GREATER TWIN CITIES UNITED WAY

990 Return - Public Inspection Copy

For the Year Ended December 31, 2025

AKINS HENKE & COMPANY
CERTIFIED PUBLIC ACCOUNTANTS

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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

A For the 2025 calendar year, or tax year beginning **and ending**

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/ termin-ated
- ☐ Amended return
- ☐ Applica-tion pending

C Name of organization
GREATER TWIN CITIES UNITED WAY

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
404 S. EIGHTH STREET

City or town, state or province, country, and ZIP or foreign postal code
MINNEAPOLIS, MN 55404-1084

F Name and address of principal officer: JOHN WILGERS
SAME AS C ABOVE

D Employer identification number
41-1973442

E Telephone number
(612)340-7400

G Gross receipts $ 45,985,170.

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions

H(c) Group exemption number

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

J Website: WWW.GTCUW.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

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

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities: OUR MISSION IS TO UNITE CHANGEMAKERS, ADVOCATE FOR SOCIAL GOOD AND DEVELOP SOLUTIONS TO

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	53
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	53
5	Total number of individuals employed in calendar year 2025 (Part V, line 2a)	5	211
6	Total number of volunteers (estimate if necessary)	6	12300
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	37,742,854.	38,916,621.
9	Program service revenue (Part VIII, line 2g)	1,089,602.	1,233,422.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,666,214.	4,964,529.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	291,320.	215,031.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	42,789,990.	45,329,603.

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	26,546,405.	22,436,720.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	18,995,718.	22,573,264.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	45,000.	48,000.
b	Total fundraising expenses (Part IX, column (D), line 25) 7,189,917.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	7,140,770.	6,940,355.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	52,727,893.	51,998,339.
19	Revenue less expenses. Subtract line 18 from line 12	-9,937,903.	-6,668,736.

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	140,861,330.	136,347,744.
21	Total liabilities (Part X, line 26)	6,206,530.	5,253,797.
22	Net assets or fund balances. Subtract line 21 from line 20	134,654,800.	131,093,947.

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

Preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
CHRIS J. HENKE	CHRIS J. HENKE	08/24/26	☐	P01008921

Firm's name AKINS HENKE AND COMPANY — Firm's EIN 46-3220328

Firm's address 600 INWOOD AVENUE NORTH, SUITE 140
OAKDALE, MN 55128 — Phone no. 651-636-3806

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
FOR 110 YEARS, GREATER TWIN CITIES UNITED WAY (UNITED WAY), A NONPROFIT, HAS DEMONSTRATED THAT WHENEVER THERE'S A COMMUNITY NEED IN THE GREATER TWIN CITIES REGION, UNITED WAY IS THERE. UNITED WAY'S EFFORTS CONTINUALLY EVOLVE TO RESPOND TO (CONTINUED ON 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 $ 10,974,208. including grants of $ 5,570,601.) (Revenue $)
EDUCATIONAL SUCCESS: UNITED WAY'S VISION | ALL YOUNG CHILDREN AND THEIR FAMILIES ENTER KINDERGARTEN READY TO LEARN AND THRIVE, AND ALL YOUTH HAVE THE SKILLS, RELATIONSHIPS AND MINDSETS TO CHOOSE AND DIRECT THEIR FUTURE SUCCESS. UNITED WAY MEETS URGENT NEEDS BY SUPPORTING NONPROFITS DOING IMPACTFUL WORK IN EARLY CHILDHOOD EDUCATION AND CAREER AND FUTURE READINESS, AND BY CONNECTING CALLERS TO EDUCATION RESOURCES VIA ITS 211 RESOURCE HELPLINE. UNITED WAY ALSO MAKES LASTING CHANGE TO IMPROVE THE EDUCATION SYSTEM THROUGH ITS 80X3: RESILIENT FROM THE START INITIATIVE, WHICH IS FOCUSED ON EXPANDING THE TRAUMA-SENSITIVE CARE THAT MAKES A DIFFERENCE IN EARLY CHILDHOOD DEVELOPMENT, AND ADVOCACY EFFORTS THAT SUPPORT QUALITY CHILDCARE AND YOUNG PEOPLE'S CAREER READINESS. IN 2025, UNITED WAY AND ITS PARTNERS PROVIDED HIGH-QUALITY EARLY CHILDHOOD

4b (Code:) (Expenses $ 6,745,064. including grants of $ 5,776,402.) (Revenue $)
STABLE HOUSING: UNITED WAY'S VISION | EPISODES OF HOMELESSNESS ARE RARE, BRIEF AND NONRECURRING. UNITED WAY MEETS URGENT NEEDS BY SUPPORTING NONPROFITS DOING IMPACTFUL WORK IN HOUSING AND BY CONNECTING CALLERS TO HOUSING AND SHELTER RESOURCES VIA ITS 211 RESOURCE HELPLINE. HOUSING IS BY FAR THE GREATEST REASON PEOPLE IN OUR REGION REACH OUT TO 211. UNITED WAY ALSO MAKES LASTING CHANGE TO IMPROVE HOUSING BY LEADING THE PATHWAYS HOME INITIATIVE FOCUSED ON PREVENTING HOMELESSNESS BY CONNECTING YOUNG PEOPLE EXITING FOSTER CARE OR INCARCERATION TO CRITICAL SUPPORT, AND BY LEADING ADVOCACY EFFORTS THAT SUPPORT HOUSING STABILITY. UNITED WAY AND ITS 27 PARTNERS MEETING URGENT HOUSING NEEDS SUPPORTED OVER 19,319 PEOPLE THROUGH OUTREACH, SHELTER AND PERMANENT HOUSING PROGRAMS. VOLUNTEERS WITH UNITED WAY'S ANNUAL HOME FOR GOOD

4c (Code:) (Expenses $ 3,590,196. including grants of $ 3,590,196.) (Revenue $)
ECONOMIC OPPORTUNITY: UNITED WAY'S VISION | ALL ADULTS ENTER THE WORKFORCE PREPARED FOR SKILLED EMPLOYMENT AND INCREASED WEALTH. UNITED WAY MEETS URGENT NEEDS BY SUPPORTING NONPROFITS DOING IMPACTFUL WORK TO PROVIDE JOB TRAINING AND ENTREPRENEURSHIP SUPPORT, AND BY CONNECTING CALLERS TO EMPLOYMENT RESOURCES VIA ITS 211 RESOURCE HELPLINE. UNITED WAY ALSO MAKES LASTING CHANGE TO IMPROVE SYSTEMS BY BUILDING EDUCATOR-EMPLOYER PARTNERSHIPS THROUGH ITS CAREER ACADEMIES INITIATIVE, FOCUSED ON EXPANDING ACCESS TO WEALTH-BUILDING CAREERS FOR YOUTH; AND ADVOCATING FOR POLICIES THAT MITIGATE THE IMPACTS OF THE "BENEFITS CLIFF." IN 2025, UNITED WAY AND ITS PARTNERS SUPPORTED 3,559 ENTREPRENEURS, 86% OF WHOM ACHIEVED BUSINESS STABILITY OR GROWTH; 13,800 ADULTS ENGAGED IN JOB TRAINING AND PLACEMENT PROGRAMS; AND 297

4d Other program services (Describe on Schedule O.)
(Expenses $ 20,073,137. including grants of $ 7,499,521.) (Revenue $ 1,286,923.)

4e Total program service expenses 41,382,605.

SEE SCHEDULE O FOR CONTINUATION(S)

Part IV Checklist of Required Schedules

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	507		
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		X	

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** 211			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	**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 _____ 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 the 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
17	**Section 501(c)(21) organizations.** Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	**17**		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	53		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	53		
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?	2		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?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			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?	7a			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?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses on Schedule O*	9			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?	10a		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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe on Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and 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	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate 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?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed MN

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[X] Own website [ ] Another's website [X] Upon request [ ] Other *(explain on Schedule O)*

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

ATHENA MIHAS - 612-340-7606

404 SOUTH EIGHTH STREET, MINNEAPOLIS, MN 55404

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

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

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

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

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

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN WILGERS PRESIDENT AND CEO	40.00			X				462,608.	0.	51,041.
(2) ATHENA MIHAS CHIEF FINANCIAL OFFICER	40.00			X				199,451.	0.	29,296.
(3) KRISTINA SALKOWSKI SVP COMMUNITY IMPACT	40.00				X			193,541.	0.	14,086.
(4) SHANNON SMITH JONES SVP ADVANCEMENT	40.00				X			186,688.	0.	49,089.
(5) JOSEPH MUNNICH EXECUTIVE DIRECTOR GEN NEXT	40.00				X			183,470.	0.	13,466.
(6) JULI DURDA VP HUMAN RESOURCES & ADMIN SERVICES	40.00				X			159,159.	0.	45,379.
(7) MICHELLE DANIEL FORMER ASSOCIATE VP DEVELOPMENT	40.00						X	141,192.	0.	19,290.
(8) MALA THAO VP INDIVIDUAL GIVING & DONOR DIVERSI	40.00					X		175,299.	0.	26,586.
(9) SHERRY SANCHEZ TIBBETTS VP DIVERSITY, EQUITY & INCLUSION	40.00					X		167,683.	0.	23,737.
(10) STEPHANNIE LEWIS ASSOCIATE VP - ADVOCACY & COMMUNITY	40.00					X		160,869.	0.	21,422.
(11) MEGAN O'MEARA SENIOR DIRECTOR - HOLISTIC GRANT MAK	40.00					X		147,842.	0.	11,552.
(12) CERI STEER SENIOR DIRECTOR - IT	40.00					X		145,527.	0.	12,565.
(13) AL MCFARLANE BOARD CHAIR	1.00	X		X				0.	0.	0.
(14) STACY BOGART VICE CHAIR	1.00	X		X				0.	0.	0.
(15) DIEGO ARIAS GARCIA TREASURER	1.00	X		X				0.	0.	0.
(16) CHRIS DOLAN SECRETARY	1.00	X		X				0.	0.	0.
(17) LAMAR ANDERSON BOARD MEMBER	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) NISHA BOTCHWEY BOARD MEMBER	1.00	X						0.	0.	0.
(19) SHIRLEY BOYD BOARD MEMBER	1.00	X						0.	0.	0.
(20) JEN BRATTON BOARD MEMBER	1.00	X						0.	0.	0.
(21) COLLIN BRINKMAN BOARD MEMBER	1.00	X						0.	0.	0.
(22) JARED BROWN BOARD MEMBER	1.00	X						0.	0.	0.
(23) JUSTIN BUTLER BOARD MEMBER	1.00	X						0.	0.	0.
(24) ERICK CHI BOARD MEMBER	1.00	X						0.	0.	0.
(25) LOUIS CLARK, IV BOARD MEMBER	1.00	X						0.	0.	0.
(26) PATRICIA CORREA BOARD MEMBER	1.00	X						0.	0.	0.
1b Subtotal								2,323,329.	0.	317,509.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,323,329.	0.	317,509.

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 41

		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	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*	4	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*	5		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
INSIGHT GLOBAL, LLC, 1224 HAMMOND DRIVE, SUITE 1500, ATLANTA, GA 30346	HR CONSULTING	301,740.
PROTIVITI INC, 3001 BISHOP DRIVE, SUITE 140, SAN RAMON, CA 94583	ACCOUNTING AND CONSULTING SERVICES	299,490.
KORN FERRY, 1900 AVENUE OF THE STARS, SUITE 1500, LOS ANGELES, CA 90067	HR CONSULTING	276,531.
MOMENTUM ADVOCACY, LLP, 310 4TH AVE. S, SUITE 9200, MINNEAPOLIS, MN 55415	ADVOCACY CONSULTING SERVICES	221,517.
CLIFTON LARSON ALLEN LLP PO BOX 776376, CHICAGO, IL 60677	ACCOUNTING AND CONSULTING SERVICES	161,674.

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 16

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(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			
(27) DEREK CUNZ	1.00									
BOARD MEMBER		X						0.	0.	0.
(28) AMY DAHL	1.00									
BOARD MEMBER		X						0.	0.	0.
(29) LATANYA DANIELS	1.00									
BOARD MEMBER		X						0.	0.	0.
(30) DAVID FIOCCO	1.00									
BOARD MEMBER		X						0.	0.	0.
(31) MAYKAO FREDERICKS	1.00									
BOARD MEMBER		X						0.	0.	0.
(32) PETER FROSCH	1.00									
BOARD MEMBER		X						0.	0.	0.
(33) KERRI GORDON	1.00									
BOARD MEMBER		X						0.	0.	0.
(34) CHERYL HADAWAY	1.00									
BOARD MEMBER		X						0.	0.	0.
(35) ROBIN HICKMAN-WINFIELD	1.00									
BOARD MEMBER		X						0.	0.	0.
(36) DOMINIC IANNAZZO	1.00									
BOARD MEMBER		X						0.	0.	0.
(37) SCOTT JANCKILA	1.00									
BOARD MEMBER		X						0.	0.	0.
(38) OLIVIA JEFFERSON	1.00									
BOARD MEMBER		X						0.	0.	0.
(39) MARY KAUL-HOTTINGER	1.00									
BOARD MEMBER		X						0.	0.	0.
(40) PAM KERMISCH	1.00									
BOARD MEMBER		X						0.	0.	0.
(41) JOHN LINDAHL	1.00									
BOARD MEMBER		X						0.	0.	0.
(42) LAURA LOHMANN	1.00									
BOARD MEMBER		X						0.	0.	0.
(43) MATT MARSH	1.00									
BOARD MEMBER		X						0.	0.	0.
(44) ERIN HORNE MCKINNEY	1.00									
BOARD MEMBER		X						0.	0.	0.
(45) MIQUEL MCMOORE	1.00									
BOARD MEMBER		X						0.	0.	0.
(46) CHRIS MURPHY	1.00									
BOARD MEMBER		X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(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			
(47) INA MURRAY	1.00									
BOARD MEMBER - RETIRED IN 2025		X						0.	0.	0.
(48) ANU PAL	1.00									
BOARD MEMBER		X						0.	0.	0.
(49) KERA PETERSON	1.00									
BOARD MEMBER		X						0.	0.	0.
(50) JOHN POTTER	1.00									
BOARD MEMBER		X						0.	0.	0.
(51) COURTNEY RICHARDSON	1.00									
BOARD MEMBER		X						0.	0.	0.
(52) LAURI ROBERTS	1.00									
BOARD MEMBER		X						0.	0.	0.
(53) DAN RODRIGUEZ	1.00									
BOARD MEMBER		X						0.	0.	0.
(54) CARRIE SCATENA	1.00									
BOARD MEMBER		X						0.	0.	0.
(55) HALEY TAYROL SCHLITZ	1.00									
BOARD MEMBER		X						0.	0.	0.
(56) COURTNEY SCHROEDER	1.00									
BOARD MEMBER		X						0.	0.	0.
(57) LISA SHANNON	1.00									
BOARD MEMBER - RETIRED IN 2025		X						0.	0.	0.
(58) SUMMRA SHARIFF	1.00									
BOARD MEMBER		X						0.	0.	0.
(59) SHANE SHIPMAN	1.00									
BOARD MEMBER		X						0.	0.	0.
(60) LUCHELLE STEVENS	1.00									
BOARD MEMBER		X						0.	0.	0.
(61) SHARON KENNEDY VICKERS	1.00									
BOARD MEMBER		X						0.	0.	0.
(62) ROB VISCHER	1.00									
BOARD MEMBER		X						0.	0.	0.
(63) MIKE WETHINGTON	2.00									
BOARD MEMBER		X						0.	0.	0.
(64) KELLI WILLIAMS	1.00									
BOARD MEMBER		X						0.	0.	0.
(65) HEATHER WILLIAMSON	1.00									
BOARD MEMBER		X						0.	0.	0.
(66) ASAD ZAMAN	1.00									
BOARD MEMBER		X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(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			
(67) TROY ZIERDEN BOARD MEMBER	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e	7,448,607.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	31,468,014.				
	g Noncash contributions included in lines 1a-1f	1g	$ 790,012.				
	h **Total.** Add lines 1a-1f			38,916,621.			
Program Service Revenue		**Business Code**					
	2a FEES FOR SERVICE	541900		1,163,693.	1,163,693.		
	b MEMBERSHIPS	900099		69,729.	69,729.		
	c						
	d						
	e						
	f All other program service revenue						
	g **Total.** Add lines 2a-2f			1,233,422.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,653,628.			1653628.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
			(i) Real / (ii) Personal				
	6a Gross rents	6a	81,408.				
	b Less: rental expenses	6b	0.				
	c Rental income or (loss)	6c	81,408.				
	d Net rental income or (loss)			81,408.			81,408.
			(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	7a	3,317,737. / 648,731.				
	b Less: cost or other basis and sales expenses	7b	0. / 655,567.				
	c Gain or (loss)	7c	3,317,737. / -6,836.				
	d Net gain or (loss)			3,310,901.			3310901.
	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						
	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						
	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						
Miscellaneous Revenue		**Business Code**					
	11a MISCELLANEOUS INCOME	900099		63,122.			63,122.
	b DESIGNATION COST RECOVERY	541900		53,501.	53,501.		
	c LICENSE FEE	900099		17,000.			17,000.
	d All other revenue						
	e **Total.** Add lines 11a-11d			133,623.			
	12 **Total revenue.** See instructions			45,329,603.	1,286,923.	0.	5126059.

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	22,436,720.	22,436,720.		
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				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,587,274.	777,783.	506,171.	303,320.
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	16,820,120.	10,734,638.	1,657,916.	4,427,566.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	734,056.	491,720.	59,376.	182,960.
9 Other employee benefits	2,159,815.	1,420,513.	190,083.	549,219.
10 Payroll taxes	1,271,999.	839,119.	107,896.	324,984.
11 Fees for services (nonemployees):				
a Management				
b Legal	66,647.	12,830.	50,260.	3,557.
c Accounting	138,389.		138,389.	
d Lobbying	210,719.	210,719.		
e Professional fundraising services. See Part IV, line 17	48,000.			48,000.
f Investment management fees	110,037.		110,037.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	2,437,087.	1,843,875.	260,737.	332,475.
12 Advertising and promotion	652,041.	327,082.	7,379.	317,580.
13 Office expenses	71,807.	5,643.	17,728.	48,436.
14 Information technology	513,028.	364,177.	57,154.	91,697.
15 Royalties				
16 Occupancy	550,040.	370,061.	77,824.	102,155.
17 Travel	21,096.	16,835.	225.	4,036.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	348,051.	294,706.	15,367.	37,978.
20 Interest				
21 Payments to affiliates	567,699.	379,046.	81,575.	107,078.
22 Depreciation, depletion, and amortization	527,789.	352,400.	75,840.	99,549.
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	591,480.	371,455.	11,860.	208,165.
b DONATED SUPPLIES AND TI	134,445.	133,283.		1,162.
c				
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	51,998,339.	41,382,605.	3,425,817.	7,189,917.
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 ☐ 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	182.	1	182.
	2	Savings and temporary cash investments	9,731,095.	2	11,035,434.
	3	Pledges and grants receivable, net	43,134,217.	3	37,095,504.
	4	Accounts receivable, net	28,923.	4	386,695.
	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	7,484.	8	6,959.
	9	Prepaid expenses and deferred charges	226,222.	9	300,620.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 11,351,041.			
	b	Less: accumulated depreciation — 10b: 9,304,095.	2,304,082.	10c	2,046,946.
	11	Investments - publicly traded securities	15,075,804.	11	10,264,927.
	12	Investments - other securities. See Part IV, line 11	67,396,467.	12	71,735,294.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	2,956,854.	15	3,475,183.
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)	140,861,330.	16	136,347,744.
Liabilities	17	Accounts payable and accrued expenses	2,838,787.	17	1,964,806.
	18	Grants payable	3,357,874.	18	3,044,525.
	19	Deferred revenue	9,869.	19	244,466.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	6,206,530.	26	5,253,797.
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here** ☒ **and complete lines 27, 28, 32, and 33.**			
	27	Net assets without donor restrictions	29,691,918.	27	25,131,174.
	28	Net assets with donor restrictions	104,962,882.	28	105,962,773.
		Organizations that do not follow FASB ASC 958, check here ☐ **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	134,654,800.	32	131,093,947.
	33	Total liabilities and net assets/fund balances	140,861,330.	33	136,347,744.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	45,329,603.
2	Total expenses (must equal Part IX, column (A), line 25)	2	51,998,339.
3	Revenue less expenses. Subtract line 2 from line 1	3	-6,668,736.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	134,654,800.
5	Net unrealized gains (losses) on investments	5	2,729,826.
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	378,057.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	131,093,947.

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: [ ] Cash [X] Accrual [ ] Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: [ ] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: [X] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No. 1545-0047

2025

Open to Public Inspection

Name of the organization

GREATER TWIN CITIES UNITED WAY

Employer identification number

41-1973442

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations .....
g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	49174153.	70104640.	48032351.	37742854.	38916821.	243970819
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	49174153.	70104640.	48032351.	37742854.	38916821.	243970819
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)						28581727.
6 **Public support.** Subtract line 5 from line 4.						215389092

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(f) Total
7 Amounts from line 4	49174153.	70104640.	48032351.	37742854.	38916821.	243970819
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1199780.	913,155.	1647884.	1949979.	1735036.	7445834.
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.)	279,634.	40,547.	61,650.	128,305.	80,122.	590,258.
11 **Total support.** Add lines 7 through 10						252006911

12 Gross receipts from related activities, etc. (see instructions) 12 4,567,991.

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 2025 (line 6, column (f), divided by line 11, column (f)) 14 85.47 %

15 Public support percentage from 2024 Schedule A, Part II, line 14 15 87.88 %

16a **33 1/3% support test - 2025.** 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 - 2024.** 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 - 2025.** 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 - 2024.** 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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(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) 2021	(b) 2022	(c) 2023	(d) 2024	(e) 2025	(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 on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2025 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2024 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2025** (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from **2024** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2025.** 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 - 2024.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, 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? *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.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* **Part VI** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* **Part VI** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in* **Part VI,** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If "Yes," complete Part I of Schedule L (Form 990).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* **Part VI.**	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* **Part VI.**	9b		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* **Part VI.**	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

Part IV Supporting Organizations *(continued)*

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

Section B. Type I Supporting Organizations

			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? *If "No," describe in* **Part VI** *how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	**1**		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in* **Part VI** *how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	**2**		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 *Check the box next to the method that the organization used to satisfy the Integral Part Test during the year* **(see instructions).**

- **a** ☐ The organization satisfied the Activities Test. *Complete* **line 2** *below.*
- **b** ☐ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- **c** ☐ The organization supported a governmental supported organization. *Describe in* **Part VI** *how you supported a governmental supported organization (see instructions).*

			Yes	No
2	Activities Test. **Answer lines 2a and 2b below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of its supported organization(s)? *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 each of its supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. **Answer lines 3a, 3b, and 3c below.**			
a	Are the organization and its supported organization(s) part of an integrated system (for example, a hospital system)? *If "Yes," provide details in* **Part VI.**	**3a**		
b	Did the organization direct the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	**3b**		
c	Did the organization have the power to regularly appoint or elect (and remove) a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in* **Part VI.**	**3c**		

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 (*explain in detail in* **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	**2**		
3 Subtract line 2 from line 1d.	**3**		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, 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 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions		**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	**1**	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	**2**	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	**3**	
4 Amounts paid to acquire exempt-use assets	**4**	
5 Qualified set-aside amounts (prior IRS approval required - *provide details in* **Part VI**)	**5**	
6 **Total annual distributions.** Add lines 1 through 5.	**6**	
7 Distributions to attentive supported organizations to which the organization is responsive (*provide details in* **Part VI**). See instructions.	**7**	
8 Distributable amount for 2025 from Section C, line 6	**8**	
9 Line 7 amount divided by line 8 amount	**9**	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2025**	**(iii) Distributable Amount for 2025**
1 Distributable amount for 2025 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2025 (reasonable cause required - *explain in* **Part VI**). See instructions.			
3 Excess distributions carryover, if any, to 2025			
a From 2020			
b From 2021			
c From 2022			
d From 2023			
e From 2024			
f **Total** of lines 3a through 3e			
g Applied to under distributions of prior years			
h Applied to 2025 distributable amount			
i Carryover from 2020 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2025 from Section D, line 6: $			
a Applied to underdistributions of prior years			
b Applied to 2025 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2025, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, *explain in* **Part VI.** See instructions.			
6 Remaining underdistributions for 2025. Subtract lines 3h and 4b from line 1. For result greater than zero, *explain in* **Part VI**. See instructions.			
7 **Excess distributions carryover to 2026.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2021			
b Excess from 2022			
c Excess from 2023			
d Excess from 2024			
e Excess from 2025			

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, 3b, and 3c; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5 and 7; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Schedule B (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

Name of the organization

GREATER TWIN CITIES UNITED WAY

Employer identification number

41-1973442

Organization type (check one):

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

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

General Rule

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

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

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

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

Name of organization: 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		$ 4,400,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 1,150,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3		$ 3,467,417.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4		$ 1,851,593.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization

GREATER TWIN CITIES UNITED WAY

Employer identification number

41-1973442

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

Name of organization: GREATER TWIN CITIES UNITED WAY

Employer identification number: 41-1973442

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this info. once.) $

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE C
(Form 990)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

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

OMB No. 1545-0047

2025

Open to Public Inspection

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

- Section 501(c)(3) organizations: Complete Parts I-A and I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-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	Employer identification number (EIN)
GREATER TWIN CITIES UNITED WAY	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.
2 Political campaign activity expenditures ..... $
3 Volunteer hours for political campaign activities .....

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 ..... $
2 Enter the amount of any excise tax incurred by organization managers under section 4955 ..... $
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ..... ☐ Yes ☐ No
4a Was a correction made? ..... ☐ Yes ☐ No
b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... $
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... $
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... $
4 Did the filing organization file **Form 1120-POL** for this year? ..... ☐ Yes ☐ No
5 Enter the names, addresses, and EINs 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-.

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)	19,900.	
b Total lobbying expenditures to influence a legislative body (direct lobbying)	190,819.	
c Total lobbying expenditures (add lines 1a and 1b)	210,719.	
d Other exempt purpose expenditures	41,171,886.	
e Total exempt purpose expenditures (add lines 1c and 1d)	41,382,605.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.	
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000.	
h Subtract line 1g from line 1a. If zero or less, enter -0-	0.	
i Subtract line 1f from line 1c. If zero or less, enter -0-	0.	

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

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

4-Year Averaging Period Under Section 501(h)

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2022	(b) 2023	(c) 2024	(d) 2025	(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	210,150.	207,704.	180,600.	210,719.	809,173.
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	1,750.	5,405.		19,900.	27,055.

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

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

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

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

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

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

Part IV Supplemental Information

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

SCHEDULE D
(Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

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.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

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? ☐ Yes ☐ No

Part II Conservation Easements.

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (for example, recreation or education)
☐ Preservation of a historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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.

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included on line 2a	2c	
d	Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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.

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:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	86,132,483.	83,014,227.	78,662,218.	69,768,213.	61,047,267.
b Contributions	687,125.	637,511.	2,699,792.	16,960,380.	1,233,255.
c Net investment earnings, gains, and losses	6,570,473.	5,479,521.	6,060,611.	-5,944,729.	10,180,312.
d Grants or scholarships	4,231,646.	2,998,776.	4,408,394.	2,121,646.	2,692,621.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	89,158,435.	86,132,483.	83,014,227.	78,662,218.	69,768,213.

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

a Board designated or quasi-endowment 23.4600 %
b Permanent endowment 40.5800 %
c Term endowment 35.9600 %

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

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

		Yes	No
(i) Unrelated organizations?	3a(i)	X	
(ii) Related organizations?	3a(ii)		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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		8,502,527.	7,023,459.	1,479,068.
c Leasehold improvements				
d Equipment		2,815,431.	2,280,636.	534,795.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, line 10c, column (B))*				2,046,946.

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	9,002,760.	END-OF-YEAR MARKET VALUE
(3) Other		
(A) POOLED INVESTMENT FUNDS	62,732,534.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	71,735,294.	

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. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

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, line 15, col. (B))*	

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, line 25, col. (B))*	

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 ... X

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	42,516,723.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	2,729,826.		
b	Donated services and use of facilities	2b	22,500.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	378,057.		
e	Add lines 2a through 2d			2e	3,130,383.
3	Subtract line 2e from line 1			3	39,386,340.
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	5,943,263.		
c	Add lines 4a and 4b			4c	5,943,263.
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	45,329,603.

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	46,077,576.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	22,500.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	22,500.
3	Subtract line 2e from line 1			3	46,055,076.
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	5,943,263.		
c	Add lines 4a and 4b			4c	5,943,263.
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	51,998,339.

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

PART X, LINE 2:
UNITED WAY IS CLASSIFIED AS A TAX EXEMPT ORGANIZATION UNDER MINNESOTA STATUTE 290.05 AND IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(A) AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, EXCEPT FOR TAXES ON INCOME DETERMINED TO BE UNRELATED BUSINESS TAXABLE INCOME. UNITED WAY DID NOT HAVE ANY UNRELATED BUSINESS INCOME FOR THE YEAR ENDED DECEMBER 31, 2025. UNITED WAY ASSESSES UNCERTAIN TAX POSITIONS AND HAS DETERMINED THERE WERE NO SUCH POSITIONS THAT HAVE A MATERIAL EFFECT ON THE FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:
CHANGE IN FAIR VALUE OF BENEFICIAL INTERESTS IN CHARITABLE TRUSTS 378,057.

PART XI, LINE 4B - OTHER ADJUSTMENTS:
DONOR DESIGNATED CONTRIBUTIONS FOR OTHER NON-PROFITS 5,943,263.

PART XII, LINE 4B - OTHER ADJUSTMENTS:
DONOR DESIGNATED CONTRIBUTIONS FOR OTHER NON-PROFITS 5,943,263.

Part XIII Supplemental Information *(continued)*

SCHEDULE G (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

GREATER TWIN CITIES UNITED WAY

Employer identification number

41-1973442

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- **a** [X] Mail solicitations
- **b** [X] Internet and email solicitations
- **c** [X] Phone solicitations
- **d** [X] In-person solicitations
- **e** [X] Solicitation of nongovernment grants
- **f** [X] Solicitation of government grants
- **g** [X] Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? [X] **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? Yes	**(iii)** No	**(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
AMPLIFYDMC, LLC - 1375 ST. ANTHONY AVE., ST. PAUL, MN	GRANT WRITING		X	304,333.	48,000.	256,333.
Total				304,333.	48,000.	256,333.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

MN

SEE PART IV FOR CONTINUATIONS

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 (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
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))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes_____ % ☐ No	☐ Yes_____ % ☐ No	☐ Yes_____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

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

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

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

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

Name

Address

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

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

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

Name

Address

16 Gaming manager information:

Name

Gaming manager compensation $ _____

Description of services provided

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

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

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

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

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: AMPLIFYDMC, LLC
(I) ADDRESS OF FUNDRAISER: 1375 ST. ANTHONY AVE., ST. PAUL, MN 55104

Part IV **Supplemental Information** *(continued)*

SCHEDULE I (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

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? ..... [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
180 DEGREES 236 CLIFTON AVE S MINNEAPOLIS, MN 55403	23-7153536	501(C)(3)	65,500.	0.			PROGRAM COSTS
30,000 FEET 2355 HIGHWAY 36 WEST SUITE 400 ROSEVILLE, MN 55113	47-3224688	501(C)(3)	105,250.	0.			PROGRAM COSTS
360 COMMUNITIES 360 COMMUNITIES 501 E. HWY. 13, STE BURNSVILLE, MN 55337	41-0987708	501(C)(3)	0.	19,810.	FAIR VALUE	BACKPACKS, SCHOOL SUPPLIES AND FOOD SUPPLIES	PROGRAM COSTS
ACHIEVE TWIN CITIES 404 SOUTH 8TH STREET SUITE 105 MINNEAPOLIS, MN 55404	41-1425264	501(C)(3)	39,739.	0.			PROGRAM COSTS
AFRICAN CAREER EDUCATION RESOURCE 6096 SHINGLE CREEK PARKWAY BROOKLYN CENTER, MN 55430	47-1207676	501(C)(3)	55,000.	0.			PROGRAM COSTS
AFRICAN DEVELOPMENT CENTER 1931 S. 5TH STREET MINNEAPOLIS, MN 55454	20-0553370	501(C)(3)	43,250.	0.			PROGRAM COSTS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... 228.

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990. **Schedule I (Form 990) (Rev. 12-2024)**

SEE PART IV FOR COLUMN (G) DESCRIPTIONS

LHA 532101 04-01-25

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AFRICAN ECONOMIC DEVELOPMENT SOLUTIONS - 1821 UNIVERSITY AVE W SUITE S-145 - ST.PAUL, MN 55104	80-0345712	501(C)(3)	78,750.	4,195.	FAIR VALUE	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
AGATE HOUSING & SERVICES, INC 2309 NICOLLET AVENUE MINNEAPOLIS, MN 55404	01-0639118	501(C)(3)	25,000.	13,649.	FAIR VALUE	BACKPACKS, SCHOOL SUPPLIES AND HOUSE SUPPLIES	PROGRAM COSTS
AIN DAH YUNG "OUR HOME" CENTER 1089 PORTLAND AVENUE ST. PAUL, MN 55104	41-1697692	501(C)(3)	132,400.	4,790.	FAIR VALUE	FOOD SUPPLIES AND HOUSE SUPPLIES	PROGRAM COSTS
AL-MAA'UUN 1729 LYNDALE AVE N MINNEAPOLIS, MN 55411	27-1893708	501(C)(3)	134,500.	10,244.	FAIR VALUE	BACKPACKS, SCHOOL SUPPLIES AND HOUSE SUPPLIES	PROGRAM COSTS
AMERICAN INDIAN COMMUNITY DEVELOPMENT CORP - 1113 E FRANKLIN AVENUE SUITE 202 - MINNEAPOLIS, MN 55404	41-1716667	501(C)(3)	73,250.	7,607.	FAIR VALUE	BACKPACKS, SCHOOL SUPPLIES AND HOUSE SUPPLIES	PROGRAM COSTS
AMERICAN INDIAN FAMILY CENTER 579 WELLS ST. ST. PAUL, MN 55130	41-1841352	501(C)(3)	100,750.	3,200.	FAIR VALUE	HOUSE SUPPLIES	PROGRAM COSTS
AMERICAN INDIAN OIC INC 1845 EAST FRANKLIN AVE. MINNEAPOLIS, MN 55404	41-1365561	501(C)(3)	183,050.	1,122.	FAIR VALUE	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
AMHERST H. WILDER FOUNDATION 451 LEXINGTON PKWY. N ST. PAUL, MN 55104	41-0693889	501(C)(3)	259,850.	13,736.	FAIR VALUE	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
ANOKA-HENNEPIN SCHOOL DISTRICT 2727 N. FERRY STREET ANOKA, MN 55303	41-1691433	GOVERNMENT	0.	15,269.	FAIR VALUE	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
APPETITE FOR CHANGE 2520 N 2ND STREET MINNEAPOLIS, MN 55411	27-5112040	501(C)(3)	55,750.	0.			PROGRAM COSTS
APPETITE FOR CHANGE, INC 2520 N 2ND STREET SUITE 102 MINNEAPOLIS, MN 55411	27-5112040	501(C)(3)	45,000.	0.			PROGRAM COSTS
ASIAN ECONOMIC DEVELOPMENT ASSOCIATION - 422 UNIVERSITY AVE. W SUITE 14 - ST. PAUL, MN 55103	41-1911474	501(C)(3)	50,750.	0.			PROGRAM COSTS
AUGSBURG UNIVERSITY 2211 RIVERSIDE AVE. MINNEAPOLIS, MN 55454	41-0694721	501(C)(3)	25,000.	0.			PROGRAM COSTS
AVENUES FOR YOUTH 1708 OAK PARK AVENUE N MINNEAPOLIS, MN 55411	41-1765140	501(C)(3)	115,250.	10,969.	FAIR VALUE	BACKPACKS, SCHOOL SUPPLIES AND HOUSE SUPPLIES	PROGRAM COSTS
AVIVO 1900 CHICAGO AVE. S MINNEAPOLIS, MN 55404	41-0828779	501(C)(3)	243,900.	12,671.	FAIR VALUE	BACKPACKS, SCHOOL SUPPLIES AND HOUSE SUPPLIES	PROGRAM COSTS
BABY'S SPACE: A PLACE TO GROW 2438 18TH AVE S MINNEAPOLIS, MN 55404	20-4502788	501(C)(3)	119,750.	182.	FAIR VALUE	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
BANYAN COMMUNITY 2529 13TH AVE S MINNEAPOLIS, MN 55404	41-1922813	501(C)(3)	36,000.	0.			PROGRAM COSTS
BASIC NEEDS INC OF SOUTH WASHINGTON COUNTY - 445 BROADWAY AVENUE - SAINT PAUL PARK, MN 55071	41-1878604	501(C)(3)	10,000.	0.			PROGRAM COSTS

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIG BROTHERS BIG SISTERS OF GREATER TWIN CITIES - 3110 WASHINGTON AVENUE NORTH - MINNEAPOLIS, MN 55411	32-0017737	501(C)(3)	79,250.	2,666.	FAIR VALUE	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
BIG WONDER CHILD CARE 60 N KENT STREET ST. PAUL, MN 55102	88-2362980	501(C)(3)	65,000.	0.			PROGRAM COSTS
BLACK EDUCATED SUCCESSFUL THRIVING (B.E.S.T.) - 2030 BRESTER STREET APT 25 - ST. PAUL, MN 55108	99-1577373	501(C)(3)	10,000.	0.			PROGRAM COSTS
BLOOM EARLY LEARNING & CHILD CARE 17805 COUNTY ROAD 6 PLYMOUTH, MN 55447	41-1939043	501(C)(3)	65,000.	0.			PROGRAM COSTS
BOUNTIFUL BASKET FOOD SHELF OF EASTERN CARVER COUNTY - 1600 BAVARIA ROAD - CHASKA, MN 55318	84-2309087	501(C)(3)	41,000.	0.			PROGRAM COSTS
BOYS & GIRLS CLUBS OF THE TWIN CITIES - 690 JACKSON ST - ST. PAUL, MN 55130	41-0842657	501(C)(3)	0.	5,240.	FAIR VALUE	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
BRAINERD LAKES AREA CHAMBERS OF COMMERCE - 224 WEST WASHINGTON STREET - BRAINERD, MN 56401	41-0162195	501(C)(3)	6,619.	0.			PROGRAM COSTS
BREAKTHROUGH TWIN CITIES 2051 LARPENTEUR AVE E ST. PAUL, MN 55109	45-3587267	501(C)(3)	65,550.	0.			PROGRAM COSTS
BRIDGEMAKERS 370 WABASHA STREET NORTH SUITE 113 ST. PAUL, MN 55102	85-4214217	501(C)(3)	10,000.	0.			PROGRAM COSTS

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BROOKLYN CENTER SCHOOLS ISD 286 6500 HUMBOLDT AVE. NORTH BROOKLYN CENTER, MN 55430	41-6009038	GOVERNMENT	10,000.	8,504.	FAIR VALUE	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
BURNSVILLE CHAMBER OF COMMERCE 220 RIVER RIDGE CIRCLE SUITE 101 BURNSVILLE, MN 55337	41-0888763	501(C)(3)	15,777.	0.			PROGRAM COSTS
BURNSVILLE SCHOOL DISTRICT 191 200 W. BURNSVILLE PARKWAY BURNSVILLE, MN 55337	41-6000802	GOVERNMENT	10,000.	5,256.	FAIR VALUE	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
CANINE INSPIRED CHANGE 2300 MYRTLE AVENUE ST. PAUL, MN 55114	46-0972575	501(C)(3)	10,000.	0.			PROGRAM COSTS
CAPI USA 5930 BROOKLYN BLVD BROOKLYN CENTER, MN 55429	41-1417198	501(C)(3)	144,400.	12,329.	FAIR VALUE	BACKPACKS, SCHOOL SUPPLIES AND FOOD SUPPLIES	PROGRAM COSTS
CENTER FOR VICTIMS OF TORTURE 2356 UNIVERSITY AVE W STE 430 ST. PAUL, MN 55114	36-3383933	501(C)(3)	30,750.	0.			PROGRAM COSTS
CENTRO TYRONE GUZMAN 1915 CHICAGO AVE. SOUTH MINNEAPOLIS, MN 55404	41-1290349	501(C)(3)	264,800.	5,339.	FAIR VALUE	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
CHAMBER OF COMMERCE OF FERGUS FALLS, INC - 202 SOUTH COURT STREET - FERGUS FALLS, MN 56537	41-0192908	501(C)(3)	26,246.	0.			PROGRAM COSTS
CHILDREN'S DEFENSE FUND OF MINNESOTA - 555 PARK ST SUITE 410 - ST. PAUL, MN 55103	52-0895622	501(C)(3)	53,250.	0.			PROGRAM COSTS

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLARE HOUSING 929 CENTRAL AVENUE NE MINNEAPOLIS, MN 55413	41-1794924	501(C)(3)	73,250.	7,516.	FAIR VALUE	BACKPACKS, SCHOOL SUPPLIES AND HOUSE SUPPLIES	PROGRAM COSTS
COMMON CAUSE EDUCATION FUND-MN 805 15TH STREET NW SUITE 800 WASHINGTON, DC 20005	31-1705370	501(C)(3)	10,000.	0.			PROGRAM COSTS
COMMONBOND COMMUNITIES 1080 MONTREAL AVENUE ST. PAUL, MN 55116	41-1260469	501(C)(3)	60,500.	11,789.	FAIR VALUE	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
COMMUNITY ACTION PARTNERSHIP OF HENNEPIN COUNTY - 7101 NORTHLAND CIRCLE NORTH SUITE 123 - BROOKLYN PARK, MN 55428	41-1524088	501(C)(3)	36,000.	0.			PROGRAM COSTS
COMMUNITY EMERGENCY ASSISTANCE PROGRAM - 7051 BROOKLYN BLVD. - BROOKLYN CENTER, MN 55429	41-0990340	501(C)(3)	0.	18,801.	FAIR VALUE	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
COMUNIDADES LATINAS UNIDAS EN SERVICIO, INC. - 797 EAST SEVENTH ST. - ST. PAUL, MN 55106	41-1386986	501(C)(3)	611,650.	63,534.	FAIR VALUE	BACKPACKS, SCHOOL SUPPLIES, FOOD SUPPLIES AND	PROGRAM COSTS
COMUNIDADES ORGANIZANDO EL PODER Y LA ACCION LATINA - 3702 EAST LAKE STREET - MINNEAPOLIS, MN 55406	83-1380358	501(C)(3)	36,000.	0.			PROGRAM COSTS
CONNECTIONS TO INDEPENDENCE 310 E 38TH STREET #300 MINNEAPOLIS, MN 55409	80-0542940	501(C)(3)	130,750.	3,607.	FAIR VALUE	BACKPACKS, SCHOOL SUPPLIES AND HOUSE SUPPLIES	PROGRAM COSTS
CORNERSTONE ADVOCACY SERVICE 1000 EAST 80TH ST. BLOOMINGTON, MN 55420	41-1476268	501(C)(3)	0.	7,516.	FAIR VALUE	BACKPACKS, SCHOOL SUPPLIES AND HOUSE SUPPLIES	PROGRAM COSTS

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CROSS SERVICES P.O. BOX 574 ROGERS, MN 55374	41-1314577	501(C)(3)	0.	5,240.	FAIR VALUE	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
CULTURAL WELLNESS CENTER 2025 PORTLAND AVE. S MINNEAPOLIS, MN 55404	41-1850859	501(C)(3)	0.	6,194.	FAIR VALUE	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
DAKOTA WOODLANDS 3430 WESCOTT WOODLANDS EAGAN, MN 55123	41-1424653	501(C)(3)	10,000.	0.			PROGRAM COSTS
DIVISION OF INDIAN WORK 1001 EAST LAKE ST. MINNEAPOLIS, MN 55407	81-5265328	501(C)(3)	159,250.	3,301.	FAIR VALUE	BACKPACKS, SCHOOL SUPPLIES AND FOOD SUPPLIES	PROGRAM COSTS
DREAM OF WILD HEALTH 1508 E FRANKLIN AVENUE SUITE 100 MINNEAPOLIS, MN 55404	41-1632662	501(C)(3)	100,750.	1,017.	FAIR VALUE	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
ED ALLIES 807 BROADWAY STREET NE SUITE 210 MINNEAPOLIS, MN 55413	35-2573057	501(C)(3)	20,000.	0.			PROGRAM COSTS
ELK RIVER AREA SCHOOL DISTRICT 728 11500 193RD AVE NW ELK RIVER, MN 55330	41-6003818	GOVERNMENT	10,000.	0.			PROGRAM COSTS
EMERGE COMMUNITY DEVELOPEMENT 1834 EMERSON AVENUE N MINNEAPOLIS, MN 55411	41-1277423	501(C)(3)	36,000.	0.			PROGRAM COSTS
EMMA NORTON SERVICES 670 NORTH ROBERT ST. ST. PAUL, MN 55101	41-0859485	501(C)(3)	98,750.	11,221.	FAIR VALUE	BACKPACKS, SCHOOL SUPPLIES AND HOUSE SUPPLIES	PROGRAM COSTS

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ESPERANZA UNITED FKA CASA DE ESPERANZA - 540 FAIRVIEW AVENUE NORTH SUITE 200 - ST. PAUL, MN 55104	41-1414710	501(C)(3)	120,750.	3,902.	FAIR VALUE	BACKPACKS, SCHOOL SUPPLIES AND HOUSE SUPPLIES	PROGRAM COSTS
EXCELL ACADEMY FOR HIGHER LEARNING 5800 65TH AVENUE N BROOKLYN PARK, MN 55429	41-1968867	501(C)(3)	0.	6,198.	FAIR VALUE	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
EXODUS LENDING 2380 WYCLIFF STREET SUITE B-100 ST. PAUL, MN 55114	47-1706853	501(C)(3)	10,000.	0.			PROGRAM COSTS
FACE TO FACE HEALTH & COUNSELING SERVICE - 1165 ARCADE ST. - ST. PAUL, MN 55106	41-0986780	501(C)(3)	55,500.	17,627.	FAIR VALUE	BACKPACKS, SCHOOL SUPPLIES AND HOUSE SUPPLIES	PROGRAM COSTS
FAMILY PROMISE OF ANOKA COUNTY 363 COON RAPIDS BLVD COON RAPIDS, MN 55433	27-1151848	501(C)(3)	25,000.	3,200.	FAIR VALUE	HOUSE SUPPLIES	PROGRAM COSTS
FAMILY VALUES FOR LIFE 1280 ARCADE ST ST. PAUL, MN 55106	41-2006889	501(C)(3)	0.	15,721.	FAIR VALUE	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
FAMILYWISE 3036 UNIVERSITY AVE. SE MINNEAPOLIS, MN 55414	41-1343909	501(C)(3)	116,250.	1,543.	FAIR VALUE	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
FARIBAULT CHAMBER OF COMMERCE 530 WILSON AVENUE FARIBAULT, MN 55021	41-0246230	501(C)(3)	70,548.	0.			PROGRAM COSTS
FOSTER ADVOCATES 2550 UNIVERSITY AVE W 200N ST. PAUL, MN 55114	82-5411160	501(C)(3)	40,000.	0.			PROGRAM COSTS

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRASER CHILD AND FAMILY CENTER 2400 WEST 64TH STREET MINNEAPOLIS, MN 55423	41-0781858	501(C)(3)	65,000.	0.			PROGRAM COSTS
FRIDLEY PUBLIC SCHOOL DISTRICT - ISD #14 - 6000 WEST MOORE LAKE DRIVE - FRIDLEY, MN 55432	41-6000056	GOVERNMENT	10,000.	0.			PROGRAM COSTS
FRIENDS OF SAINT PAUL COLLEGE 235 MARSHALL AVE. ST. PAUL, MN 55102	27-1631689	501(C)(3)	0.	6,837.	FAIR VALUE	BACKPACKS, SCHOOL SUPPLIES AND FOOD SUPPLIES	PROGRAM COSTS
FROGTOWN GARDENS 941 LAFOND AVENUE ST. PAUL, MN 55104	32-0376628	501(C)(3)	55,750.	0.			PROGRAM COSTS
FROGTOWN NEIGHBORHOOD ASSOCIATION 501 NORTH DALE SAINT PAUL, MN 55103	41-0963444	501(C)(3)	93,250.	1,108.	FAIR VALUE	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
GREATER MANKATO GROWTH, INC 3 CIVIC CENTER PLAZA SUITE 100 MANKATO, MN 56001	41-1446548	501(C)(3)	11,917.	0.			PROGRAM COSTS
GREATER MINNEAPOLIS COUNCIL OF CHURCHES - 1100 EAST LAKE STREET - MINNEAPOLIS, MN 55407	41-0693933	501(C)(3)	0.	6,400.	FAIR VALUE	HOUSE SUPPLIES	PROGRAM COSTS
GREATER MINNESOTA HOUSING FUND 332 MINNESOTA ST. SUITE 1650W ST. PAUL, MN 55101	41-1836919	501(C)(3)	10,000.	0.			PROGRAM COSTS
GREATER MPLS COMMUNITY CONNECTIONS 1001 EAST LAKE ST. MINNEAPOLIS, MN 55407	41-0693933	501(C)(3)	25,000.	0.			PROGRAM COSTS

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

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HALLIE Q BROWN COMMUNITY CENTER INC - 270 KENT ST NORTH - ST. PAUL, MN 55102	41-0693846	501(C)(3)	121,600.	2,330.	FAIR VALUE	BACKPACKS, SCHOOL SUPPLIES AND FOOD SUPPLIES	PROGRAM COSTS
HASTINGS PUBLIC SCHOOL DISTRICT - ISD #200 - 1000 WEST 11TH STREET - HASTINGS, MN 55033	41-6000810	GOVERNMENT	9,962.	0.			PROGRAM COSTS
HEARTH CONNECTION 2446 UNIVERSITY AVE W SUITE 150 ST. PAUL, MN 55114	41-1945956	501(C)(3)	15,000.	0.			PROGRAM COSTS
HENNEPIN COUNTY-HEALTH AND HUMAN SERVICES - 300 SOUTH 6TH STREET - MINNEAPOLIS, MN 55487	41-6005801	GOVERNMENT	0.	13,031.	FAIR VALUE	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
HIAWATHA ACADEMIES 1611 E. 46TH STREET MINNEAPOLIS, MN 55407	20-4798683	501(C)(3)	0.	12,362.	FAIR VALUE	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
HIRED 217 N. 5TH AVENUE THIRD FLOOR MINNEAPOLIS, MN 55401	41-6078344	501(C)(3)	0.	12,884.	FAIR VALUE	BACKPACKS, SCHOOL SUPPLIES AND HOUSE SUPPLIES	PROGRAM COSTS
HMONG AMERICAN FARMERS ASSOCIATION 149 THOMPSON AVENUE EAST SUITE 210 WEST ST PAUL, MN 55118	46-0928003	501(C)(3)	100,750.	0.			PROGRAM COSTS
HMONG AMERICAN PARTNERSHIP 1075 ARCADE ST. ST. PAUL, MN 55106	41-1667580	501(C)(3)	25,000.	0.			PROGRAM COSTS
HOMEGROWN LACROSSE NON-PROFIT 225 SOUTH 6TH STREET SUITE 3900 MINNEAPOLIS, MN 55402	20-1956993	501(C)(3)	10,000.	0.			PROGRAM COSTS

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HONORED 2 HELP 6319 83RD COURT N BROOKLYN PARK, MN 55445	87-1671775	501(C)(3)	0.	51,078.	FAIR VALUE	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
HOPE COMMUNITY INC. 611 EAST FRANKLIN AVENUE MINNEAPOLIS, MN 55404	41-1292817	501(C)(3)	100,750.	0.			PROGRAM COSTS
HOUSING IN ACTION 927 W BROADWAY AVENUE SUITE 101 MINNEAPOLIS, MN 55411	41-1821520	501(C)(3)	10,000.	0.			PROGRAM COSTS
INTERFAITH ACTION OF GREATER SAINT PAUL - 1880 RANDOLPH AVENUE - ST. PAUL, MN 55105	41-0694741	501(C)(3)	55,500.	47,308.	FAIR VALUE	FOOD SUPPLIES AND HOUSE SUPPLIES	PROGRAM COSTS
INTERNATIONAL FALLS PUBLIC SCHOOLS - ISD 361 - 1515 11TH STREET - INTERNATIONAL FALLS, MN 56649	41-6001826	GOVERNMENT	10,000.	0.			PROGRAM COSTS
INTERNATIONAL INSTITUTE OF MINNESOTA - 1694 COMO AVENUE - ST. PAUL, MN 55108	41-0693912	501(C)(3)	198,250.	8,039.	FAIR VALUE	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
IRREDUCIBLE GRACE 643 VIRGINIA STREET ST. PAUL, MN 55103	38-3895130	501(C)(3)	30,750.	0.			PROGRAM COSTS
ISUROON 1600 E. LAKE STREET SUITE 1 MINNEAPOLIS, MN 55407	42-1651737	501(C)(3)	111,750.	26,301.	FAIR VALUE	BACKPACKS, SCHOOL SUPPLIES AND FOOD SUPPLIES	PROGRAM COSTS
ITASCA AREA SCHOOLS COLLABORATIVE 650 7TH STREET SW GRAND RAPIDS, MN 55744	14-1998752	501(C)(3)	43,000.	0.			PROGRAM COSTS

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JEREMIAH PROGRAM PO BOX 860819 MINNEAPOLIS, MN 55486	41-1801834	501(C)(3)	43,250.	1,431.	FAIR VALUE	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
JUXTAPOSITION INC.- ALLOC 2007 EMERSON AVE N MINNEAPOLIS, MN 55411	41-1851915	501(C)(3)	55,750.	0.			PROGRAM COSTS
KA JOOG NONPROFIT ORGANIZATION 1420 WASHINGTON AVE. S MINNEAPOLIS, MN 55454	39-2073475	501(C)(3)	55,750.	0.			PROGRAM COSTS
KAREN ORGANIZATION OF MN 2353 RICE STREET SUITE 240 ROSEVILLE, MN 55113	30-0438142	501(C)(3)	139,150.	18,821.	FAIR VALUE	BACKPACKS, SCHOOL SUPPLIES AND FOOD SUPPLIES	PROGRAM COSTS
KEEPING FAMILIES CONNECTED MINNESOTA - 2649 BRYANT AVENUE SOUTH - MINNEAPOLIS, MN 55408	33-2459138	501(C)(3)	10,000.	0.			PROGRAM COSTS
KEYSTONE COMMUNITY SERVICES 2000 ST. ANTHONY AVE. ST. PAUL, MN 55104	41-0693924	501(C)(3)	60,750.	22,598.	FAIR VALUE	BACKPACKS, SCHOOL SUPPLIES AND FOOD SUPPLIES	PROGRAM COSTS
KWANZAA COMMUNITY CHURCH 3700 BRYANT AVE. N MINNEAPOLIS, MN 55412	27-0031853	501(C)(3)	100,750.	0.			PROGRAM COSTS
LA OPORTUNIDAD INC 2021 E HENNEPIN AVENUE SUITE 405 MINNEAPOLIS, MN 55413	36-3537919	501(C)(3)	36,000.	0.			PROGRAM COSTS
LAO ASSISTANCE OF MINNESOTA 1015 4TH AVENUE N MINNEAPOLIS, MN 55405	36-3255880	501(C)(3)	30,000.	0.			PROGRAM COSTS

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LATINO ECONOMIC DEVELOPMENT CENTER 804 MARGARET ST ST. PAUL, MN 55106	51-0467167	501(C)(3)	78,750.	2,217.	FAIR VALUE	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
LEGAL RIGHTS CENTER INC 1611 PARK AVE. SOUTH MINNEAPOLIS, MN 55404	41-0961835	501(C)(3)	30,000.	0.			PROGRAM COSTS
LITTLE EARTH RESIDENT ASSOCIATION 2495 18TH AVENUE S MINNEAPOLIS, MN 55404	36-3309894	501(C)(3)	36,000.	0.			PROGRAM COSTS
LOAVES & FISHES TOO 721 KASOTA AVE SE MINNEAPOLIS, MN 55414	41-1421522	501(C)(3)	0.	10,453.	FAIR VALUE	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
LOVE FIRST 1049 VAN BUREN AVENUE ST. PAUL, MN 55104	85-3542553	501(C)(3)	10,000.	0.			PROGRAM COSTS
LUTHERAN SOCIAL SERVICE OF MN 2485 COMO AVE. ST. PAUL, MN 55108	41-0872993	501(C)(3)	5,000.	10,905.	FAIR VALUE	BACKPACKS, SCHOOL SUPPLIES AND HOUSE SUPPLIES	PROGRAM COSTS
MAD DADS OF MINNEAPOLIS 3026 4TH AVE S MINNEAPOLIS, MN 55408	01-0774996	501(C)(3)	0.	5,191.	FAIR VALUE	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
MANKATO AREA PUBLIC SCHOOLS - ISD #77 - PO BOX 8741 - MANKATO, MN 56002	41-6000310	GOVERNMENT	20,000.	0.			PROGRAM COSTS
MENTAL HEALTH RESOURCES 2577 WEST TERRITORIAL RAOD SUITE 25 ST. PAUL, MN 55114	41-1273885	501(C)(3)	1,225,000.	0.			PROGRAM COSTS

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MERRICK COMMUNITY SERVICES 1669 ARCADE STREET NORTH SUITE 4 ST. PAUL, MN 55106	41-0693851	501(C)(3)	233,850.	24,151.	FAIR VALUE	BACKPACKS, SCHOOL SUPPLIES AND FOOD SUPPLIES	PROGRAM COSTS
METRONORTH ANOKA CO CHAMBER OF COMMERCE - 9380 CENTRAL AVENUE NORTHEAST SUITE 320 - BLAINE, MN 55434	41-0991025	501(C)(3)	13,540.	0.			PROGRAM COSTS
METROPOLITAN CONSORTIUM OF COMMUNITY DEVELOPERS - 3137 CHICAGO AVENUE SOUTH - MINNEAPOLIS, MN 55407	41-1658654	501(C)(3)	36,000.	0.			PROGRAM COSTS
MID-MINNESOTA LEGAL ASSISTANCE 111 N. 5TH ST SUITE 100 MINNEAPOLIS, MN 55403	41-1412710	501(C)(3)	85,750.	0.			PROGRAM COSTS
MIGIZI COMMUNICATIONS INC 1845 EAST LAKE STREET MINNEAPOLIS, MN 55407	41-1379114	501(C)(3)	36,000.	0.			PROGRAM COSTS
MINNEAPOLIS AMERICAN INDIAN CENTER 1530 FRANKLIN AVE. EAST MINNEAPOLIS, MN 55404	41-0966005	501(C)(3)	98,750.	0.			PROGRAM COSTS
MINNEAPOLIS FOUNDATION 800 IDS CENTER 80 SOUTH 8TH STREET MINNEAPOLIS, MN 55402	41-6029402	501(C)(3)	10,000.	0.			PROGRAM COSTS
MINNEAPOLIS PUBLIC SCHOOLS 2015 EAST LAKE STREET MINNEAPOLIS, MN 55407	41-1972445	GOVERNMENT	0.	51,036.	FAIR VALUE	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
MINNEAPOLIS YOUTH COORDINATING BOARD - 350 SOUTH 5TH STREET ROOM 201 - MINNEAPOLIS, MN 55415	41-1566656	501(C)(3)	65,000.	0.			PROGRAM COSTS

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MINNESOTA ASSOCIATION OF COMMUNITY MENTAL HEALTH PROGRAMS - 2038 FORD PARKWAY SUITE 453 - ST. PAUL, MN 55116	41-1264109	501(C)(3)	10,000.	0.			PROGRAM COSTS
MINNESOTA CHILD CARE RESOURCE AND REFERRAL NETWORK - 10 RIVER PARK PLAZA SUITE 820 - ST. PAUL, MN 55107	41-1730422	501(C)(3)	10,000.	0.			PROGRAM COSTS
MINNESOTA CHILL FOUNDATION 9000 TELFORD XING BROOKLYN PARK, MN 55443	82-4542883	501(C)(3)	0.	10,475.	FAIR VALUE	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
MINNESOTA COALITION FOR THE HOMELESS - 2233 UNIVERSITY AVENUE WEST SUITE 423 - ST. PAUL, MN 55114	41-1601248	501(C)(3)	10,000.	0.			PROGRAM COSTS
MINNESOTA COMPUTERS FOR SCHOOLS 504 MALCOLM AVENUE SOUTHEAST STE 1 MINNEAPOLIS, MN 55414	20-1776702	501(C)(3)	10,000.	0.			PROGRAM COSTS
MINNESOTA EDUCATION EQUITY PARTNERSHIP - 2233 UNIVERSITY AVE. W SUITE 220 - ST. PAUL, MN 55114	41-1699505	501(C)(3)	10,000.	0.			PROGRAM COSTS
MINNESOTA INDIAN WOMEN'S RESOURCE CENTER - 2300 15TH AVE. SOUTH - MINNEAPOLIS, MN 55404	41-1500950	501(C)(3)	100,750.	12,322.	FAIR VALUE	BACKPACKS, SCHOOL SUPPLIES AND HOUSE SUPPLIES	PROGRAM COSTS
MINNESOTA TEAMSTERS SERVICE BUREAU 2829 UNIVERSITY AVE. SE STE. 100 MINNEAPOLIS, MN 55414	41-1513000	501(C)(3)	76,584.	0.			PROGRAM COSTS
MN8 550 RICE STREET SUITE 201 ST. PAUL, MN 55103	86-3702657	501(C)(3)	10,000.	0.			PROGRAM COSTS

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MODEL CITIES OF ST. PAUL INC 839 UNIVERSITY AVE W ST PAUL, MN 55104	41-1687873	501(C)(3)	141,900.	2,807.	FAIR VALUE	BACKPACKS, SCHOOL SUPPLIES AND HOUSE SUPPLIES	PROGRAM COSTS
MONTESSORI AMERICAN INDIAN CHILDCARE CENTER - 965 LARPENTUER AVENUE W - ROSEVILLE, MN 55113	81-4526053	501(C)(3)	65,000.	0.			PROGRAM COSTS
MONTESSORI TRAINING CENTER OF MN 1611 AMES AVE E ST. PAUL, MN 55106	41-1361913	501(C)(3)	15,000.	0.			PROGRAM COSTS
MOUNDS VIEW PUBLIC SCHOOLS DISTRICT 621 - 4570 VICTORIA STREET N - SHOREVIEW, MN 55126	41-6008084	GOVERNMENT	10,000.	0.			PROGRAM COSTS
MS. HOUSTONS CARING HANDS 7420 UNITY AVE N SUITE 310 BROOKLYN PARK, MN 55443	82-5202542	501(C)(3)	0.	15,446.	FAIR VALUE	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
MUSLIM AMERICAN SOCIETY OF MINNESOTA - 4100 66TH ST. EAST - INVER GROVE, MN 55076	47-0907353	501(C)(3)	48,250.	23,930.	FAIR VALUE	FOOD SUPPLIES	PROGRAM COSTS
NEIGHBORHOOD DEVELOPMENT BUREAU 625 UNIVERSITY AVENUE ST. PAUL, MN 55104	41-1738791	501(C)(3)	36,000.	0.			PROGRAM COSTS
NEIGHBORHOOD HOUSE PAUL AND SHEILA WELLSTONE CTR 179 ROBIE ST. EAST - ST. PAUL, MN 55107	41-0693916	501(C)(3)	93,750.	18,787.	FAIR VALUE	BACKPACKS, SCHOOL SUPPLIES, FOOD SUPPLIES AND	PROGRAM COSTS
NEIGHBORS INC 222 GRAND AVE W SOUTH ST. PAUL, MN 55075	41-1360294	501(C)(3)	30,000.	0.			PROGRAM COSTS

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NEON, NORTHSIDE ECONOMIC OPPORTUNITY NETWORK - 1007 W. BROADWAY AVE. N SUITE 100 - MINNEAPOLIS, MN 55411	80-0163521	501(C)(3)	78,750.	0.			PROGRAM COSTS
NETWORK FOR THE DEVELOPMENT OF CHILDREN OF AFRICAN DESCENT - 3255 SPRING ST NE STE 100 - MINNEAPOLIS, MN 55413	41-1936394	501(C)(3)	79,250.	1,087.	FAIR VALUE	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
NEW VISION FOUNDATION 860 VANDALIA STREET ST PAUL, MN 55114	81-2114563	501(C)(3)	46,460.	786.	FAIR VALUE	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
NONLOCAL PARTNERS (PCB PROJECTS) VARIOUS MINNEAPOLIS, MN 55401	11-1111111	501(C)(3)	0.	124,650.	FAIR VALUE	FOOD SUPPLIES	PROGRAM COSTS
NORTH POINT HEALTH & WELLNESS CENTER - 2220 PLYMOUTH AVENUE N - MINNEAPOLIS, MN 55411	20-0898277	501(C)(3)	62,500.	0.			PROGRAM COSTS
NORTH ST. PAUL-MAPLEWOOD-OAKDALE ISD 622 - 2520 EAST 12TH AVENUE - NORTH SAINT PAUL, MN 55109	20-8013218	GOVERNMENT	0.	13,020.	FAIR VALUE	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
NORTHPOINT HEALTH & WELLNESS CENTER, INC. - 1315 PENN AVE N - MINNEAPOLIS, MN 55411	20-0898277	501(C)(3)	68,250.	27,567.	FAIR VALUE	BACKPACKS, SCHOOL SUPPLIES AND FOOD SUPPLIES	PROGRAM COSTS
NORTHSIDE ACHIEVEMENT ZONE 1964 NORTH 2ND ST MINNEAPOLIS, MN 55411	30-0238807	501(C)(3)	98,750.	2,098.	FAIR VALUE	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
NORTHSIDE BOXING CLUB, INC. 1704 NORTH 33RD AVENUE MINNEAPOLIS, MN 55412	46-5394739	501(C)(3)	10,000.	0.			PROGRAM COSTS

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OASIS FOR YOUTH 2200 W OLD SHAKOPEE RD BLOOMINGTON, MN 55431	45-3683785	501(C)(3)	0.	7,944.	FAIR VALUE	BACKPACKS, SCHOOL SUPPLIES AND HOUSE SUPPLIES	PROGRAM COSTS
OWATONNA AREA CHAMBER OF COMMERCE AND TOURISM - 120 SOUTH OAK AVENUE - OWATONNA, MN 55060	41-0639369	501(C)(3)	42,142.	0.			PROGRAM COSTS
PARTNERSHIP IN PROPERTY COMMERCIAL LAND TRUST - 1819 LOWRY AVENUE NORTH - MINNEAPOLIS, MN 55411	87-1177063	501(C)(3)	55,750.	0.			PROGRAM COSTS
PEOPLE SERVING PEOPLE 614 3RD STREET SOUTH MINNEAPOLIS, MN 55415	41-1965067	501(C)(3)	91,250.	6,000.	FAIR VALUE	HOUSE SUPPLIES	PROGRAM COSTS
PHYLLIS WHEATLEY COMMUNITY CENTER 1301 TENTH AVE. N MINNEAPOLIS, MN 55411	41-0706132	501(C)(3)	103,750.	1,585.	FAIR VALUE	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
PILLSBURY UNITED COMMUNITIES 3650 FREMONT AVE NORTH MINNEAPOLIS, MN 55412	41-0916478	501(C)(3)	506,150.	27,119.	FAIR VALUE	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
POSITIVE IMAGE 6727 NOBLE AVE. BROOKLYN PARK, MN 55429	81-0594388	501(C)(3)	0.	5,226.	FAIR VALUE	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
PREPARE + PROSPER 2610 UNIVERSITY AVE. W SUITE 450 ST. PAUL, MN 55114	23-7131829	501(C)(3)	30,750.	0.			PROGRAM COSTS
PROJECT FOR PRIDE IN LIVING, INC. 1035 EAST FRANKLIN AVE. MINNEAPOLIS, MN 55404	23-7232208	501(C)(3)	407,823.	19,776.	FAIR VALUE	BACKPACKS, SCHOOL SUPPLIES AND HOUSE SUPPLIES	PROGRAM COSTS

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PROJECT SUCCESS 1 GROVELAND TER #300 MINNEAPOLIS, MN 55403	41-1837278	501(C)(3)	10,000.	0.			PROGRAM COSTS
QUEERSPACE COLLECTIVE PO BOX 11455 MINNEAPOLIS, MN 55411	86-3249777	501(C)(3)	10,000.	0.			PROGRAM COSTS
REBOUND, INC 6120 EARLE BROWN DRIVE SUITE 230 MINNEAPOLIS, MN 55430	47-1546411	501(C)(3)	46,000.	0.			PROGRAM COSTS
REDWOOD AREA CHAMBER & TOURISM 200 SOUTH MILL STREET REDWOOD FALLS, MN 56283	41-0498482	501(C)(3)	49,606.	0.			PROGRAM COSTS
REVIVING THE ISLAMIC SISTERHOOD FOR EMPOWERMENT - 2429 NICOLLET AVENUE - MINNEAPOLIS, MN 55404	81-1236990	501(C)(3)	30,000.	0.			PROGRAM COSTS
RISE EARLY LEARNING CENTER 8119 HIGHWAY 7 ST. LOUIS PARK, MN 55426	85-1477329	501(C)(3)	75,000.	0.			PROGRAM COSTS
RS EDEN 1931 WEST BROADWAY, SUITE 101 MINNEAPOLIS, MN 55411	41-1948604	501(C)(3)	10,000.	0.			PROGRAM COSTS
SABATHANI COMMUNITY CENTER INC 310 EAST 38TH STREET SUITE 120 MINNEAPOLIS, MN 55409	41-0984859	501(C)(3)	78,750.	9,122.	FAIR VALUE	BACKPACKS, SCHOOL SUPPLIES AND HOUSE SUPPLIES	PROGRAM COSTS
SAINT PAUL & MINNESOTA FOUNDATION 370 WABASHA STREET N SUITE 300 ST. PAUL, MN 55102	41-6031510	501(C)(3)	25,000.	0.			PROGRAM COSTS

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SCOTT-CARVER-DAKOTA CAP AGENCY INC 738 1ST AVENUE EAST SHAKOPEE, MN 55379	41-0903890	501(C)(3)	183,150.	25,252.	FAIR VALUE	BACKPACKS, SCHOOL SUPPLIES AND HOUSE SUPPLIES	PROGRAM COSTS
SEVEN HILLS PREPARATORY ACADEMY 8600 BLOOMINGTON AVE BLOOMINGTON, MN 55425	20-3107105	501(C)(3)	0.	9,196.	FAIR VALUE	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
SHAKOPEE AREA CHAMBER OF COMMERCE 145 FIRST AVENUE EAST SHAKOPEE, MN 55379	41-1367856	501(C)(3)	37,797.	0.			PROGRAM COSTS
SHAKOPEE MDEWAKANTON SIOUX COMMUNITY - 2330 SIOUX TRL NW - PRIOR LAKE, MN 55372	41-1690380	501(C)(3)	0.	58,753.	FAIR VALUE	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
SIMPSON HOUSING SERVICES INC 160 GLENWOOD AVENUE MINNEAPOLIS, MN 55405	41-1759477	501(C)(3)	98,750.	12,000.	FAIR VALUE	HOUSE SUPPLIES	PROGRAM COSTS
SOLID GROUND 3521 CENTURY AVENUE NORTH WHITE BEAR LAKE, MN 55110	36-3578158	501(C)(3)	111,250.	13,578.	FAIR VALUE	BACKPACKS, SCHOOL SUPPLIES AND HOUSE SUPPLIES	PROGRAM COSTS
SOMALI SUCCESS SCHOOL 2812 EAST 26TH STREET MINNEAPOLIS, MN 55406	20-3021208	501(C)(3)	103,750.	0.			PROGRAM COSTS
SOUTHERN MN REGIONAL LEGAL SVC, INC - 55 E. 5TH ST. STE 800 - ST. PAUL, MN 55101	41-1316151	501(C)(3)	62,700.	0.			PROGRAM COSTS
SOUTHSIDE FAMILY NURTURING CENTER 2448 SOUTH 18TH ST. MINNEAPOLIS, MN 55404	41-1274177	501(C)(3)	103,250.	680.	FAIR VALUE	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST PAUL PUBLIC SCHOOLS ISD 625 360 COLBORNE STREET ST. PAUL, MN 55102	41-0901311	GOVERNMENT	50,000.	0.			PROGRAM COSTS
ST. ANDREWS EVANGELICAL LUTHERAN CHURCH - 900 STILLWATER RD - MAHTOMEDI, MN 55115	41-0880458	501(C)(3)	10,000.	0.			PROGRAM COSTS
ST. LOUIS PARK SCHOOLS ISD 283 6311 WAYZATA BLVD ST. LOUIS PARK, MN 55416	20-5186292	GOVERNMENT	10,000.	0.			PROGRAM COSTS
ST. MARY'S HEALTH CLINICS 1890 RANDOLPH AVENUE ST. PAUL, MN 55105	41-1760632	501(C)(3)	10,000.	0.			PROGRAM COSTS
ST. PAUL AREA CHAMBER OF COMMERCE 401 N ROBERT ST., STE. 150 ST. PAUL, MN 55101	41-0518490	501(C)(3)	112,840.	0.			PROGRAM COSTS
ST. PAUL LABOR STUDIES & RESOURCE CENTER - 353 WEST SEVENTH STREET SUITE 201 - ST. PAUL, MN 55102	36-3569973	501(C)(3)	117,549.	0.			PROGRAM COSTS
ST. PAUL PUBLIC SCHOOLS ISD 625 360 COLBORNE STREET ST. PAUL, MN 55102	41-0901311	GOVERNMENT	0.	36,493.	FAIR VALUE	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
ST. PAUL YOUTH SERVICES PO BOX 6486 ST. PAUL, MN 55106	41-1316444	501(C)(3)	78,750.	2,217.	FAIR VALUE	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
STARTANEW 1401 NEWTON AVE N MINNEAPOLIS, MN 55411	81-2747361	501(C)(3)	0.	7,389.	FAIR VALUE	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STILLWATER AREA PUBLIC SCHOOLS ISD 834 - 1875 GREELEY STREET S - STILLWATER, MN 55082	41-6008519	GOVERNMENT	10,000.	0.			PROGRAM COSTS
STUDENTS PREPARED TO SUCCEED (SPS) 2302 WYCLIFF STREET W 100 ST. PAUL, MN 55114	83-0649099	501(C)(3)	0.	7,399.	FAIR VALUE	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
TASKFORCE INC. 8772 COTTONWOOD LN N MAPLE GROVE, MN 55369	86-1501137	501(C)(3)	0.	8,243.	FAIR VALUE	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
TAWHID ISLAMIC CENTER OF MINNESOTA 1001 WESTGATE DRIVE SAINT PAUL, MN 55130	01-0951713	501(C)(3)	0.	7,899.	FAIR VALUE	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
THE BRIDGE FOR YOUTH 1111 WEST 22ND STREET MINNEAPOLIS, MN 55405	41-0983062	501(C)(3)	165,300.	337.	FAIR VALUE	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
THE FAMILY PARTNERSHIP 1527 E LAKE STREET MINNEAPOLIS, MN 55406	41-0693858	501(C)(3)	209,350.	5,803.	FAIR VALUE	BACKPACKS, SCHOOL SUPPLIES AND HOUSE SUPPLIES	PROGRAM COSTS
THE FOOD GROUP MINNESOTA, INC. 8501 54TH AVE. N NEW HOPE, MN 55428	41-1246504	501(C)(3)	80,000.	0.			PROGRAM COSTS
THE GOOD ACRE 1790 LARPENTEUR AVE. W FALCON HEIGHTS, MN 55113	47-1663334	501(C)(3)	10,000.	0.			PROGRAM COSTS
THE JK MOVEMENT 1063 IGLEHART AVENUE ST PAUL, MN 55104	45-5052650	501(C)(3)	36,000.	6,221.	FAIR VALUE	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE LINK 1210 GLENWOOD AVE MINNEAPOLIS, MN 55405	41-1920649	501(C)(3)	164,450.	18,119.	FAIR VALUE	BACKPACKS, SCHOOL SUPPLIES AND HOUSE SUPPLIES	PROGRAM COSTS
THE MAN UP CLUB 1018 N 5TH STREET MINNEAPOLIS, MN 55411	30-0992742	501(C)(3)	25,000.	0.			PROGRAM COSTS
THE NETWORK FOR BETTER FUTURES 2620 MINNEHAHA AVE. S MINNEAPOLIS, MN 55406	45-0550557	501(C)(3)	25,000.	0.			PROGRAM COSTS
THE SALVATION ARMY 2445 PRIOR AVE. NORTH ROSEVILLE, MN 55113	41-0698597	501(C)(3)	0.	28,896.	FAIR VALUE	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
THE SANNEH FOUNDATION 1276 UNIVERSITY AVENUE W ST. PAUL, MN 55104	56-2332269	501(C)(3)	25,000.	3,557.	FAIR VALUE	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
THINK SMALL 10 YORKTON CT ST. PAUL, MN 55117	41-1260581	501(C)(3)	15,000.	0.			PROGRAM COSTS
TOUCHSTONE MENTAL HEALTH 2312 SNELLING AVE MINNEAPOLIS, MN 55404	41-1920740	501(C)(3)	0.	10,000.	FAIR VALUE	HOUSE SUPPLIES	PROGRAM COSTS
TUBMAN FAMILY ALLIANCE 4432 CHICAGO AVENUE SOUTH MINNEAPOLIS, MN 55407	41-1240048	501(C)(3)	72,500.	10,512.	FAIR VALUE	BACKPACKS, SCHOOL SUPPLIES AND HOUSE SUPPLIES	PROGRAM COSTS
TUBMAN FAMILY ALLIANCE & CHRYSALIS 4432 CHICAGO AVENUE S MINNEAPOLIS, MN 55407	41-1240048	501(C)(3)	83,750.	0.			PROGRAM COSTS

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TWIN CITIES RISE! 1301 BRYANT AVE. N MINNEAPOLIS, MN 55411	41-1761118	501(C)(3)	36,000.	1,108.	FAIR VALUE	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
UJAMAA PLACE 490 CONCORDIA AVENUE ST. PAUL, MN 55103	27-1216065	501(C)(3)	138,300.	4,407.	FAIR VALUE	BACKPACKS, SCHOOL SUPPLIES AND HOUSE SUPPLIES	PROGRAM COSTS
UNCOMMON CONSTRUCTION, INC 3405 35TH AVENUE SOUTH MINNEAPOLIS, MN 55406	47-3623284	501(C)(3)	26,223.	0.			PROGRAM COSTS
UNITED CAMBODIAN ASSOCIATION OF MN 1385 MENDOTA HEIGHTS RD. INVER GROVE HEIGHTS, MN 55120	41-1631017	501(C)(3)	83,750.	1,333.	FAIR VALUE	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
UNITED WAY OF CENTRAL MINNESOTA 921 1ST STREET NORTH SUITE 200 ST. CLOUD, MN 56303	41-0915124	501(C)(3)	6,952.	0.			PROGRAM COSTS
URBAN ROOTS MN 1110 PAYNE AVENUE ST PAUL, MN 55130	41-0975429	501(C)(3)	68,250.	1,382.	FAIR VALUE	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
URBAN STRATEGIES 1000 OLSON MEMORIAL HWY. MINNEAPOLIS, MN 55411	43-1141027	501(C)(3)	55,750.	3,669.	FAIR VALUE	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
VOICES FOR RACIAL JUSTICE 2525 E. FRANKLIN AVE STE 301 MINNEAPOLIS, MN 55406	41-1750116	501(C)(3)	10,000.	0.			PROGRAM COSTS
WAY TO GROW 201 IRVING AVENUE NORTH SUITE 100 MINNEAPOLIS, MN 55405	71-0956749	501(C)(3)	127,250.	4,560.	FAIR VALUE	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAYSIDE RECOVERY 1600 UNIVERSITY AVENUE WEST SUITE 3 ST PAUL, MN 55104	41-0873104	501(C)(3)	43,250.	386.	FAIR VALUE	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
WE WIN INSTITUTE 3424 PORTLAND AVE MINNEAPOLIS, MN 55407	41-1820991	501(C)(3)	36,000.	0.			PROGRAM COSTS
WELLSHARE INTERNATIONAL 122 WEST FRANKLIN AVENUE SUITE 510 MINNEAPOLIS, MN 55404	41-1397062	501(C)(3)	165,750.	1,312.	FAIR VALUE	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
WILDER FOUNDATION 451 LEXINGTON PARKWAY NORTH ST. PAUL, MN 55104	41-0693889	501(C)(3)	0.	10,000.	FAIR VALUE	HOUSE SUPPLIES	PROGRAM COSTS
WINONA AREA CHAMBER OF COMMERCE 902 E SECOND STREET SUITE 120 WINONA, MN 55987	41-0616400	501(C)(3)	55,372.	0.			PROGRAM COSTS
WOMEN'S ADVOCATES INC PO BOX 4039 ST. PAUL, MN 55104	23-7310701	501(C)(3)	60,500.	5,193.	FAIR VALUE	BACKPACKS, SCHOOL SUPPLIES AND HOUSE SUPPLIES	PROGRAM COSTS
WORKING PARTNERSHIPS, INC. 312 CENTRAL AVE. SE SUITE 524 MINNEAPOLIS, MN 55414	20-3244371	501(C)(3)	94,907.	0.			PROGRAM COSTS
WORLD SAVVY 2550 UNIVERSITY AVENUE W SUITE 200N ST. PAUL, MN 55114	45-0473508	501(C)(3)	10,000.	0.			PROGRAM COSTS
YMCA OF THE NORTH 651 NICOLLET MALL SUITE 500 MINNEAPOLIS, MN 55402	45-2563299	501(C)(3)	65,000.	8,448.	FAIR VALUE	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS

Part II **Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments** (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUMATTER MINNESOTA INCORPORATED 13570 GROVE DR N SUITE 101 MAPLE GROVE, MN 55311	99-1275557	501(C)(3)	0.	10,453.	FAIR VALUE	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
YOUTH LEADERSHIP INITIATIVE 5500 38TH AVENUE SOUTH MINNEAPOLIS, MN 55417	86-1711656	501(C)(3)	25,000.	0.			PROGRAM COSTS
YOUTHLINK 41 NORTH 12TH ST. MINNEAPOLIS, MN 55403	41-1341773	501(C)(3)	269,050.	8,807.	FAIR VALUE	BACKPACKS, SCHOOL SUPPLIES AND HOUSE SUPPLIES	PROGRAM COSTS
YOUTHPRISE 3001 BROADWAY STREET NE SUITE 330 MINNEAPOLIS, MN 55413	27-4126970	501(C)(3)	30,750.	0.			PROGRAM COSTS
YWCA OF MINNEAPOLIS 1130 NICOLLET AVENUE MINNEAPOLIS, MN 55403	41-0693891	501(C)(3)	427,550.	2,566.	FAIR VALUE	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
YWCA OF ST. PAUL 375 SELBY AVE. ST. PAUL, MN 55102	41-0693892	501(C)(3)	140,350.	9,593.	FAIR VALUE	BACKPACKS, SCHOOL SUPPLIES AND HOUSE SUPPLIES	PROGRAM COSTS

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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

PART I, LINE 2:
UNITED WAY RUNS A RIGOROUS AND FAIR GRANT-MAKING PROCESS THAT IS OVERSEEN AND IMPLEMENTED BY UNITED WAY STAFF. MOST GRANT-MAKING PROCESSES ARE OPEN AND COMPETITIVE WHILE OTHERS ARE INVITE-ONLY BASED ON COMMUNITY INPUT AND DATA. NON-PROFITS MUST PROVIDE ANNUAL REPORTS ON IMPACT AND MUST BE IN COMPLIANCE WITH AGREED UPON TERMS AND CONDITIONS OF FUNDING AGREEMENTS. THE UNITED WAY BOARD OF DIRECTORS AND ITS COMMUNITY IMPACT COMMITTEE APPROVES THE GRANT MAKING STRATEGY.

PART II, LINE 1, COLUMN (G):
NAME OF ORGANIZATION OR GOVERNMENT:
COMUNIDADES LATINAS UNIDAS EN SERVICIO, INC.
(G) DESCRIPTION OF NON-CASH ASSISTANCE: BACKPACKS, SCHOOL SUPPLIES, FOOD SUPPLIES AND HOUSE SUPPLIES

NAME OF ORGANIZATION OR GOVERNMENT: NEIGHBORHOOD HOUSE
(G) DESCRIPTION OF NON-CASH ASSISTANCE: BACKPACKS, SCHOOL SUPPLIES, FOOD SUPPLIES AND HOUSE SUPPLIES

SCHEDULE J (Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

GREATER TWIN CITIES UNITED WAY

Employer identification number

41-1973442

Part I Questions Regarding Compensation

			Yes	No
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.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☒ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ 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	**1b**	X	
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?	**2**	X	
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.			
	☒ Compensation committee	☐ Written employment contract		
	☒ Independent compensation consultant	☒ Compensation survey or study		
	☒ Form 990 of other organizations	☒ 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**	X	
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	**4b**		X
c	Participate in or receive payment from an equity-based compensation arrangement?	**4c**		X
	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**		X
b	Any related organization?	**5b**		X
	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**		X
b	Any related organization?	**6b**		X
	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	**7**		X
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	**8**		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	**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 and/or 1099-NEC 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	(i)	404,446.	53,409.	4,753.	22,441.	28,600.	513,649.	0.
PRESIDENT AND CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ATHENA MIHAS	(i)	196,929.	71.	2,451.	13,974.	15,322.	228,747.	0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KRISTINA SALKOWSKI	(i)	193,040.	68.	433.	13,380.	706.	207,627.	0.
SVP COMMUNITY IMPACT	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SHANNON SMITH JONES	(i)	186,182.	71.	435.	13,486.	35,603.	235,777.	0.
SVP ADVANCEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JOSEPH MUNNICH	(i)	182,988.	71.	411.	12,763.	703.	196,936.	0.
EXECUTIVE DIRECTOR GEN NEXT	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JULI DURDA	(i)	157,157.	78.	1,924.	11,386.	33,993.	204,538.	0.
VP HUMAN RESOURCES & ADMIN SERVICES	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MICHELLE DANIEL	(i)	123,025.	6,475.	11,692.	6,445.	12,845.	160,482.	0.
FORMER ASSOCIATE VP DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MALA THAO	(i)	84,803.	0.	90,496.	8,249.	18,337.	201,885.	0.
VP INDIVIDUAL GIVING & DONOR DIVERSI	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) SHERRY SANCHEZ TIBBETTS	(i)	167,114.	78.	491.	8,348.	15,389.	191,420.	0.
VP DIVERSITY, EQUITY & INCLUSION	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) STEPHANNIE LEWIS	(i)	160,435.	78.	356.	6,641.	14,781.	182,291.	0.
ASSOCIATE VP - ADVOCACY & COMMUNITY	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) MEGAN O'MEARA	(i)	147,457.	78.	307.	9,640.	1,912.	159,394.	0.
SENIOR DIRECTOR - HOLISTIC GRANT MAK	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) CERI STEER	(i)	144,673.	235.	619.	9,321.	3,244.	158,092.	0.
SENIOR DIRECTOR - IT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III **Supplemental Information**

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

PART I, LINE 4A:
MALA THAO RECEIVED A SEVERANCE PAYMENT OF $73,534 DURING 2025.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2025

Open to Public Inspection

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		27,215.	FAIR VALUE
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	54	655,567.	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				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (AD - TICKETS/SU)	X	10,000	107,230.	FAIR VALUE
26	Other ( )				
27	Other ( )				
28	Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgment 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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	30a		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?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		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.			

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

SCHEDULE O (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
GREATER TWIN CITIES UNITED WAY

Employer identification number
41-1973442

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
ADDRESS THE CHALLENGES NO ONE CAN SOLVE ALONE.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE COMMUNITY'S MOST PRESSING NEEDS AND CREATE LASTING CHANGE FOR PEOPLE IN THE GREATER TWIN CITIES REGION, WITH A MISSION TO UNITE CHANGEMAKERS, ADVOCATE FOR SOCIAL GOOD AND DEVELOP SOLUTIONS TO ADDRESS THE CHALLENGES NO ONE CAN SOLVE ALONE. UNITED WAY'S EFFORTS IN HOUSING, FOOD, EDUCATION AND JOBS ARE GUIDED BY A VISION OF A COMMUNITY WHERE ALL PEOPLE THRIVE REGARDLESS OF INCOME, RACE OR PLACE.

AS ONE OF THE LARGEST NONGOVERNMENTAL INVESTORS IN HUMAN SERVICES IN THE STATE, UNITED WAY MAKES IT POSSIBLE FOR MORE THAN 500,000 LOCAL PEOPLE EACH YEAR TO LIVE MORE STABLE LIVES AND WORK TOWARD SUCCESS. 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 III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
AND FAMILY EDUCATION PROGRAMMING THAT SUPPORTED 4,129 CHILDREN. IN 2025, UNITED WAY AND ITS PARTNERS IN CAREER AND FUTURE READINESS SUPPORTED 9,103 YOUNG PEOPLE IN YOUTH PROGRAMS AND ACTIVITIES MORE THAN 90 PERCENT OF WHICH REPORTED GROWTH IN CRITICAL LIFE SKILLS. ADDITIONALLY, UNITED WAY'S 80X3 INITIATIVE SUPPORTED MORE THAN 100 EARLY CHILDHOOD EDUCATION PROFESSIONALS TO INCREASE THEIR SKILLS IN TRAUMA-SENSITIVE CARE, INCLUDING THROUGH OUR INITIATIVE TO TRAIN PRESENTERS THAT WILL PROLIFERATE CREDENTIALED NEAR SCIENCE SKILLS ACROSS MINNESOTA. UNITED WAY ALSO PARTNERS WITH THE STATE TO ADMINISTRATE ITS EARLY LEARNING SCHOLARSHIP PAYMENTS, STREAMLINING A FORMERLY PIECEMEAL SYSTEM.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
INITIATIVE PROVIDED 1,535 WELCOME HOME BINS TO INDIVIDUALS AND FAMILIES TO HELP ENSURE PEOPLE OBTAINING AND MAINTAINING STABLE HOUSING HAVE ESSENTIALS LIKE TOWELS, KITCHEN UTENSILS AND BLANKETS TO THRIVE IN THEIR NEW HOME. AT THE LEGISLATURE, UNITED WAY SUCCESSFULLY ADVOCATED IN 2025 TO MAINTAIN STATE FUNDS FOR HOMELESSNESS PREVENTION.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
ADULTS ENROLLED IN FINANCIAL ACCESSIBILITY PROGRAMS. ADDITIONALLY, 2,985 PEOPLE SECURED A JOB THROUGH UNITED WAY-SUPPORTED EMPLOYMENT AND TRAINING PROGRAMS, AND 74 PERCENT MAINTAINED THEIR EMPLOYMENT FOR AT LEAST A YEAR. AND UNITED WAY'S CAREER ACADEMIES INITIATIVE SUPPORTED 10 ORGANIZATIONS TO DELIVER EFFECTIVE WORK EXPERIENCES FOR YOUTH WITH AVERAGE WAGES OVER $15 HOURLY, RESULTING IN 239 CERTIFICATIONS FOR YOUNG PEOPLE TO ADVANCE THEIR CAREERS. AT THE LEGISLATURE, UNITED WAY SUCCESSFULLY ADVOCATED TO MAKE IT EASIER FOR MINNESOTANS TO ENROLL IN TRANSPORTATION ASSISTANCE. IN MAY, GREATER TWIN CITIES UNITED WAY JOINED SISTER ORGANIZATIONS IN UNITED WAYS OF MINNESOTA TO RELEASE THE STATE OF ALICE IN MINNESOTA REPORT DETAILING HOW TRADITIONAL MEASURES OF POVERTY HAVE SEVERELY UNDERCOUNTED THE NUMBER OF HOUSEHOLDS

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STATEWIDE LIVING IN FINANCIAL HARDSHIP.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
FOOD SECURITY: UNITED WAY'S VISION | PEOPLE HAVE FOOD THAT IS NUTRITIOUS, CULTURALLY RELEVANT AND AFFORDABLE, TOWARD LONG-TERM FOOD SECURITY. UNITED WAY MEETS URGENT NEEDS BY SUPPORTING NONPROFITS DOING IMPACTFUL WORK IN ESTABLISHING FOOD JUSTICE AND SECURITY IN OUR REGION, AND BY CONNECTING CALLERS TO FOOD RESOURCES VIA ITS 211 RESOURCE HELPLINE. UNITED WAY ALSO MAKES LASTING CHANGE TO IMPROVE THE REGION'S FOOD SYSTEM THROUGH ITS FULL LIVES INITIATIVE, WHICH IS FOCUSED ON INCREASING ACCESS TO HEALTHY FOOD AND CREATING JOBS TO PROMOTE HEALTHY COMMUNITIES THROUGHOUT THE GREATER TWIN CITIES. IN 2025, UNITED WAY AND ITS 21 PARTNERS MEETING URGENT FOOD NEEDS SERVED MORE THAN 700,000 PEOPLE THROUGH SHORT-TERM FOOD ASSISTANCE PROGRAMS SUCH AS FOOD SHELVES AND MEAL PROGRAMS. UNITED WAY SUPPORTED FOUR CROSS-SECTOR COLLABORATIVES AMONG 20 ORGANIZATIONS THROUGH FULL LIVES, INCLUDING A RESPONSIVE PRODUCE-RESCUE COLLABORATION THAT BROUGHT FARMERS AND NONPROFITS TOGETHER TO EASE THE IMPACTS OF THE FEDERAL GOVERNMENT SHUTDOWN AND AVOID LATE-SEASON FOOD WASTE. ALSO IN 2025, UNITED WAY'S FLAVORS OF OUR COMMUNITY VOLUNTEERS CREATED 22,703 FOOD PACKS FOR LOCAL FOOD SHELVES, EQUATING TO MORE THAN 57,000 MEALS FOR FAMILIES AND INDIVIDUALS IN THE TWIN CITIES. AT THE LEGISLATURE, UNITED WAY SUCCESSFULLY ADVOCATED TO MAINTAIN STATE FUNDS FOR FOOD SHELVES AND TO ESTABLISH A TASK FORCE ON NONPROFIT PRACTICES.

UNITED WAY'S 211 RESOURCE HELPLINE: UNITED WAY'S 211 RESOURCE HELPLINE SPECIALISTS PROVIDE INFORMATION AND REFERRALS TO STATEWIDE RESOURCES AND SERVICES TO HELP PEOPLE MEET THEIR BASIC NEEDS, INCLUDING RENTAL ASSISTANCE, FOOD PROGRAMS, CHILDCARE, EMPLOYMENT AND MORE. IN 2025, UNITED WAY RESPONDED TO A REQUEST APPROXIMATELY EVERY TWO MINUTES ON AVERAGE, 24/7 365. THIS INCLUDED FLEXING TO MEET SURGES IN NEED, SUCH AS IN FALL WHEN THE FEDERAL GOVERNMENT SHUTDOWN AND CHANGES TO NUTRITION ASSISTANCE POLICIES CAUSED A SPIKE IN DEMAND FOR FOOD. THE DATA UNITED WAY SECURES THROUGH 211 ABOUT COMMUNITY NEEDS INFORMS ITS INVESTMENTS IN HOUSING, FOOD, EDUCATION AND JOBS, AS WELL AS ITS ADVOCACY STRATEGIES IN ADVANCING POLICIES AND STATE FUNDING TO SUPPORT PEOPLE EXPERIENCING POVERTY.

988 SUICIDE AND CRISIS LIFELINE: IN 2025, GREATER TWIN CITIES UNITED WAY CONTINUED OFFERING SUPPORT AS A MINNESOTA-BASED PROVIDER OF THE 988 SUICIDE AND CRISIS LIFELINE. WHEN MINNESOTANS CALL 988, LOCAL, TRAINED AND CARING CRISIS COUNSELORS ANSWER, PROVIDING EMOTIONAL SUPPORT FOR PEOPLE EXPERIENCING THOUGHTS OF SUICIDE, SUBSTANCE USE OR OTHER MENTAL HEALTH CRISES. IN 2025, UNITED WAY CRISIS COUNSELORS ANSWERED MORE THAN 44,000 CALLS TO 988, A 33 PERCENT INCREASE OVER 2024.

DONOR DESIGNATIONS: UNITED WAY FUNDRAISING RESULTS ALSO INCLUDE CONTRIBUTIONS TO UNITED WAY THAT DONORS DIRECT TO SPECIFIC NON-PROFIT ORGANIZATIONS. THERE WERE DONOR DESIGNATIONS TO 4,472 AGENCIES IN 2025.

BUSINESS AND INDIVIDUAL PARTNERSHIPS: UNITED WAY PARTNERS WITH COMPANIES AND FOUNDATIONS TO HELP THEM MEET THEIR CORPORATE SOCIAL RESPONSIBILITY GOALS AND ENGAGE THEIR EMPLOYEES IN ADDRESSING COMMUNITY NEEDS. UNITED WAY ALSO CONNECTS PEOPLE WHO SHARE SIMILAR PASSIONS FOR DEVELOPING SOLUTIONS TOGETHER AND COLLABORATES TO HELP INDIVIDUALS AND FAMILIES ACHIEVE THEIR PHILANTHROPIC GOALS WHILE CREATING A MEANINGFUL

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LEGACY.
EXPENSES $ 20,073,137. INCL GRANTS OF $ 7,499,521. REVENUE $ 1,286,923.

FORM 990, PART VI, SECTION A, LINE 2:
DEREK CUNZ, PETER FROSCH, DOMINIC IANNAZZO, MATT MARSH, AND ROB VISCHER - BUSINESS RELATIONSHIP

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

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

FORM 990, PART VI, SECTION B, LINE 15:
THE 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 THE ORGANIZATION'S HUMAN RESOURCES EXECUTIVE TO FACILITATE THE CEO'S PERFORMANCE REVIEW ANNUALLY. THE EXECUTIVE COMMITTEE COMPENSATION TASK FORCE SOLICITS FEEDBACK RELATIVE TO THE CEO'S PERFORMANCE RESULTS AGAINST THE UNITED WAY'S ANNUAL STRATEGIC PRIORITIES, ORGANIZATIONAL METRICS AND INDIVIDUAL PERFORMANCE GOALS, AS PREVIOUSLY AGREED UPON BY THE CHAIR OF THE BOARD AND CEO. THE EXECUTIVE COMMITTEE COMPENSATION TASK FORCE GATHERS FEEDBACK FROM EACH MEMBER OF THE BOARD OF DIRECTORS 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 BENCHMARKED FROM AN EXTERNAL EXECUTIVE COMPENSATION CONSULTING FIRM.

MARKET COMPARABILITY DATA INCLUDES COMPENSATION RANGES AND SUPPLEMENTAL BENEFITS ESTABLISHED FOR THE CEO AND KEY EXECUTIVES - CHIEF FINANCIAL OFFICER, SENIOR VICE PRESIDENT OF COMMUNITY IMPACT, SENIOR VICE PRESIDENT OF ADVANCEMENT, VICE PRESIDENT OF INDIVIDUAL GIVING AND DONOR DIVERSIFICATION, VICE PRESIDENT OF HUMAN RESOURCES, AND VICE PRESIDENT OF DIVERSITY, EQUITY & INCLUSION. 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:

- CEO'S TOTAL COMPENSATION AND SUPPLEMENTAL BENEFITS, AND
- CEO'S PERFORMANCE GOALS AND OBJECTIVES FOR THE NEXT PERFORMANCE EVALUATION PERIOD.

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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. 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 EXECUTIVE COMPENSATION TASK FORCE OBTAINS A RESONABLENESS OPINION FROM THE EXTERNAL EXECUTIVE COMPENSATION CONSULTING FIRM. THE RECOMMENDATIONS ARE THEN REVIEWED WITH THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS.

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

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
CHANGE IN FAIR VALUE OF BENEFICIAL INTEREST IN CHARITABLE TRUSTS 378,057.