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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	ANOKA HENNEPIN SCHOOLS 2727 N FERRY ST ANOKA MN 55303	41-6008267	GOV'T		11,773		SEE PART IV	PROGRAM COSTS
(2)	APPETITE FOR CHANGE 1200 WEST BROADWAY AVE MINNEAPOLIS MN 55411	27-5112040	501C3	85,000	1,210		SEE PART IV	PROGRAM COSTS
(3)	ASIAN ECONOMIC DEVELOPMENT ASSOCIAT 422 UNIVERSITY AVE. W ST. PAUL MN 55103	41-1911474	501C3	710,000				PROGRAM COSTS
(4)	ATHLETES COMMITTED TO EDUCATING STU 1115 EAST HENNEPIN AVE. MINNEAPOLIS MN 55414-2321	41-1789659	501C3	66,000				PROGRAM COSTS
(5)	AUGSBURG COLLEGE 2211 RIVERSIDE AVE. MINNEAPOLIS MN 55454-1398	41-0694721	501C3	62,500				PROGRAM COSTS
(6)	AUSTINE ASPIRES 301 NORTH MAIN STREET AUSTIN MN 55912	46-5425522	501C3	16,500				PROGRAM COSTS
(7)	AVENUES FOR HOMELESS YOUTH 1708 OAK PARK AVE. NORTH MINNEAPOLIS MN 55411	41-1765140	501C3	108,000	2,045		SEE PART IV	PROGRAM COSTS
(8)	AVIVO DBA -RESOURCE, INC. MINNEAPOLIS MN 55404-1903	41-0828779	501C3	326,500	10,021		SEE PART IV	PROGRAM COSTS
(9)	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

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

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

Schedule I (Form 990) (2020)

**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.
u Attach to Form 990.
u 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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	BANYAN COMMUNITY 2529 13TH AVE S MINNEAPOLIS MN 55404	41-1922813	501C3	70,630				PROGRAM COSTS
(2)	BOLDER OPTIONS 2100 STEVENS AVE. S MINNEAPOLIS MN 55404	41-1909408	501C3	65,000	512		SEE PART IV	PROGRAM COSTS
(3)	BOYS & GIRLS CLUBS TWIN CITIES 690 JACKSON ST ST. PAUL MN 55130	41-0842657	501C3	90,650				PROGRAM COSTS
(4)	BREAKTHROUGH TWIN CITIES 2051 LARPENTEUR AVE E ST. PAUL MN 55109	45-3587267	501C3	100,000	1,679		SEE PART IV	PROGRAM COSTS
(5)	BROOKLYN CENTER SCHOOLS ISD 286 6500 HUMBOLDT AVE. NORTH BROOKLYN CENTER MN 55430-1897	41-6009038	GOV'T		6,594		SEE PART IV	PROGRAM COSTS
(6)	BURNSVILLE SCHOOL DISTRICT ISD 191 100 RIVER RIDGE CT BURNSVILLE MN 55337	41-6000802	GOV'T	25,000				PROGRAM COSTS
(7)	CAPI USA 3702 E LAKE ST, STE 200 MINNEAPOLIS MN 55406	41-1417198	501C3	225,725	1,784		SEE PART IV	PROGRAM COSTS
(8)	CASA DE ESPERANZA 1821 UNIVERSITY AVE. W. ST. PAUL MN 55175	41-1414710	501C3	132,500	936		SEE PART IV	PROGRAM COSTS
(9)	CATHOLIC CHARITIES 1200 SECOND AVE. SOUTH MINNEAPOLIS MN 55403-2500	41-1302487	501C3	539,800	8,269		SEE PART IV	PROGRAM COSTS

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

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

Schedule I (Form 990) (2020)

**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.
u Attach to Form 990.
u 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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	CENTER FOR ECONOMIC INCLUSION 1015 4TH AVE N MINNEAPOLIS MN 55405	82-3563111	501C3	160,500	24,051		SEE PART IV	PROGRAM COSTS
(2)	CENTER FOR VICTIMS OF TORTURE 2356 UNIVERSITY AVE W ST. PAUL MN 55114	36-3383933	501C3	64,000				PROGRAM COSTS
(3)	CENTRO TYRONE GUZMAN 1915 CHICAGO AVE. SOUTH MINNEAPOLIS MN 55404-1904	41-1290349	501C3	274,000	1,401		SEE PART IV	PROGRAM COSTS
(4)	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
(5)	CLARE HOUSING 929 CENTRAL AVENUE NE MINNEAPOLIS MN 55413-2404	41-1794924	501C3	65,000	4,127		SEE PART IV	PROGRAM COSTS
(6)	COMMONBOND COMMUNITIES 1080 MONTREAL AVENUE ST. PAUL MN 55116	41-1260469	501C3	10,000	7,890		SEE PART IV	PROGRAM COSTS
(7)	COMMUNITY EMERGENCY ASSISTANCE PROGRAM 7051 BROOKLYN BLVD. BROOKLYN CENTER MN 55429	41-0990340	501C3	91,495				PROGRAM COSTS
(8)	COMUNIDADES LATINAS UNIDAS EN SERVICIO 797 EAST SEVENTH ST. ST. PAUL MN 55106-5014	41-1386986	501C3	525,490	12,906		SEE PART IV	PROGRAM COSTS
(9)	CONNECTIONS TO INDEPENDENCE 310 E 38TH STREET MINNEAPOLIS MN 55409	80-0542940	501C3	45,000				PROGRAM COSTS

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

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

Schedule I (Form 990) (2020)

**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.
u Attach to Form 990.
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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.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	CORNERSTONE ADVOCACY SERVICES 1000 EAST 80TH ST. BLOOMINGTON MN 55420-1424	41-1476268	501C3	70,750	574		SEE PART IV	PROGRAM COSTS
(2)	COVINGTON-NEWTON COUNTY UW PO BOX 1344 COVINGTON GA 30015-1344	58-6044347	501C3	35,000				PROGRAM COSTS
(3)	CROSS P.O. BOX 574 ROGERS MN 55374	41-1314577	501C3		5,528		SEE PART IV	PROGRAM COSTS
(4)	CULTURAL WELLNESS CENTER 2025 PORTLAND AVE S MINNEAPOLIS MN 55404	41-1850859	501C3	55,000				PROGRAM COSTS
(5)	DIVISION OF INDIAN WORK 1001 EAST LAKE ST. MINNEAPOLIS MN 55407	81-5265328	501C3	205,000	765		SEE PART IV	PROGRAM COSTS
(6)	DREAM OF WILD HEALTH 1001 EAST LAKE ST. MINNEAPOLIS MN 55407	81-5265328	501C3	45,000	512		SEE PART IV	PROGRAM COSTS
(7)	EASTSIDE NEIGHBORHOOD SERVICE 1700 SECOND ST. NORTHEAST MINNEAPOLIS MN 55413	41-0873798	501C3	180,280	2,157		SEE PART IV	PROGRAM COSTS
(8)	EMERGE COMMUNITY DEVELOPEMENT 1101 WEST BROADWAY AVENUE MINNEAPOLIS MN 55411-2570	41-1277423	501C3	285,000				PROGRAM COSTS
(9)	EMMA NORTON SERVICES 670 NORTH ROBERT ST ST. PAUL MN 55101	41-0859485	501C3	10,000	1,955		SEE PART IV	PROGRAM COSTS

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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Schedule I (Form 990) (2020)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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Name of the organization

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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	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
(2)	FAMILY PATHWAYS 6413 OAK STREET NORTH BRANCH MN 55056	41-1332828	501C3	85,000				PROGRAM COSTS
(3)	FAMILY VALUES FOR LIFE 1280 ARCADE ST. ST. PAUL MN 55106	41-2006889	501C3		5,466		SEE PART IV	PROGRAM COSTS
(4)	FAMILYWISE 3036 UNIVERSITY AVE. SE MINNEAPOLIS MN 55414	41-1343909	501C3	117,000	1,669		SEE PART IV	PROGRAM COSTS
(5)	FOX VALLEY UW 44 EAST GALENA BLVD AURORA IL 60505	36-2195467	501C3	12,000				PROGRAM COSTS
(6)	FROGTOWN NEIGHBORHOOD ASSOC 501 NORTH DALE SAINT PAUL MN 55103	41-0963444	501C3	70,000				PROGRAM COSTS
(7)	GAGE COUNTY UW 1207 S 8TH ST BEATRICE NE 68310	47-6024389	501C3	10,000				PROGRAM COSTS
(8)	GOODWILL INDUSTRIES INC 553 FAIRVIEW AVE. N ST. PAUL MN 55104-1708	41-0706171	501C3	57,000				PROGRAM COSTS
(9)	GREAT RIVERS UW 1855 E MAIN ST ONALASKA WI 54650-6727	39-0848188	501C3	10,000				PROGRAM COSTS

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Schedule I (Form 990) (2020)

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(1)	GREATER MINNEAPOLIS CRISIS NURSERY 4544 4TH AVE S MINNEAPOLIS MN 55419	41-1379021	501C3	90,500				PROGRAM COSTS
(2)	GUILD INCORPORATED 130 WABASHA ST ST. PAUL MN 55107-1819	41-1669233	501C3	157,000				PROGRAM COSTS
(3)	HALLIE Q BROWN COMMUNITY CENTER INC 270 KENT ST NORTH ST. PAUL MN 55102-1744	41-0693846	501C3	173,350	1,396		SEE PART IV	PROGRAM COSTS
(4)	HEADWAY EMOTIONAL HEALTH SERVICES 6425 NICOLLET AVE. SOUTH RICHFIELD MN 55423	41-0962511	501C3	63,000				PROGRAM COSTS
(5)	HEART OF FLORIDA UW 1940 TRAYLOR BLVD ORLANDO FL 32804-4714	59-0808854	501C3	17,000				PROGRAM COSTS
(6)	HENNEPIN COUNTY 300 SOUTH 6TH ST MINNEAPOLIS MN 55487	41-6005801	GOV'T		10,142		SEE PART IV	PROGRAM COSTS
(7)	HMONG AMERICAN PARTNERSHIP 1075 ARCADE ST ST. PAUL MN 55106	41-1667580	501C3	10,000				PROGRAM COSTS
(8)	HOPE COMMUNITY INC. 611 EAST FRANKLIN AVENUE MINNEAPOLIS MN 55404	41-1292817	501C3	206,500	1,530		SEE PART IV	PROGRAM COSTS
(9)	IGNITE AFTERSCHOOL 1400 VAN BUREN ST NE MINNEAPOLIS MN 55413	47-4834387	501C3	19,000				PROGRAM COSTS

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Schedule I (Form 990) (2020)

**SCHEDULE I
(Form 990)**

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(1)	INLAND SOUTHERN CA UW 9624 HERMOSA AVENUE RANCHO CUCAMONGA CA 91730-5812	95-1742174	501C3	12,000				PROGRAM COSTS
(2)	INTERCONGREGATION COMMUNITIES ASSOC 12990 ST. DAVIDS RD MINNETONKA MN 55305	41-0979010	501C3	63,000				PROGRAM COSTS
(3)	INTERFAITH ACTION OF GREATER SAINT 1671 SUMMIT AVE ST. PAUL MN 55105-1884	41-0694741	501C3	10,000				PROGRAM COSTS
(4)	INTERNATIONAL INSTITUTE OF MINNESOTA 1694 COMO AVE. ST. PAUL MN 55108-2784	41-0693912	501C3	290,000	2,946		SEE PART IV	PROGRAM COSTS
(5)	ISUROON 1600 E LAKE STREET MINNEAPOLIS MN 55407	42-1651737	501C3	50,000				PROGRAM COSTS
(6)	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
(7)	JOYCE PRESCHOOL 1219 WEST 31ST STREET MINNEAPOLIS MN 55408	81-0594016	501C3	81,000				PROGRAM COSTS
(8)	JUSTUS HEALTH 2577 TERRITORIAL RD ST. PAUL MN 55114	41-1524746	501C3	10,000	3,745		SEE PART IV	PROGRAM COSTS
(9)	KA JOOG NONPROFIT ORGANIZATION 1420 WASHINGTON AVE. S MINNEAPOLIS MN 55454	39-2073475	501C3	70,000				PROGRAM COSTS

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Schedule I (Form 990) (2020)

**SCHEDULE I
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(1)	KAREN ORGANIZATION OF MN 2353 RICE STREET ROSEVILLE MN 55113	30-0438142	501C3	165,500	1,841		SEE PART IV	PROGRAM COSTS
(2)	KEYSTONE COMMUNITY SERVICES 2000 ST. ANTHONY AVE. ST. PAUL MN 55104-5199	41-0693924	501C3	247,000	4,572		SEE PART IV	PROGRAM COSTS
(3)	KWANZAA COMMUNITY CHURCH 3700 BRYANT AVE. N MINNEAPOLIS MN 55412	27-0031853	501C3	120,500				PROGRAM COSTS
(4)	LAKE STREET COUNCIL 919 E LAKE ST MINNEAPOLIS MN 55407	41-0975738	501C3	200,000				PROGRAM COSTS
(5)	LAO ASSISTANCE OF MINNESOTA 503 IRVING AVE N MINNEAPOLIS MN 55405	36-3255880	501C3	10,000				PROGRAM COSTS
(6)	LATINO ECONOMIC DEVELOPMENT CENTER 804 MARGARET ST ST. PAUL MN 55106	51-0467167	501C3	530,200				PROGRAM COSTS
(7)	LIFETRACK RESOURCES 709 UNIVERSITY AVE. WEST ST. PAUL MN 55104-4804	41-0874507	501C3	201,500				PROGRAM COSTS
(8)	LOAVES & FISHES TOO 721 KASOTA AVE SE MINNEAPOLIS MN 55414	41-1421522	501C3	61,000	8,471		SEE PART IV	PROGRAM COSTS
(9)	LUTHERAN SOCIAL SERVICE OF MN 2485 COMO AVE. ST. PAUL MN 55108	41-0872993	501C3	139,250	579		SEE PART IV	PROGRAM COSTS

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(1)	MERRICK COMMUNITY SERVICES 1669 ARCADE STREET NORTH ST. PAUL MN 55106	41-0693851	501C3	519,485	10,090		SEE PART IV	PROGRAM COSTS
(2)	METRO MEALS ON WHEELS 1200 WASHINGTON AVE S MINNEAPOLIS MN 55415	31-1501057	501C3	10,000				PROGRAM COSTS
(3)	MID-MINNESOTA LEGAL ASSISTANCE 111 N. 5TH ST SUITE 100 MINNEAPOLIS MN 55403	41-1412710	501C3	215,000				PROGRAM COSTS
(4)	MINNEAPOLIS AMERICAN INDIAN CENTER 1530 FRANKLIN AVE. EAST MINNEAPOLIS MN 55404-2136	41-0966005	501C3	85,000				PROGRAM COSTS
(5)	MINNEAPOLIS FOUNDATION 800 IDS CENTER MINNEAPOLIS MN 55402	41-6029402	501C3	287,000				PROGRAM COSTS
(6)	MINNEAPOLIS PUBLIC SCHOOLS 1250 W BROADWAY AVE MINNEAPOLIS MN 55411	41-1972445	GOV'T		51,716		SEE PART IV	PROGRAM COSTS
(7)	MINNEAPOLIS URBAN LEAGUE 2100 PLYMOUTH AVE NORTH MINNEAPOLIS MN 55411	41-0706915	501C3	10,000				PROGRAM COSTS
(8)	MINNESOTA ALLIANCE WITH YOUTH 2233 UNIVERSITY AVE W ST. PAUL MN 55114	45-3774063	501C3	85,000				PROGRAM COSTS
(9)	MINNESOTA INDIAN WOMEN'S RESOURCE C 2300 15TH AVE. SOUTH MINNEAPOLIS MN 55404-3935	41-1500950	501C3	90,000	3,297		SEE PART IV	PROGRAM COSTS

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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(1)	MINNESOTA TEAMSTERS SERVICE BUREAU 2829 UNIVERSITY AVE SE MINNEAPOLIS MN 55414	41-1513000	501C3	103,182				PROGRAM COSTS
(2)	MN VALLEY ACTION COUNCIL 706 N VICTORY DRIVE MANKATO MN 56001	41-6050353	501C3	186,000				PROGRAM COSTS
(3)	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
(4)	MUSLIM AMERICAN SOCIETY OF MINNESOTA 4100 66TH ST EAST INVER GROVE HEIGHTS MN 55076	47-0907353	501C3	10,000				PROGRAM COSTS
(5)	NEIGHBORHOOD DEVELOPMENT CENTER 663 UNIVERSITY AVE ST. PAUL MN 55104	41-1738791	501C3	445,000				PROGRAM COSTS
(6)	NEIGHBORHOOD HOUSE PAUL AND SHEILA WELLSTONE CTR ST. PAUL MN 55107-2360	41-0693916	501C3	292,650	17,087		SEE PART IV	PROGRAM COSTS
(7)	NEON, NORTHSIDE ECONOMIC OPPORTUNIT 1007 W. BROADWAY AVE. N MINNEAPOLIS MN 55411	80-0163521	501C3	628,000				PROGRAM COSTS
(8)	NEW AMERICAN DEVELOPMENT CENTER 115 E LAKE STREET MINNEAPOLIS MN 55408	32-0241006	501C3	85,000				PROGRAM COSTS
(9)	NEXUS COMMUNITY PARTNERS 2314 UNIVERSITY AVE W ST. PAUL MN 55413	30-0658898	501C3	15,000				PROGRAM COSTS

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(1)	NOMI ROOTS 2901 EMERSON AVE N MINNEAPOLIS MN 55411	81-4983393	501C3	15,000				PROGRAM COSTS
(2)	NORTHFIELD HEALTHY COMMUNITY INITIA 1651 JEFFERSON PKWY NORTHFIELD MN 55057	26-2852506	501C3	53,762				PROGRAM COSTS
(3)	NORTHPOINT HEALTH & WELLNESS CENTER 1315 PENN AVE N MINNEAPOLIS MN 55411-3047	20-0898277	501C3	117,000	956		SEE PART IV	PROGRAM COSTS
(4)	NORTHSIDE ACHIEVEMENT ZONE 2123 W BROADWAY AVE MINNEAPOLIS MN 55411	30-0238807	501C3	162,000				PROGRAM COSTS
(5)	OASIS FOR YOUTH 2200 W OLD SHAKOPEE RD BLOOMINGTON MN 55431	45-3683785	501C3	25,000	1,872		SEE PART IV	PROGRAM COSTS
(6)	PEOPLE REACHING OUT TO OTHER PEOPLE 14700 MARTIN DRIVE EDEN PRAIRIE MN 55344	41-1430172	501C3	63,000				PROGRAM COSTS
(7)	PEOPLE RESPONDING IN SOCIAL MINISTR 1220 ZANE AVE N GOLDEN VALLEY MN 55422	41-1442049	501C3		11,768		SEE PART IV	PROGRAM COSTS
(8)	PEOPLE SERVING PEOPLE 614 SOUTH THIRD ST. MINNEAPOLIS MN 55415	41-1965067	501C3	74,000	5,264		SEE PART IV	PROGRAM COSTS
(9)	PHYLLIS WHEATLEY COMMUNITY CENTER 1301 TENTH AVE. N MINNEAPOLIS MN 55411	41-0706132	501C3	95,000				PROGRAM COSTS

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(1)	PILLSBURY UNITED COMMUNITIES 3650 FREMONT AVE N MINNEAPOLIS MN 55412	41-0916478	501C3	762,300	21,475		SEE PART IV	PROGRAM COSTS
(2)	PORTICO HEALTHNET 1600 UNIVERSITY AVE. W ST. PAUL MN 55104-3825	41-1814659	501C3	10,000				PROGRAM COSTS
(3)	PREPARE + PROSPER 2610 UNIVERSITY AVE W ST. PAUL MN 55114	23-7131829	501C3	10,000				PROGRAM COSTS
(4)	PROJECT FOR PRIDE IN LIVING, INC. 1035 EAST FRANKLIN AVE. MINNEAPOLIS MN 55404-2920	23-7232208	501C3	548,330	9,273		SEE PART IV	PROGRAM COSTS
(5)	PROJECT SUCCESS 1 GROVELAND TER #300 MINNEAPOLIS MN 55403	41-1837278	501C3	126,000				PROGRAM COSTS
(6)	PROJECT SWEETIE PIE 5115 EXCELSIOR BLVD ST LOUIS PARK MN 55416	46-4183605	501C3	15,000				PROGRAM COSTS
(7)	ROCHESTER AREA FOUNDATION CRADLE TO CAREER ROCHESTER MN 55901	41-6017740	501C3	16,500				PROGRAM COSTS
(8)	SCIENCE MUSEUM OF MINNESOTA 120 W KELLOGG BLVD. ST. PAUL MN 55102	41-0706172	501C3	82,000				PROGRAM COSTS
(9)	SCOTT-CARVER-DAKOTA CAP AGENCY INC 712 CANTERBURY ROAD SOUTH SHAKOPEE MN 55379-1840	41-0903890	501C3	40,000	21,081		SEE PART IV	PROGRAM COSTS

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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Schedule I (Form 990) (2020)

**SCHEDULE I
(Form 990)**

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	SEWA-AIFW, INC. 3702 E LAKE STREET MINNEAPOLIS MN 55406	05-0608392	501C3	10,000				PROGRAM COSTS
(2)	SHAKOPEE MDEWAKANTON SIOUX COMMUNIT 2330 SIOUX TRAIL NW PRIOR LAKE MN 55372	41-0989737	50C13		21,321		SEE PART IV	PROGRAM COSTS
(3)	SHOLOM FOUNDATION 3610 PHILLIPS PKWY ST LOUIS PARK MN 55426	36-3411361	501C3	10,000				PROGRAM COSTS
(4)	SIMPSON HOUSING SERVICES INC 2100 PILLSBURY AVE S MINNEAPOLIS MN 55404	41-1759477	501C3	74,000	1,872		SEE PART IV	PROGRAM COSTS
(5)	SOLID GROUND 3521 CENTURY AVENUE NORTH WHITE BEAR LAKE MN 55110-5689	36-3578158	501C3	107,000	5,591		SEE PART IV	PROGRAM COSTS
(6)	SOMALI SUCCESS SCHOOL 1545 E. LAKE STREET MINNEAPOLIS MN 55407	20-3021208	501C3	89,380				PROGRAM COSTS
(7)	SOUTHEAST ASIAN REFUGE CMTY HOME 1113 E FRANKLIN AVE., STE. 212 MINNEAPOLIS MN 55404-2922	41-1729008	501C3	61,000				PROGRAM COSTS
(8)	SOUTHERN MN REGIONAL LEGAL SVC, INC ADMINISTRATIVE OFFICE ST. PAUL MN 55101	41-1316151	501C3	147,390				PROGRAM COSTS
(9)	SOUTHSIDE FAMILY NURTURING CENTER 2448 SOUTH 18TH ST. MINNEAPOLIS MN 55404-4048	41-1274177	501C3	122,000	760		SEE PART IV	PROGRAM COSTS

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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Schedule I (Form 990) (2020)

**SCHEDULE I
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(1)	SOUTHWEST INITIATIVE FOUNDATIO 15 3RD AVE NW HUTCHINSON MN 55350	41-1555592	501C3	185,000				PROGRAM COSTS
(2)	ST DAVID'S SCHOOL FOR CHILD DEVELOP 3395 PLYMOUTH ROAD MINNETONKA MN 55305	41-1429208	501C3	82,000				PROGRAM COSTS
(3)	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
(4)	ST MARY'S HEALTH CLINICS 1884 RANDOLPH AVE. ST. PAUL MN 55105	41-1760632	501C3	40,000				PROGRAM COSTS
(5)	ST PAUL LABOR STUDIES & RESOURCE CE 353 WEST SEVENTH ST ST. PAUL MN 55102	36-3569973	501C3	163,850				PROGRAM COSTS
(6)	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
(7)	ST PAUL YOUTH SERVICES PO BOX 6486 ST. PAUL MN 55106-6486	41-1316444	501C3	86,066				PROGRAM COSTS
(8)	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
(9)	SUMMIT ACADEMY OIC 935 OLSON MEMORIAL HIGHWAY MINNEAPOLIS MN 55405-1360	41-0908458	501C3	266,630				PROGRAM COSTS

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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Schedule I (Form 990) (2020)

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(Form 990)**

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(1)	THE BRIDGE FOR YOUTH 1111 WEST 22ND STREET MINNEAPOLIS MN 55405	41-0983062	501C3	202,250	3,083		SEE PART IV	PROGRAM COSTS
(2)	THE FAMILY PARTNERSHIP 414 SOUTH EIGHTH ST. MINNEAPOLIS MN 55404-1081	41-0693858	501C3	237,500	1,143		SEE PART IV	PROGRAM COSTS
(3)	THE FOOD GROUP MINNESOTA, INC. 8501 54TH AVE N NEW HOPE MN 55428	41-1246504	501C3	45,000				PROGRAM COSTS
(4)	THE LINK 1210 GLENWOOD AVE MINNEAPOLIS MN 55405	41-1920649	501C3	213,750	5,100		SEE PART IV	PROGRAM COSTS
(5)	THE NETWORK FOR BETTER FUTURES 2620 MINNEHAHA AVE. S MINNEAPOLIS MN 55406	45-0550557	501C3	221,000				PROGRAM COSTS
(6)	THE OPEN DOOR 3930 RAHN RD EAGAN MN 55122	27-0415900	501C3	10,000				PROGRAM COSTS
(7)	THE SAINT PAUL & MINNESOTA FOUNDATI 101 E 5TH STREET ST. PAUL MN 55101-1800	41-6031510	501C3	20,000				PROGRAM COSTS
(8)	THE SALVATION ARMY 2445 PRIOR AVE. NORTH ROSEVILLE MN 55113-2714	41-0698597	501C3	254,730	10,884		SEE PART IV	PROGRAM COSTS
(9)	THE SANNEH FOUNDATION 2090 CONWAY STREET ST. PAUL MN 55119	56-2332269	501C3	50,000				PROGRAM COSTS

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Schedule I (Form 990) (2020)

**SCHEDULE I
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**Grants and Other Assistance to Organizations,
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(1)	TOUCHSTONE MENTAL HEALTH 2312 SNELLING AVE MINNEAPOLIS MN 55404	41-1920740	501C3	76,300				PROGRAM COSTS
(2)	TUBMAN FAMILY ALLIANCE & CHRYSALIS 4432 CHICAGO AVE S MINNEAPOLIS MN 55437	41-1240048	501C3	208,000	765		SEE PART IV	PROGRAM COSTS
(3)	TWIN CITIES RISE! 1301 BRYANT AVE. N MINNEAPOLIS MN 55411	41-1761118	501C3	165,000	1,143		SEE PART IV	PROGRAM COSTS
(4)	UJAMAA PLACE 1821 UNIVERSITY AVE. W N257 ST. PAUL MN 55104	27-1216065	501C3	251,750	574		SEE PART IV	PROGRAM COSTS
(5)	UNITED CAMBODIAN ASSOC OF MN 1385 MENDOTA HEIGHTS RD. INVER GROVE HEIGHTS MN 55120	41-1631017	501C3	107,500				PROGRAM COSTS
(6)	UNITED FUND OF PERRY OK PO BOX 294 PERRY OK 73077	73-1329110	501C3	30,000				PROGRAM COSTS
(7)	UNITED WAY OF CENTRAL MINNESOTA 921 1ST ST N ST CLOUD MN 56303	40-0915124	501C3	60,000				PROGRAM COSTS
(8)	URBAN STRATEGIES 1000 OLSON MEMORIAL HWY. MINNEAPOLIS MN 55411	43-1141027	501C3	107,500	4,208		SEE PART IV	PROGRAM COSTS
(9)	UW OF BOONE COUNTY 220 W LOCUST ST BELVIDERE IL 61008-3621	36-2700861	501C3	35,000				PROGRAM COSTS

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Schedule I (Form 990) (2020)

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(Form 990)**

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(1)	UW OF BUFFALO & ERIE COUNTIES 742 DELAWARE AVENUE BUFFALO NY 14209-2295	16-0743969	501C3	35,000				PROGRAM COSTS
(2)	UW OF CASCADE COUNTY 417 CENTRAL AVE GREAT FALLS MT 59401	81-0304170	501C3	10,000				PROGRAM COSTS
(3)	UW OF CENTRAL IOWA 1111 NINTH ST., STE. 100 DES MOINES IA 50314-2527	42-0680425	501C3	15,000				PROGRAM COSTS
(4)	UW OF CENTRAL MN 921 1ST STREET NORTH ST. CLOUD MN 56303-4602	41-0915124	501C3	10,000				PROGRAM COSTS
(5)	UW OF CENTRAL NEW MEXICO 2340 ALAMO SE, 2ND FLOOR ALBUQUERQUE NM 87106	85-0277138	501C3	35,000				PROGRAM COSTS
(6)	UW OF CENTRAL OHIO 360 SOUTH THIRD STREET COLUMBUS OH 43215-5412	31-4393712	501C3	35,000				PROGRAM COSTS
(7)	UW OF DICKINSON COUNTY PO BOX 429 IRON MOUNTAIN MI 49801	23-7112824	501C3	10,000				PROGRAM COSTS
(8)	UW OF EAST CENTRAL IOWA 317 7TH AVE. SE CEDAR RAPIDS IA 52401	42-0861239	501C3	35,000				PROGRAM COSTS
(9)	UW OF EL PASO COUNTY 100 NO STANTON EL PASO TX 79901	74-1291051	501C3	10,000				PROGRAM COSTS

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(1)	UW OF GREATER CINCINNATI 2400 READING ROAD CINCINNATI OH 45202-1458	31-0537502	501C3	25,000				PROGRAM COSTS
(2)	UW OF GREATER HOUSTON 50 WAUGH DRIVE HOUSTON TX 77007	74-1167964	501C3	12,000				PROGRAM COSTS
(3)	UW OF GREATER KANSAS CITY 801 W. 47TH STREET KANSAS CITY MO 64187-1400	44-0545812	501C3	37,000				PROGRAM COSTS
(4)	UW OF GREATER MILWAUKEE & WAUKESHA 225 WEST VINE STREET MILWAUKEE WI 53212-3935	39-0806190	501C3	37,000				PROGRAM COSTS
(5)	UW OF INLAND VALLEYS 1835 CHICAGO AVE SUITE B RIVERSIDE CA 92507	95-1742174	501C3	15,000				PROGRAM COSTS
(6)	UW OF JEFFERSON & N WALWORTH C 734 MADISON AVE FORT ATKINSON WI 53538-1361	39-6046361	501C3	10,000				PROGRAM COSTS
(7)	UW OF MARK TWAIN AREA PO BOX 81 HANNIBAL MO 63401	43-0716604	501C3	35,000				PROGRAM COSTS
(8)	UW OF MECOSTA-OSCEOLA 315 IVES AVENUE BIG RAPIDS MI 49307	38-2489813	501C3	35,000				PROGRAM COSTS
(9)	UW OF METRO CHICAGO 333 S. WABASH CHICAGO IL 60604	30-0200478	501C3	12,000				PROGRAM COSTS

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(1)	UW OF METRO TARRANT CO PO BOX 4448 FORT WORTH TX 76164-0448	75-0858360	501C3	10,000				PROGRAM COSTS
(2)	UW OF RUTHERFORD COUNTY PO BOX 330056 MURFREESBORO TN 37133-0056	58-1341880	501C3	35,000				PROGRAM COSTS
(3)	UW OF SAN DIEGO COUNTY 4699 MURPHY CANYON ROAD SAN DIEGO CA 92123-5371	95-2213995	501C3	15,000				PROGRAM COSTS
(4)	UW OF SHEBOYGAN COUNTY 2020 ERIE AVE SHEBOYGAN WI 53081-3711	39-0808471	501C3	10,000				PROGRAM COSTS
(5)	UW OF SOUTHWEST MISSOURI 3510 EAST THRID STREET JOPLIN MO 64801	44-0556865	501C3	35,000				PROGRAM COSTS
(6)	UW OF THE GREATER TRIANGLE PO BOX 110583 DURHAM NC 27709	56-1949103	501C3	12,000				PROGRAM COSTS
(7)	UW OF VENTURA COUNTY 4001 MISSION OAKS BLVD CAMARILLO CA 93012	95-1945833	501C3	12,000				PROGRAM COSTS
(8)	UW OF VOLUSIA-FLAGLER COUNTIES 3747 W INTERNATIONAL SPEEDWAY DAYTONA BEACH FL 32124-1071	59-1099774	501C3	12,000				PROGRAM COSTS
(9)	UW OF WAYNE & HOLMES COUNTY 215 S WALNUT ST WOOSTER OH 44691-4753	34-0946973	501C3	20,000				PROGRAM COSTS

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(1)	UW OF WHITEWATER VALLEY 129 SOUTH 9TH STREET RICHMOND IN 47374	35-1020935	501C3	25,000				PROGRAM COSTS
(2)	VIETNAMESE SOCIAL SERVICES OF MN 277 UNIVERSITY AVE W ST PAUL MN 55103	36-3532232	501C3	10,000				PROGRAM COSTS
(3)	WASHBURN CENTER FOR CHILDREN 1100 GLENWOOD AVE MINNEAPOLIS MN 55405	41-0711618	501C3		6,422		SEE PART IV	PROGRAM COSTS
(4)	WAY TO GROW 125 WEST BROADWAY MINNEAPOLIS MN 55411-2246	71-0956749	501C3	100,000	1,989		SEE PART IV	PROGRAM COSTS
(5)	WELLSHARE INTERNATIONAL 122 WEST FRANKLIN AVENUE MINNEAPOLIS MN 55404	41-1397062	501C3	73,630	1,339		SEE PART IV	PROGRAM COSTS
(6)	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
(7)	WINDOM UNITED SERVICE DRIVE PO BOX 222 WINDOM MN 56101	41-6028178	501C3	10,000				PROGRAM COSTS
(8)	WOMEN OF NATIONS 73 LEECH ST ST PAUL MN 55102-2719	41-1447503	50C13	10,000				PROGRAM COSTS
(9)	WOMEN'S ADVOCATES INC 588 GRAND AVE. ST. PAUL MN 55102	23-7310701	501C3	67,500	258		SEE PART IV	PROGRAM COSTS

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	WORKING PARTNERSHIPS, INC. 312 CENTRAL AVE SE MINNEAPOLIS MN 55414	20-3244371	501C3	134,877				PROGRAM COSTS
(2)	YMCA HAROLD MEZILE NORTH COMMUNITY 1711 WE BROADWAY AVE MINNEAPOLIS MN 55411	45-2563299	501C3	34,000				PROGRAM COSTS
(3)	YMCA OF THE GREATER TWIN CITIES 651 NICOLLET MALL MINNEAPOLIS MN 55402	45-2563299	501C3	12,000	10,453		SEE PART IV	PROGRAM COSTS
(4)	YMCA OF THE NORTH 651 NICOLLET MALL MINNEAPOLIS MN 55402	45-2563299	501C3	700,150				PROGRAM COSTS
(5)	YOUTHLINK 41 NORTH 12TH ST. MINNEAPOLIS MN 55403	41-1341773	501C3	350,000	3,745		SEE PART IV	PROGRAM COSTS
(6)	YWCA OF MINNEAPOLIS 1130 NICOLLET MALL MINNEAPOLIS MN 55403-2405	41-0693891	501C3	541,500				PROGRAM COSTS
(7)	YWCA OF ST. PAUL 375 SELBY AVE. ST. PAUL MN 55102-1790	41-0693892	501C3	326,440	2,341		SEE PART IV	PROGRAM COSTS
(8)								
(9)								

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

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

Schedule I (Form 990) (2020)

**SCHEDULE I
(Form 990)**

Supplemental Information

2020

For calendar year 2020, or tax year beginning , and ending

Name of the organization

GREATER TWIN CITIES UNITED WAY

Employer identification number

41-1973442

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

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.

PART IV - ADDITIONAL INFORMATION

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.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
u Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
u Attach to Form 990.
uGo to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

**Open to Public
Inspection**

GREATER TWIN CITIES UNITED WAY

Employer identification number
41-1973442

Part I Questions Regarding Compensation

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

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

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

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

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

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input 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 |

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

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

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

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

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

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

- a** The organization? **6a**
- b** Any related organization? **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

	Yes	No
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
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 aren't 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	0	16,530	29,012	379,242	0
	(ii)	0	0	0	0	0	0	0
2 ATHENA MIHAS, CHIEF FINANCIAL OFFICER	(i)	168,371	50	1,327	9,200	11,396	190,344	0
	(ii)	0	0	0	0	0	0	0
3 ACOOA ELLIS SVP COMMUNITY IMPACT	(i)	184,158	50	554	9,782	9,979	204,523	0
	(ii)	0	0	0	0	0	0	0
4 TRENT BLAIN SVP MARKETING	(i)	178,440	50	747	9,729	12,482	201,448	0
	(ii)	0	0	0	0	0	0	0
5 COLLEEN FAHEY SVP IND. GIVING	(i)	168,970	50	2,965	6,826	12,189	191,000	0
	(ii)	0	0	0	0	0	0	0
6 KELLY PUSPOKI VP COMMUNICATIONS	(i)	152,547	50	507	8,151	1,380	162,635	0
	(ii)	0	0	0	0	0	0	0
7 JEFFREY HALBUR DIRECTOR MAJOR GIFTS	(i)	146,595	50	829	7,721	2,382	157,577	0
	(ii)	0	0	0	0	0	0	0
8 SHELLY LUCAS DIRECT-INST. GIVING	(i)	130,039	50	8,706	7,782	29,482	176,059	0
	(ii)	0	0	0	0	0	0	0
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Transactions With Interested Persons

u Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

u Attach to Form 990 or Form 990-EZ.

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

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GREATER TWIN CITIES UNITED WAY

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 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.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

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.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the org.?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			(1)									
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												

Total u \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(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
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

**SCHEDULE M
(Form 990)**

Noncash Contributions

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u Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
u Attach to Form 990.
u 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 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)	X	2	10,900	FAIR VALUE
26 Other u (MEMORABILIA)	X	3	1,250	FAIR VALUE
27 Other u ()				
28 Other u ()				

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?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

u Attach to Form 990 or 990-EZ.

u Go to www.irs.gov/Form990 for 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

FORM 990 - 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 WAY'S 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.

FORM 990, PART I, LINE 6

Name of the organization

Employer identification number

GREATER TWIN CITIES UNITED WAY

41-1973442

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.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS

UNITED WAY'S 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 WAY'S GRANT INVESTMENTS IN HOUSING, FOOD, EDUCATION AND EMPLOYMENT AS WELL AS UNITED WAY'S ADVOCACY STRATEGIES IN ADVANCING EQUITABLE POLICIES AND STATE FUNDING. 2-1-1 DATA ALSO SHAPES UNITED WAY'S 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 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

Name of the organization

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GREATER TWIN CITIES UNITED WAY

41-1973442

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 WAY'S 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

Name of the organization

Employer identification number

GREATER TWIN CITIES UNITED WAY

41-1973442

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 WAY'S 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 WAY'S 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.

FORM 990, PART VI - ADDITIONAL INFORMATION

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

Name of the organization

Employer identification number

GREATER TWIN CITIES UNITED WAY

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DOROTHY BRIDGES, REBA DOMINSKI, AND TIMOTHY WELSH - BUSINESS RELATIONSHIP

JULIE BAKER AND CAROLYN SMALLWOOD - BUSINESS RELATIONSHIP

JUSTIN BUTLER AND MIKE MAESER - BUSINESS RELATIONSHIP

FORM 990, PART VI, LINE 9 - OFFICERS WHO CANNOT BE REACHED:

TRENT BLAIN

5405 ABBOTT PLACE

EDINA, MN 55410

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990:

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.

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

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.

Name of the organization

Employer identification number

GREATER TWIN CITIES UNITED WAY

41-1973442

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL:
 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:

Name of the organization

Employer identification number

GREATER TWIN CITIES UNITED WAY

41-1973442

-CEO'S TOTAL COMPENSATION AND SUPPLEMENTAL BENEFITS, AND

-CEO'S 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.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS:

THE EXECUTIVE COMPENSATION TASK FORCE REVIEWS AND DISCUSSES KEY EXECUTIVES' COMPENSATION AND BENEFITS BASED ON THE CEO'S PERFORMANCE EVALUATION AND RECOMMENDATIONS FOR THESE EXECUTIVES. THE RECOMMENDATIONS ARE THEN REVIEWED WITH THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION:

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.

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION:

CHANGE IN FAIR VALUE OF BENEFICIAL INTERESTS IN \$ 171,518