

Form **8868**  
(Rev. January 2025)

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

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

**File a separate application for each return.  
Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Part I - Identification**

<b>Type or Print</b>  <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization, employer, or other filer, see instructions. <b>UNITED WAY OF NE MINNESOTA</b>	Taxpayer identification number (TIN) <b>41-0908454</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>608 EAST DRIVE</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>CHISHOLM, MN 55719</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name \_\_\_\_\_  
 Plan Number \_\_\_\_\_  
 Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

**Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)**

The books are in the care of **ERIN SHAY**  
**608 EAST DRIVE - CHISHOLM, MN 55719**

Telephone No. **(218) 215-2421** Fax No. \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **FEBRUARY 15**, 20 **26**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20 \_\_\_\_\_ or  
 tax year beginning **APR 1**, 20 **24**, and ending **MAR 31**, 20 **25**

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	<b>0.</b>
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	<b>0.</b>
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>0.</b>

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

Form **8868** (Rev. 1-2025)

PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 20569
Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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.

2024
Open to Public Inspection

A For the 2024 calendar year, or tax year beginning APR 1, 2024 and ending MAR 31, 2025

B Check if applicable: C Name of organization: UNITED WAY OF NE MINNESOTA
D Employer identification number: 41-0908454
E Telephone number: 218-215-2420
G Gross receipts \$: 2,820,370.
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
I Tax-exempt status:
J Website: WWW.UNITEDWAYNEMN.ORG
K Form of organization:
L Year of formation: 1966
M State of legal domicile: MN

Part I Summary

Table with 3 main sections: Activities & Governance (lines 1-7), Revenue (lines 8-12), and Expenses (lines 13-19). Includes sub-sections for Net Assets or Fund Balances (lines 20-22).

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.

Signature of officer: CHAD BUUS, PRESIDENT
Preparer's name: JASPER ASPLIN, CPA
Firm's name: CLIFTONLARSONALLEN LLP

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: UNITED WAY OF NORTHEASTERN MINNESOTA INVESTS IN NONPROFITS, PROGRAMS, AND COLLABORATIONS THAT EQUIP AND EMPOWER, CREATING OPPORTUNITIES FOR PEOPLE TO THRIVE IN OUR COMMUNITIES.

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

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

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

4a (Code: ) (Expenses \$ 1,311,733. including grants of \$ 981,582. ) (Revenue \$ ) YOUTH OPPORTUNITY UNITED WAY OF NORTHEASTERN MINNESOTA (UWNEMN) PRIORITIZES A HOLISTIC, MULTI-GENERATIONAL APPROACH TO ENSURING LOCAL CHILDREN HAVE THE BEST CHANCE AT SUCCESSFUL FUTURES. WE BELIEVE EDUCATION IS A POWERFUL TOOL FOR BREAKING THE CYCLE OF POVERTY, AND WE RECOGNIZE THAT BUILDING RESILIENCY IS KEY TO IMPROVING HEALTH, DEVELOPMENT, AND EDUCATIONAL OUTCOMES.

OUR IN-HOUSE PROGRAMS INCLUDE:

IMAGINATION LIBRARY: THIS PROGRAM PROVIDES FREE MONTHLY BOOKS TO CHILDREN FROM BIRTH TO AGE 5 WITHIN OUR SERVICE AREA. SINCE ITS INCEPTION, WE'VE MAILED OVER 400,000 BOOKS, HELPING YOUNG CHILDREN

4b (Code: ) (Expenses \$ 972,565. including grants of \$ 639,162. ) (Revenue \$ ) HEALTHY COMMUNITIES UNITED WAY OF NORTHEASTERN MINNESOTA (UWNEMN) IS COMMITTED TO ELIMINATING BARRIERS SO THAT EVERYONE IN OUR REGION HAS THE OPPORTUNITY TO LIVE A LONG, HEALTHY LIFE. WE KNOW THAT IMPROVING HEALTH OUTCOMES, PARTICULARLY THROUGH ACCESS TO COMPREHENSIVE CARE, PROPER NUTRITION, AND STRONG SOCIAL CONNECTIONS LEADS TO A MORE RESILIENT AND VIBRANT COMMUNITY.

WE ALSO RECOGNIZE THAT FOOD ACCESS IS FOUNDATIONAL TO HEALTH. WITHOUT RELIABLE ACCESS TO NUTRITIOUS MEALS, INDIVIDUALS, ESPECIALLY CHILDREN AND VULNERABLE POPULATIONS, ARE AT GREATER RISK FOR POOR PHYSICAL AND MENTAL HEALTH OUTCOMES. THAT'S WHY HUNGER RELIEF IS A KEY COMPONENT OF OUR HEALTHY COMMUNITIES STRATEGY.

4c (Code: ) (Expenses \$ 437,244. including grants of \$ 372,996. ) (Revenue \$ ) COMMUNITY RESILIENCY UNITED WAY OF NORTHEASTERN MINNESOTA (UWNEMN) PRIORITIZES ENSURING THE SAFETY, STABILITY, AND SECURITY OF OUR COMMUNITY MEMBERS. WE ARE COMMITTED TO MEETING ESSENTIAL NEEDS PROMPTLY AND WITH COMPASSION DURING TIMES OF CRISIS WHILE ALSO HELPING INDIVIDUALS AND FAMILIES WORK TOWARD LONG-TERM SELF-SUFFICIENCY ONCE STABILIZED.

OUR IN-HOUSE PROGRAMS ADDRESSING THIS FOCUS AREA INCLUDE:

COMFORTS OF HOME: PROVIDES HOUSEHOLD ESSENTIALS TO INDIVIDUALS AND FAMILIES RECOVERING FROM A FIRE OR TRANSITIONING INTO STABLE, PERMANENT HOUSING.

4d Other program services (Describe on Schedule O.) (Expenses \$ 136,638. including grants of \$ 91,600. ) (Revenue \$ )

4e Total program service expenses 2,858,180.

**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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>	X	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	X	
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, bond issues, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (22); 1b Enter the number of voting members included on line 1a, above, who are independent (22); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O (X)

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b 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 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (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? (X); 16b 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?

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
ERIN SHAY - (218) 215-2421
608 EAST DRIVE, CHISHOLM, MN 55719

**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) ERIN SHAY EXECUTIVE DIRECTOR	50.00			X				97,525.	0.	23,047.
(2) CHAD BUUS PRESIDENT	2.00	X		X				0.	0.	0.
(3) MATT HITI VICE PRESIDENT	2.00	X		X				0.	0.	0.
(4) GREG SCHULTZENBERG SECRETARY	2.00	X		X				0.	0.	0.
(5) JACK FURLONG TREASURER	2.00	X		X				0.	0.	0.
(6) DEAN DEBELTZ DIRECTOR	2.00	X						0.	0.	0.
(7) LATISHA GIETZEN DIRECTOR	2.00	X						0.	0.	0.
(8) CHRISSY BARTOVICH DIRECTOR	2.00	X						0.	0.	0.
(9) ERIC CLEMENT DIRECTOR	2.00	X						0.	0.	0.
(10) STACY KUUSINEN DIRECTOR	2.00	X						0.	0.	0.
(11) JEANNIE NOBENS DIRECTOR	2.00	X						0.	0.	0.
(12) MIKE NORTON DIRECTOR	2.00	X						0.	0.	0.
(13) NICK RENOLLET DIRECTOR	2.00	X						0.	0.	0.
(14) JENNIFER CLEMENT DIRECTOR	2.00	X						0.	0.	0.
(15) ALICIA DICK DIRECTOR	2.00	X						0.	0.	0.
(16) SUNNIE HARDY DIRECTOR	2.00	X						0.	0.	0.
(17) JAMES HELMS DIRECTOR	2.00	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) JAIME JOHNSON DIRECTOR	2.00	X						0.	0.	0.
(19) JENNA LEHTI DIRECTOR	2.00	X						0.	0.	0.
(20) SHARI MCGREGOR DIRECTOR	2.00	X						0.	0.	0.
(21) TRACI MILLERBERND DIRECTOR	2.00	X						0.	0.	0.
(22) JENNIE ROWLAND DIRECTOR	2.00	X						0.	0.	0.
(23) AMANDA PIHLAJA DIRECTOR	2.00	X						0.	0.	0.
<b>1b Subtotal</b> .....							97,525.	0.	23,047.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							97,525.	0.	23,047.	

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns .....	<b>1a</b> 904,233.				
	<b>b</b>	Membership dues .....	<b>1b</b>				
	<b>c</b>	Fundraising events .....	<b>1c</b> 295,505.				
	<b>d</b>	Related organizations .....	<b>1d</b>				
	<b>e</b>	Government grants (contributions) .....	<b>1e</b> 483,484.				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b> 985,360.				
	<b>g</b>	Noncash contributions included in lines 1a-1f	<b>1g</b> \$ 49,165.				
	<b>h</b>	<b>Total.</b> Add lines 1a-1f .....		2,668,582.			
Program Service Revenue	<b>2 a</b>	_____	<b>Business Code</b>				
	<b>b</b>	_____					
	<b>c</b>	_____					
	<b>d</b>	_____					
	<b>e</b>	_____					
	<b>f</b>	All other program service revenue .....					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f .....					
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....		37,270.		37,270.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds .....					
	<b>5</b>	Royalties .....					
	<b>6 a</b>	Gross rents .....	(i) Real				
			(ii) Personal				
	<b>b</b>	Less: rental expenses ...	<b>6b</b>				
	<b>c</b>	Rental income or (loss)	<b>6c</b>				
	<b>d</b>	Net rental income or (loss) .....					
	<b>7 a</b>	Gross amount from sales of assets other than inventory .....	(i) Securities				
			(ii) Other				
	<b>b</b>	Less: cost or other basis and sales expenses .....	<b>7b</b>				
	<b>c</b>	Gain or (loss) .....	<b>7c</b>				
	<b>d</b>	Net gain or (loss) .....					
<b>8 a</b>	Gross income from fundraising events (not including \$ 295,505. of contributions reported on line 1c). See Part IV, line 18 .....		<b>8a</b> 0.				
			<b>8b</b> 55,745.				
<b>c</b>	Net income or (loss) from fundraising events .....		-55,745.		-55,745.		
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....		<b>9a</b> 101,727.				
			<b>9b</b> 49,822.				
<b>c</b>	Net income or (loss) from gaming activities .....		51,905.		51,905.		
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....		<b>10a</b>				
			<b>10b</b>				
<b>c</b>	Net income or (loss) from sales of inventory .....						
Miscellaneous Revenue	<b>11 a</b>	<b>OTHER INCOME</b>	<b>Business Code</b> 541800	12,791.		12,791.	
	<b>b</b>	_____					
	<b>c</b>	_____					
	<b>d</b>	All other revenue .....					
	<b>e</b>	<b>Total.</b> Add lines 11a-11d .....		12,791.			
<b>12</b>	<b>Total revenue.</b> See instructions .....		2,714,803.	0.	0.	46,221.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2,035,836.	2,035,836.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22	49,504.	49,504.		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	122,360.	79,534.	22,025.	20,801.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	406,651.	279,484.	63,090.	64,077.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	23,691.	16,493.	3,535.	3,663.
<b>9</b> Other employee benefits	41,567.	28,592.	6,433.	6,542.
<b>10</b> Payroll taxes	39,992.	27,194.	6,399.	6,399.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal	2,393.	1,627.	383.	383.
<b>c</b> Accounting	28,548.	19,412.	4,568.	4,568.
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	6,185.	4,207.	989.	989.
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	15,024.	10,216.	2,404.	2,404.
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	33,689.	22,909.	5,390.	5,390.
<b>17</b> Travel	7,605.	5,171.	1,217.	1,217.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	3,730.	2,536.	597.	597.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	63,114.	42,918.	10,098.	10,098.
<b>23</b> Insurance				
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>PROVISION FOR UNCOLLECT</b>	125,710.	125,710.		
<b>b</b> <b>TRAINING</b>	82,862.	56,346.	13,258.	13,258.
<b>c</b> <b>CAMPAIGN SUPPLIES</b>	38,176.	25,960.	6,108.	6,108.
<b>d</b> <b>MEMBER DUES</b>	17,080.	11,614.	2,733.	2,733.
<b>e</b> All other expenses	19,991.	12,917.	3,537.	3,537.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	3,163,708.	2,858,180.	152,764.	152,764.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	471,859.	<b>1</b>	418,459.
	<b>2</b> Savings and temporary cash investments .....	1,161,189.	<b>2</b>	1,346,179.
	<b>3</b> Pledges and grants receivable, net .....	770,941.	<b>3</b>	381,486.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> 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 .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	5,071.	<b>9</b>	6,758.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 1,317,915.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 345,568.	1,032,562.	<b>10c</b> 972,347.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	1,444,299.	<b>15</b>	1,436,801.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	4,885,921.	<b>16</b>	4,562,030.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	19,921.	<b>17</b>	9,938.
	<b>18</b> Grants payable .....	489,500.	<b>18</b>	564,000.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	45,144.	<b>21</b>	39,871.
	<b>22</b> 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 .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	3,131.	<b>25</b>	2,478.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	557,696.	<b>26</b>	616,287.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	4,313,787.	<b>27</b>	3,944,477.
	<b>28</b> Net assets with donor restrictions .....	14,438.	<b>28</b>	1,266.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	4,328,225.	<b>32</b>	3,945,743.
<b>33</b> Total liabilities and net assets/fund balances .....	4,885,921.	<b>33</b>	4,562,030.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,714,803.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,163,708.
3	Revenue less expenses. Subtract line 2 from line 1	3	-448,905.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	4,328,225.
5	Net unrealized gains (losses) on investments	5	66,423.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,945,743.

**Part XII Financial Statements and Reporting**

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	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.	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? _____		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 _____		

Form 990 (2024)



**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) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	2152296.	2013468.	2048026.	2844845.	2668582.	11727217.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	2152296.	2013468.	2048026.	2844845.	2668582.	11727217.
<b>5</b> 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) .....						412,484.
<b>6 Public support.</b> Subtract line 5 from line 4.						11314733.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
<b>7</b> Amounts from line 4 .....	2152296.	2013468.	2048026.	2844845.	2668582.	11727217.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	1,689.	2,064.	6,202.	17,689.	37,270.	64,914.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....					12,791.	12,791.
<b>11 Total support.</b> Add lines 7 through 10						11804922.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First 5 years.</b> 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 <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	95.85	%
<b>15</b> Public support percentage from 2023 Schedule A, Part II, line 14 .....	<b>15</b>	97.81	%
<b>16a 33 1/3% support test - 2024.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2023.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2024.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2023.</b> 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 <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....			<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....			<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, 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

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2024. 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 - 2023. 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 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? Row 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? Row 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?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions (describe in <b>Part VI</b> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2024 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2024</b>	<b>(iii) Distributable Amount for 2024</b>
<b>1</b> Distributable amount for 2024 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2024 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2024			
<b>a</b> From 2019			
<b>b</b> From 2020			
<b>c</b> From 2021			
<b>d</b> From 2022			
<b>e</b> From 2023			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to under distributions of prior years			
<b>h</b> Applied to 2024 distributable amount			
<b>i</b> Carryover from 2019 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2024 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2024 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2020			
<b>b</b> Excess from 2021			
<b>c</b> Excess from 2022			
<b>d</b> Excess from 2023			
<b>e</b> Excess from 2024			

Schedule A (Form 990) 2024

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

**SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:**

**OTHER INCOME**

2024 AMOUNT: \$ 12,791.

Multiple horizontal lines for providing additional information.

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

OMB No. 1545-0047

Name of the organization  <b>UNITED WAY OF NE MINNESOTA</b>	Employer identification number  <b>41-0908454</b>
---	---

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 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  <b>UNITED WAY OF NE MINNESOTA</b>	Employer identification number  <b>41-0908454</b>
---	---

**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	 <hr/> <hr/> <hr/>	\$ <u>184,442.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	 <hr/> <hr/> <hr/>	\$ <u>56,797.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	 <hr/> <hr/> <hr/>	\$ <u>64,121.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	 <hr/> <hr/> <hr/>	\$ <u>65,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	 <hr/> <hr/> <hr/>	\$ <u>426,687.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	 <hr/> <hr/> <hr/>	\$ <u>136,873.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>UNITED WAY OF NE MINNESOTA</b>	Employer identification number  <b>41-0908454</b>
---	---

**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
7	<hr/> <hr/> <hr/>	\$ <u>87,470.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<hr/> <hr/> <hr/>	\$ <u>55,507.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<hr/> <hr/> <hr/>	\$ <u>55,197.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<hr/> <hr/> <hr/>	\$ <u>251,945.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>UNITED WAY OF NE MINNESOTA</b>	Employer identification number <b>41-0908454</b>
---	---

**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
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization  <b>UNITED WAY OF NE MINNESOTA</b>	Employer identification number  <b>41-0908454</b>
---	---

**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
	_____ _____ _____	_____ _____ _____	_____ _____ _____
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
	_____ _____ _____	_____ _____ _____	_____ _____ _____
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
	_____ _____ _____	_____ _____ _____	_____ _____ _____
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	
	_____ _____ _____	_____ _____ _____	_____ _____ _____
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____ _____ _____		_____ _____ _____	

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

UNITED WAY OF NE MINNESOTA

Employer identification number

41-0908454

**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? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> 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? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 ..... \$ \_\_\_\_\_

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

**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 **d**  Loan or exchange program
- b**  Scholarly research **e**  Other \_\_\_\_\_
- c**  Preservation for future generations
- 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    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 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
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment \_\_\_\_\_%
- b** Permanent endowment \_\_\_\_\_%
- c** Term endowment \_\_\_\_\_%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes           | No |
|---|---------------|----|
| <b>(i)</b> Unrelated organizations?   | <b>3a(i)</b>  |    |
| <b>(ii)</b> Related organizations?  | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | <b>3b</b>     |    |
- 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
<b>1a</b> Land				
<b>b</b> Buildings		1,124,367.	253,518.	870,849.
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		114,814.	75,829.	38,985.
<b>e</b> Other		78,734.	16,221.	62,513.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				972,347.

**Part VII Investments - Other Securities**

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

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

**Part VIII Investments - Program Related.**

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

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (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) <b>BENEFICIAL INTEREST IN ASSETS HELD BY OTHERS</b>	<b>1,436,801.</b>
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	<b>1,436,801.</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) <b>SH-EM NON ELECTIVE RETIREMENT PLAN</b>	<b>2,478.</b>
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	<b>2,478.</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 ...

**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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	2,761,083.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	66,423.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	105,567.
<b>e</b>	Add lines 2a through 2d	<b>2e</b>	171,990.
<b>3</b>	Subtract line 2e from line 1	<b>3</b>	2,589,093.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	125,710.
<b>c</b>	Add lines 4a and 4b	<b>4c</b>	125,710.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	2,714,803.

**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.

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	3,143,565.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	105,567.
<b>e</b>	Add lines 2a through 2d	<b>2e</b>	105,567.
<b>3</b>	Subtract line 2e from line 1	<b>3</b>	3,037,998.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	125,710.
<b>c</b>	Add lines 4a and 4b	<b>4c</b>	125,710.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	3,163,708.

**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 IV, LINE 2B:**

THIS ACCOUNT IS USED TO HOLD FUNDS UNTIL A DISBURSEMENT IS REQUIRED. THE FUNDS ARE USED FOR RAPID DISTRIBUTION TOWARDS BENEFITS.

**PART X, LINE 2:**

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SIMILAR STATE INCOME TAX LAWS. THE ORGANIZATION IS NOT A PRIVATE FOUNDATION AND CONTRIBUTIONS TO THE ORGANIZATION QUALIFY AS A CHARITABLE TAX DEDUCTION BY THE CONTRIBUTOR. MANAGEMENT EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT THE ORGANIZATION HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRED ADJUSTMENT TO THE FINANCIAL STATEMENTS.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

SPECIAL EVENT EXPENSE 105,567.

**PART XI, LINE 4B - OTHER ADJUSTMENTS:**

PROVISION FOR DOUBTFUL RECEIVABLES 125,710.

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

SPECIAL EVENT EXPENSE 105,567.

**PART XII, LINE 4B - OTHER ADJUSTMENTS:**

PROVISION FOR DOUBTFUL RECEIVABLES 125,710.

**Part XIII** Supplemental Information *(continued)*

Lined area for supplemental information.



**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))	
		FLAVOR OF THE NORTH (event type)	POWER OF THE PURSE (event type)	3 (total number)		
Revenue	1	Gross receipts	105,744.	54,626.	135,135.	295,505.
	2	Less: Contributions	105,744.	54,626.	135,135.	295,505.
	3	Gross income (line 1 minus line 2)				
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	586.	2,630.	0.	3,216.
	7	Food and beverages		7,818.	22,144.	29,962.
	8	Entertainment				
	9	Other direct expenses	2,225.	261.	0.	2,486.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				35,664.
11	Net income summary. Subtract line 10 from line 3, column (d)				-35,664.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes		48,904.	48,904.
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			918.
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 50.00 % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				49,822.
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				51,905.

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

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: \_\_\_\_\_



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

Lined area for supplemental information.

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization **UNITED WAY OF NE MINNESOTA** Employer identification number **41-0908454**

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

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ADVOCATES FOR FAMILY PEACE 1611 NW 4TH STREET GRAND RAPIDS, MN 55744	41-1377489	501(C)(3)	15,000.	0.	N/A	N/A	SUPPORT FOR BATTERED INDIVIDUALS
BOYS & GIRLS CLUB OF HIBBING PO BOX 16435 DULUTH, MN 55816	41-0969947	501(C)(3)	35,000.	0.	N/A	N/A	POSITIVE YOUTH DEVELOPMENT
CAMP CHICAGAMI 1325 9TH ST S EVELETH, MN 55734	41-1540311	501(C)(3)	19,000.	0.	N/A	N/A	POSITIVE YOUTH DEVELOPMENT
CARE PARTNERS PO BOX 217 EVELETH, MN 55734	41-2011488	501(C)(3)	29,000.	0.	N/A	N/A	SUPPORT FOR CANCER VICTIMS
CHECK AND CONNECT 1701 N 9TH AVE VIRGINIA, MN 55792	41-1744884	501(C)(3)	13,000.	0.	N/A	N/A	STRUCTURED MENTORING INTERVENTION TO PROMOTE STUDENT SUCCESS AND ENGAGEMENT AT SCHOOL.
CHILDREN'S DENTAL SERVICES 636 BROADWAY STREET NE MINNEAPOLIS, MN 55413	41-0857929	501(C)(3)	23,000.	0.	N/A	N/A	PROVIDES PREVENTATIVE DENTAL CARE FOR CHILDREN IN A SCHOOL BASED SETTING

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 27.

3 Enter total number of other organizations listed in the line 1 table 0.

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (Rev. 12-2024)

**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
ELY COMMUNITY HEALTH CENTER 40 NORTH 1ST AVENUE EAST ELY, MN 55731	47-5399418	501(C)(3)	25,000.	0.	N/A	N/A	TO PROVIDE AFFORDABLE SERVICES WITH A VISION TO IMPROVE COMMUNITY HEALTH.
ELY COMMUNITY RESOURCE, INC. PO BOX 374 / 40 N 1ST AVE E ELY, MN 55731	41-1333048	501(C)(3)	20,000.	0.	N/A	N/A	MENTORING FOR AT RISK CHILDREN AND FAMILIES
FRIENDS AGAINST ABUSE 407 4TH ST INT'L FALLS, MN 56649	41-1454505	501(C)(3)	10,000.	0.	N/A	N/A	SUPPORT FOR BATTERED AND SEXUALLY ASSAULTED VICTIMS
GIRL SCOUTS OF MN AND WI LAKES AND PINES - 400 2ND AVENUE SOUTH - WAITE PARK, MN 56387	41-0877820	501(C)(3)	7,500.	0.	N/A	N/A	POSITIVE YOUTH DEVELOPMENT
NORTHWOODS PARTNERS 328 W. CONAN ST. ELY, MN 55731	41-2016401	501(C)(3)	35,000.	0.	N/A	N/A	PROVIDES SUPPORT FOR INDIVIDUALS WITH TERMINAL ILLNESS OR DISABILITIES
NSLC HABITAT FOR HUMANITY PO BOX 24 VIRGINIA, MN 55792	41-7191050	501(C)(3)	30,000.	0.	N/A	N/A	STABLE LIVING ENVIRONMENT AND AFFORDABLE HOME OWNERSHIP
PROJECT CARE 3112 6TH AVENUE EAST HIBBING, MN 55746	27-3176137	501(C)(3)	25,000.	0.	N/A	N/A	HEALTHCARE SERVICES FOR UN/UNDER INSURED
QUAD CITIES FOOD SHELF 8367 ENTERPRISE DR N MOUNTAIN IRON, MN 55768	41-6052144	501(C)(3)	12,000.	0.	N/A	N/A	PROVIDE EMERGENCY FOOD ASSISTANCE
RANGE TRANSITIONAL HOUSING, INC. PO BOX 1146 442 PINE MILL CT. VIRGINIA, MN 55792	41-1773248	501(C)(3)	30,000.	0.	N/A	N/A	PROVIDES TRANSITIONAL HOUSING

**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
SALVATION ARMY - HIBBING 107 W HOWARD ST HIBBING, MN 55746	36-2167910	501(C)(3)	17,000.	0.	N/A	N/A	PROVIDES EMERGENCY SERVICES FOR THOSE IN CRISIS
SALVATION ARMY - INTERNATIONAL FALLS - 1301 3RD AVE W - INTERNATIONAL FALLS, MN 56649	36-2167910	501(C)(3)	6,000.	0.	N/A	N/A	PROVIDE SERVICES TO HOMELESS YOUTH
SECOND HARVEST NORTHERN LAKES FOOD BANK - 4503 AIRPARK BLVD - DULUTH, MN 55811	36-3479964	501(C)(3)	40,000.	0.	N/A	N/A	PROVIDES EMERGENCY SERVICES FOR THOSE IN CRISIS
SERVE MN 120 S 6TH STREET, SUITE 2260 MINNEAPOLIS, MN 55402	41-2010058	501(C)(3)	12,000.	0.	N/A	N/A	SERVE MINNESOTA'S MISSION IS TO BE A CATALYST TO ADDRESS CRITICAL NEEDS IN MINNESOTA BY WORKING WITH
SEXUAL ASSAULT PROGRAM OF NSLC 505 12TH AVE W, SUITE 4 VIRGINIA, MN 55792	36-3297404	501(C)(3)	30,000.	0.	N/A	N/A	PROVIDES FOOD TO PARTNER AGENCIES AND INDIVIDUALS IN NEED
STAR OF THE NORTH MATERNITY HOME 11 E SUPERIOR STREET EXCUTIVE SUITE DULUTH, MN 55802	27-0447207	501(C)(3)	40,000.	0.	N/A	N/A	PROVIDES EMERGENCY SERVICES FOR MOTHERS
VOLUNTEERS IN EDUCATION PO BOX 668 VIRGINIA, MN 55792	45-0578555	501(C)(3)	25,000.	0.	N/A	N/A	PROVIDES TUTORING TO AT RISK YOUTH
JUSTICE NORTH 230 W SUPERIOR STREET SUITE 200 DULUTH, MN 55802	41-0958386	501(C)(3)	20,000.	0.	N/A	N/A	PROVIDES EQUAL ACCESS TO JUSTICE
BOIS FORTE BAND OF CHIPPEWA 5344 LAKESHORE DRIVE NETT LAKE, MN 55772	41-0954784	501(C)(3)	50,000.	0.	N/A	N/A	DEVELOP AND PRESERVE THE COMMUNITY AND CULTURE

**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
MESABI FIT COALITION 2869 ELLIOTS LAKE ROAD EVELETH, MN 55734	92-0456348	501(C)(3)	7,500.	0.	N/A	N/A	PROMOTING COMMUNITIES' APPROACH TO WELLNESS
NORTHERN STAR COUNCIL, BOY SCOUTS OF AMERICA - 6202 BLOOMINGTON RD - FORT SNELLING, MN 55111-2600	20-3000282	501(C)(3)	10,000.	0.	N/A	N/A	POSITIVE YOUTH DEVELOPMENT
SALVATION ARMY - KOOCHICHING COUNTY - 1301 3RD AVENUE - INTERNATIONAL FALLS, MN 56649	36-2167910	501(C)(3)	20,000.	0.	N/A	N/A	PROVIDES EMERGENCY SERVICES FOR THOSE IN CRISIS

**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
NON-CASH ASSISTANCE	0	0.	49,165.	FMV	HOUSEHOLD GOODS

**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:**

EACH YEAR THE UNITED WAY OF NE MINNESOTA CONDUCTS A FUND DISTRIBUTION PROCESS WHERE REQUESTING ORGANIZATIONS FILL OUT AN APPLICATION WITH INFORMATION WHICH INCLUDES THEIR PROGRAM DESCRIPTION, EXPECTED PROGRAM OUTCOMES, NUMBERS SERVED, BUDGET FOR TWO PAST YEARS, PROJECTED BUDGET FOR UPCOMING YEAR, FUNDRAISING/ADMINISTRATIVE COSTS ACCORDING TO 990, SALARIES, AND AMOUNT REQUESTED FROM UWNEMN. THIS INFORMATION IS COMPILED AND DISTRIBUTED TO APPROXIMATELY 100 VOLUNTEER PANEL MEMBERS WHO REVIEW THE INFORMATION AND MAKE ONSITE VISITS TO THE ORGANIZATIONS THEY ARE ASSIGNED. THE REQUESTING ORGANIZATIONS ARE THEN INTERVIEWED BY THE VOLUNTEER PANELS WHERE FURTHER QUESTIONS ARE ASKED. THE VOLUNTEER PANELS MAKE RECOMMENDATIONS FOR EACH ORGANIZATION WHICH IS TURNED OVER TO UWNEMN'S BOARD OF DIRECTORS. THE BOARD OF DIRECTORS TAKES THE RECOMMENDATIONS, REVIEWS THE PROGRESS OF THE ORGANIZATION AND THE USE OF FUNDS DURING THE PREVIOUS YEAR AND DETERMINES THE FINAL GRANT AMOUNT FOR EACH TO BE GIVEN WITHIN BUDGET. IN ADDITION, MID-YEAR VISITS ARE CONDUCTED WITH ALL AGENCIES TO GAUGE PROGRESS TOWARDS OUTCOMES.

**Part IV Supplemental Information**

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: SERVE MN

(H) PURPOSE OF GRANT OR ASSISTANCE: SERVE MINNESOTA'S MISSION IS TO BE A CATALYST TO ADDRESS CRITICAL NEEDS IN MINNESOTA BY WORKING WITH AMERICORPS AND COMMUNITY PARTNERS.

Multiple horizontal lines for supplemental information.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2024**

Open to Public Inspection

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

Department of the Treasury  
Internal Revenue Service

Name of the organization **UNITED WAY OF NE MINNESOTA** Employer identification number **41-0908454**

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		49,165.	FAIR MARKET VALUE
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ( )				
26	Other ( )				
27	Other ( )				
28	Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** **0**

	Yes	No
30a During the year, did the organization receive by contribution any property reported on 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?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2024

**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 M, PART I, COLUMN (B):**

**\$49,165 REPORTS THE DOLLAR AMOUNT OF GOODS DONATED BY WALMART AND LOWE'S COMBINED.**

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

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the organization

UNITED WAY OF NE MINNESOTA

Employer identification number

41-0908454

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:  
TO THRIVE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

BUILD EARLY LITERACY SKILLS AND A LOVE FOR READING.

BRIGHT BEGINNINGS: THIS INITIATIVE ADDRESSES THE CRITICAL SHORTAGE OF  
CHILD CARE IN OUR REGION BY WORKING TO INCREASE AVAILABILITY, IMPROVE  
QUALITY, AND EXPAND EDUCATIONAL OPPORTUNITIES IN LOCAL CHILD CARE  
SETTINGS.

BABYSITTER TRAINING: WE OFFER TRAINING FOR LOCAL YOUTH TO EQUIP THEM  
WITH CHILD CARE SKILLS, ENCOURAGE RESPONSIBILITY, AND PROMOTE YOUTH  
ENTREPRENEURSHIP.

LUNCH BUDDIES: THIS MENTORING PROGRAM PAIRS STUDENTS WITH CARING ADULT  
MENTORS WHO MEET WITH THEM WEEKLY DURING LUNCH AND RECESS, OFFERING  
POSITIVE SUPPORT AND CONSISTENT ADULT PRESENCE IN THEIR LIVES.

IN ADDITION TO OUR IN-HOUSE PROGRAMS, UWNEMN INVESTS IN PARTNER  
PROGRAMS THAT EMPHASIZE EARLY INTERVENTION, ACADEMIC IMPROVEMENT, AND  
YOUTH DEVELOPMENT. WE CURRENTLY FUND 11 AGENCY PARTNERS THAT WORK WITH  
CHILDREN DURING CRITICAL STAGES OF DEVELOPMENT TO: IMPROVE ACADEMIC  
PERFORMANCE, SUPPORT EMOTIONAL AND SOCIAL DEVELOPMENT AND PROVIDE EARLY  
INTERVENTIONS THAT PREVENT LONG-TERM CHALLENGES.

BY SUPPORTING ACCESS TO HIGH-QUALITY CHILD CARE, EARLY EDUCATION,  
TUTORING, AND MENTORING, UWNEMN HELPS CHILDREN THROUGHOUT NORTHERN ST.  
LOUIS COUNTY, KOOCHICHING COUNTY, LAKE OF THE WOODS COUNTY, AND PARTS  
OF ITASCA COUNTY REACH THEIR FULL POTENTIAL AND PREPARE FOR BRIGHT,  
SUCCESSFUL FUTURES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

IN-HOUSE PROGRAMS

BUDDY BACKPACKS: THIS WELL-KNOWN UWNEMN PROGRAM IS A VITAL  
HUNGER-RELIEF EFFORT THAT DIRECTLY SUPPORTS THE HEALTH AND SUCCESS OF  
CHILDREN BY PROVIDING WEEKEND MEAL KITS DURING THE SCHOOL YEAR TO  
STUDENTS IN EVERY SCHOOL IN OUR SERVICE AREA. WITHOUT BASIC NEEDS LIKE  
FOOD BEING MET, CHILDREN STRUGGLE TO FOCUS, GROW, AND LEARN.

MEET UP AND CHOW DOWN: A FREE SUMMER LUNCH PROGRAM THAT OFFERS  
NUTRITIOUS MEALS TO CHILDREN AGES 1-18 AT 14 SITES THROUGHOUT THE  
REGION. THIS PROGRAM HELPS BRIDGE THE NUTRITION GAP WHEN SCHOOL MEALS  
ARE NOT AVAILABLE, SUPPORTING HEALTHY GROWTH AND REDUCING CHILDHOOD  
HUNGER.

UNITED FOR VETERANS: A VETERAN-LED INITIATIVE THAT SUPPORTS THE OVERALL  
WELL-BEING OF LOCAL VETERANS. IN ADDITION TO OFFERING CRISIS FUNDS AND  
HOLIDAY MEAL BASKETS TO VETERANS AND THEIR FAMILIES, THE PROGRAM ALSO  
HOSTS CONNECTION EVENTS AND HEALING RETREATS. THESE EFFORTS HELP COMBAT  
ISOLATION, REDUCE MENTAL HEALTH CHALLENGES SUCH AS PTSD AND DEPRESSION,  
AND BUILD A SENSE OF BELONGING AND PURPOSE AMONG THOSE WHO HAVE SERVED.

SMILES UNITED: LAUNCHED IN PARTNERSHIP WITH CHILDREN'S DENTAL SERVICES  
(CDS), THIS PROGRAM DELIVERS VITAL DENTAL CARE INCLUDING CLEANINGS,  
FLUORIDE TREATMENTS, SEALANTS, X-RAYS, AND RESTORATIVE PROCEDURES TO  
UNDERINSURED AND UNINSURED INDIVIDUALS. SERVICES ARE OFFERED IN LOCAL  
SCHOOLS DURING THE ACADEMIC YEAR AND AT THE UWNEMN OFFICE IN THE

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

Name of the organization <b>UNITED WAY OF NE MINNESOTA</b>	Employer identification number <b>41-0908454</b>
---	---

SUMMER. ORIGINALLY FOCUSED ON CHILDREN, THE PROGRAM HAS EXPANDED TO SERVE PATIENTS OF ALL AGES. TO FURTHER ADDRESS RURAL DENTAL CARE SHORTAGES, UWNEMN FORMED A DENTAL HEALTH TASK FORCE TO RAISE AWARENESS AND ADVOCATE FOR EXPANDED SERVICES. GRANT FUNDING HAS ALSO BEEN SECURED TO HELP INDIVIDUALS IN URGENT DENTAL CRISES ACCESS CARE. VOLUNTEER CENTER: UWNEMN OPERATES A REGIONAL VOLUNTEER CENTER PROMOTING BOTH INTERNAL AND EXTERNAL VOLUNTEER OPPORTUNITIES ACROSS IT'S ENTIRE SERVICE AREA.

**COMMUNITY INVESTMENTS**

UWNEMN ALSO FUNDS SEVEN AGENCY PARTNERS COMMITTED TO SUPPORTING THE HEALTH AND INDEPENDENCE OF VULNERABLE COMMUNITY MEMBERS. THESE PARTNERS PROVIDE:  
ADVOCACY AND SUPPORT FOR INDIVIDUALS AND FAMILIES FACING CANCER OR LIFE-LIMITING ILLNESSES, SERVICES THAT HELP SENIORS REMAIN SAFE, HEALTHY, AND INDEPENDENT IN THEIR HOMES AND COMMUNITIES, ENHANCED CARE AND OUTREACH TO VETERANS AND PROGRAMS THAT PROMOTE SAFE, SUPPORTIVE ENVIRONMENTS AND OVERALL WELL-BEING.

TOGETHER, THESE PROGRAMS AND PARTNERSHIPS ENSURE THAT INDIVIDUALS AND FAMILIES ACROSS NORTHERN ST. LOUIS COUNTY, KOOCHICHING COUNTY, LAKE OF THE WOODS COUNTY, AND PARTS OF ITASCA COUNTY HAVE ACCESS TO THE CARE, NUTRITION, AND SUPPORT THEY NEED TO THRIVE - PHYSICALLY, MENTALLY, AND EMOTIONALLY.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:  
CRISIS RESPONSE: IN JUNE 2024, UWNEMN RESPONDED SWIFTLY TO THE DEVASTATING FLOODING THAT IMPACTED COMMUNITIES ACROSS OUR SERVICE AREA, INCLUDING THE DESTRUCTION IN THE CITY OF COOK. WE MOBILIZED VOLUNTEERS FOR CLEANUP EFFORTS, RAISED FUNDS TO SUPPORT AFFECTED HOMEOWNERS AND BUSINESSES, AND SERVED AS A CENTRAL HUB FOR INFORMATION, RESOURCES, AND REFERRALS.

BEYOND OUR INTERNAL PROGRAMS, UWNEMN FUNDS 10 AGENCY PARTNERS THAT PROVIDE ESSENTIAL SERVICES TO STABILIZE INDIVIDUALS IN CRISIS. THESE PARTNERS WORK TO:  
ADDRESS EMERGENCY FOOD INSECURITY, PROVIDE SHELTER AND HOUSING STABILITY, SUPPORT VICTIMS OF DOMESTIC VIOLENCE AND SEXUAL ASSAULT, REDUCE THE PREVALENCE OF ABUSE IN OUR COMMUNITIES, PROMOTE ACCESS TO ESSENTIAL SERVICES AND SAFE LIVING ENVIRONMENTS.

ADDITIONALLY, UWNEMN SUPPORTS ALL LOCAL FOOD SHELVES WITHIN OUR REGION, HELPING TO ENSURE CONSISTENT ACCESS TO NUTRITIOUS FOOD FOR THOSE IN NEED.

THESE PROGRAMS AND PARTNERSHIPS SERVE COMMUNITIES THROUGHOUT NORTHERN ST. LOUIS COUNTY, KOOCHICHING COUNTY, LAKE OF THE WOODS COUNTY, AND PARTS OF ITASCA COUNTY, REINFORCING OUR COMMITMENT TO BUILDING A RESILIENT, COMPASSIONATE, AND STABLE REGION FOR ALL.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:  
FINANCIAL SECURITY  
UWNEMN SEEKS TO GENERATE A STRONGER FINANCIAL FUTURE FOR EVERY GENERATION. WE BELIEVE FINANCIAL STABILITY IS KEY TO A THRIVING, RESILIENT REGION. THAT'S WHY UNITED WAY OF NORTHEASTERN MINNESOTA (UWNEMN) IS FOCUSED NOT ONLY ON MEETING IMMEDIATE NEEDS - BUT ALSO

Name of the organization <b>UNITED WAY OF NE MINNESOTA</b>	Employer identification number <b>41-0908454</b>
<b>ADDRESSING THE LONG-TERM BARRIERS THAT PREVENT INDIVIDUALS AND FAMILIES FROM ACHIEVING LASTING ECONOMIC SECURITY.</b>	

DAY OF ACTION: 170 VOLUNTEERS UNITED IN NASHWAUK IN JUNE FOR UWNEMN'S ANNUAL DAY OF ACTION, A POWERFUL DISPLAY OF WHAT CAN BE ACCOMPLISHED THROUGH COMMUNITY COLLABORATION. VOLUNTEERS COMPLETED 35 REVITALIZATION PROJECTS ACROSS THE COMMUNITY, SUPPORTING HOMEOWNERS, SMALL BUSINESSES, AND THE CITY ITSELF.

RESIDENTS EITHER APPLIED FOR ASSISTANCE OR WERE NOMINATED BY NEIGHBORS. PROJECTS WERE PRIORITIZED BASED ON FINANCIAL OR PHYSICAL BARRIERS THAT MADE IT DIFFICULT FOR HOMEOWNERS TO COMPLETE THE WORK THEMSELVES. THIS INITIATIVE BRINGS NOT JUST IMMEDIATE RELIEF BUT REAL, LASTING VALUE TO THOSE WHO NEED IT MOST.

ALICE: THIS YEAR, UWNEMN JOINED UNITED WAYS ACROSS MINNESOTA TO BRING THE ALICE REPORT A GROUNDBREAKING TOOL THAT REVEALS THE TRUE EXTENT OF FINANCIAL HARDSHIP IN OUR STATE. FOR DECADES, WE RELIED ON THE FEDERAL POVERTY GUIDELINES, A FORMULA CREATED IN THE 1960S THAT NO LONGER REFLECTS THE REAL COST OF LIVING. ALICE CHANGES THAT.

ALICE (ASSET LIMITED, INCOME CONSTRAINED, EMPLOYED) HOUSEHOLDS EARN ABOVE THE POVERTY LINE BUT STILL STRUGGLE TO AFFORD BASIC NECESSITIES SUCH AS HOUSING, CHILDCARE, TRANSPORTATION, FOOD, AND HEALTHCARE. THE DATA IS UPDATED ANNUALLY AND BROKEN DOWN BY COMMUNITY, OFFERING A CLEARER, MORE ACCURATE VIEW OF ECONOMIC VULNERABILITY.

ACROSS OUR REGION NEARLY 1 IN 3 HOUSEHOLDS ARE WORKING HARD BUT STILL FALLING BEHIND.

THESE ARE OUR NEIGHBORS, COWORKERS, CAREGIVERS, AND COMMUNITY MEMBERS. THEY ARE DOING EVERYTHING RIGHT BUT SIMPLY CAN'T KEEP UP.

UWNEMN IS ALREADY REACHING ALICE FAMILIES THROUGH PROGRAMS LIKE BUDDY BACKPACKS, COMFORTS OF HOME, AND DAY OF ACTION. BUT WE KNOW IT'S NOT ENOUGH.

WE'RE ACTIVELY EDUCATING LOCAL LEADERS AND COMMUNITY STAKEHOLDERS ABOUT THE REALITIES ALICE FAMILIES FACE, USING ALICE DATA TO INFORM PROGRAM DESIGN, INVESTMENTS, AND POLICY ADVOCACY AND ENCOURAGING AGENCY PARTNERS TO ADAPT THEIR ELIGIBILITY CRITERIA TO INCLUDE ALICE HOUSEHOLDS.

WHILE WE ARE STILL DEVELOPING NEW INITIATIVES SPECIFICALLY TARGETED TO ALICE, WE ARE DEEPLY COMMITTED TO LONG-TERM SOLUTIONS, NOT JUST TEMPORARY RELIEF.

TOGETHER, WE CAN ENSURE THAT WORKING FAMILIES AREN'T LEFT BEHIND AND THAT A STRONGER FINANCIAL FUTURE IS POSSIBLE FOR EVERY GENERATION. EXPENSES \$ 136,638. INCLUDING GRANTS OF \$ 91,600. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 1A:  
SEVEN MEMBERS SERVE ON THE EXECUTIVE COMMITTEE AND HAVE THE POWER TO VOTE ON FUNDING DECISIONS WHEN THE FULL BOARD DOES NOT MEET. THEY SERVE AS THE FINANCE AND COMPENSATION COMMITTEE AS WELL.

FORM 990, PART VI, SECTION A, LINE 2:  
ERIC AND JENNIFER CLEMENT HAVE A FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION B, LINE 11B:  
THE BOARD OF DIRECTORS IS PROVIDED A COPY OF THE FORM 990 VIA EMAIL TO REVIEW BEFORE FILING THE RETURN.

