UNITED WAY OF NE MINNESOTA

Tax Return

April 1, 2019 – March 31, 2020

(Public Inspection Copy)

| | | PU | BLIC DISCLOSURE COPY - STATE REGISTR | | 69 | |
|-----------------|--------------------------------------|---------------------------------|---|------------------------------------|------------|----------------------------|
| | Ω | nn | Return of Organization Exempt Fror | m Income Tax | | OMB No. 1545-0047 |
| Form JJU | | | Inder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code | e (except private foundati | ons) | 2019 |
| • | | uary 2020) of the Treasury | Do not enter social security numbers on this form as it n | nay be made public. | | Open to Public |
| Inter | nal Reve | enue Service | Go to www.irs.gov/Form990 for instructions and the la | | | Inspection |
| AI | For th | e 2019 calenda | $^{\circ}$ year, or tax year beginning $ { m APR} 1, 2019 $ and endin | <u>g MAR 31, 202</u> | 0 | |
| B | Check if applicab | le: C Name of | organization | D Employer identi | ificatio | on number |
| | Addre | ge UNLTE | D WAY OF NE MINNESOTA | | | |
| | Name | ge Doing but | siness as | 41-0908 | <u>454</u> | |
| | Initial returr Final returr | Number a | nd street (or P.O. box if mail is not delivered to street address) | /suite E Telephone numb 218-215 | | 20 |
| | termi ated | 2 | wn, state or province, country, and ZIP or foreign postal code | G Gross receipts \$ | | 1,761,952. |
| | Amer returr | ded CUTCL | OLM, MN 55719 | H(a) Is this a group | returr | |
| | Appli tion | ^{ca-} F Name an | address of principal officer: SHELLEY VALENTINI | for subordinate | | |
| | pend | | S C ABOVE | H(b) Are all subordinates | | |
| 1 | Tax-ex | empt status: 🗴 | | 7 | | (see instructions) |
| | | | NITEDWAYNEMN.ORG | H(c) Group exempt | | |
| | | f organization: 🚺 | | Year of formation: 1966 | | |
| | art I | Summary | | | | |
| | 1 | Briefly describe | the organization's mission or most significant activities: TO UNIT | E AND FOCUS OU | JR | |
| e | 1. | COMMUNIT | IES IN CREATING MEASURABLE RESULTS T | O IMPROVE PEO | PLE | 'S LIVES |
| nan | 2 | | ▶ | | | |
| Governance | 3 | | | | 3 | 29 |
| ģ | 4 | | pendent voting members of the governing body (rait vi, inte ra) | | 1 | 29 |
| ø | 4 | | 5 | 9 | | |
| Activities & | 5 | | individuals employed in calendar year 2019 (Part V, line 2a) | | 5 5 | 1200 |
| ť | 6 | Total number o | volunteers (estimate if necessary) | | | 0. |
| Ac | / a | | business revenue from Part VIII, column (C), line 12 | | _ | 0. |
| | | Net unrelated b | usiness taxable income from Form 990-T, line 39 | | <u>–</u> – | |
| | | O I I I I | | Prior Year 2,147,349 | + | Current Year 1,756,052. |
| ne | 8 | | nd grants (Part VIII, line 1h) | 0 | | <u> </u> |
| Revenue | 9 | • | e revenue (Part VIII, line 2g) | | | |
| Эе́ | 10 | | me (Part VIII, column (A), lines 3, 4, and 7d) | | | 5,900. |
| _ | 11 | | Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | | -47,274. |
| | 12 | | add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | | 1,714,678. |
| | 13 | | lar amounts paid (Part IX, column (A), lines 1-3) | | | 967,573. |
| | | | or for members (Part IX, column (A), line 4) | 0 | | 0. |
| ŝ | 15 | | compensation, employee benefits (Part IX, column (A), lines 5-10) | 433,391 | | 453,033. |
| Expenses | 16a | Professional fui | ndraising fees (Part IX, column (A), line 11e) | 0 | • | 0. |
| ğ× | . b | | g expenses (Part IX, column (D), line 25) 98,446. | | | |
| ш | 17 | Other expenses | (Part IX, column (A), lines 11a-11d, 11f-24e) | 332,634 | | 214,033. |
| | 18 | Total expenses | Add lines 13-17 (must equal Part IX, column (A), line 25) | | | 1,634,639. |
| | 19 | Revenue less e | penses. Subtract line 18 from line 12 | 216,277 | • | 80,039. |
| OL | 9 | | | Beginning of Current Year | | End of Year |
| sets | 20 | Total assets (Pa | rt X, line 16) | 3,718,316 | • | 3,615,022. |
| Net Assets or | 21 | Total liabilities (| | 463,603 | • | 369,124. |
| Net | 22 | | nd balances. Subtract line 21 from line 20 | 3,254,713 | • | 3,245,898. |
| | art II | | | | | |
| Und | ler pen | alties of perjury, I | leclare that I have examined this return, including accompanying schedules and si | tatements, and to the best of r | ny kno | wledge and belief, it is |
| | - | | Declaration of preparer (other than officer) is based on all information of which pre | | - | - / |
| | , | | | | | |

| Sign Here | Signature of officer SHELLEY VALENTINI, EXECUTIVE DIRECTOR | Date | | | | | | | | | |
|--------------|---|-------------------------------|--|--|--|--|--|--|--|--|--|
| | Type or print name and title | | | | | | | | | | |
| | Print/Type preparer's name Preparer's gignature Date | Check PTIN | | | | | | | | | |
| Paid | CHRISTINE M. STANZ (lust der 07/2 | 20/20 self-employed P01319765 | | | | | | | | | |
| Preparer | Firm's name CLIFTON LARSON ALLEN | Firm's EIN ▶ 41-0746749 | | | | | | | | | |
| Use Only | Firm's address 818 SECOND STREET SOUTH, SUITE 320 | | | | | | | | | | |
| | WAITE PARK, MN 56387 | Phone no. (320) 203-5500 | | | | | | | | | |
| May the If | May the IRS discuss this return with the preparer shown above? (see instructions) | | | | | | | | | | |
| 932001 01-2 | LHA For Paperwork Reduction Act Notice, see the separate instructions. | Form 990 (2019) | | | | | | | | | |
| ~ | | | | | | | | | | | |

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

| m 990 (2019) UNITED WAY OF NE MINNESOTA | 41-0908454 Page |
|--|-----------------------------------|
| art III Statement of Program Service Accomplishments | |
| Check if Schedule O contains a response or note to any line in this Part III | |
| Briefly describe the organization's mission: | |
| TO UNITE AND FOCUS OUR COMMUNITIES IN CREATING MEASUR | ABLE RESULTS TO |
| IMPROVE PEOPLE'S LIVES AND STRENGTHEN OUR FAMILIES. | |
| | |
| | |
| Did the organization undertake any significant program services during the year which were not listed on | the |
| | |
| prior Form 990 or 990-EZ? | |
| If "Yes," describe these new services on Schedule O. | |
| Did the organization cease conducting, or make significant changes in how it conducts, any program served | vices? Yes XI |
| If "Yes," describe these changes on Schedule O. | |
| Describe the organization's program service accomplishments for each of its three largest program servic | |
| Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations t | o others, the total expenses, and |
| revenue, if any, for each program service reported. | |
| (Code:) (Expenses \$944,691. including grants of \$630,363.) | |
| STABILIZING FAMILIES AND INDIVIDUALS - A STRONG COMMU | |
| HAVING SUPPORT SYSTEMS IN PLACE TO RESPOND TO DISASTE | RS AND HELP PEOPLE |
| | IN IS THERE TO |
| STABILIZE OUR COMMUNITIES THROUGH ACCESS TO EMERGENCY | FOOD, SAFE |
| SHELTER, HOUSING SERVICES AND DISASTER RELIEF. | |
| | |
| IN-HOUSE PROGRAMS TO ADDRESS THIS FOCUS AREA INCLUDE | "BUDDY BACKPACKS", |
| A SUPPLEMENTAL HUNGER-RELIEF PROGRAM TO PROVIDE WEEKE | |
| CHILDREN AT ALL SCHOOLS IN OUR SERVICE AREA THROUGHOU | |
| "MEET UP AND CHOW DOWN", A FREE SUMMER LUNCH PROGRAM | |
| 1-18 AT NINE DIFFERENT SITES THROUGHOUT OUR SERVICE A | |
| HOME" WHICH PROVIDES HOUSEHOLD GOOD TO INDIVIDUALS IN | |
| 105 045 122 204 | · · · |
| (Code:) (Expenses \$195,045. including grants of \$133,394.) EMPOWERING HEALTHY LIVES - A HEALTHY LIFE IS KEY TO A | |
| UWNEMN ITS AGENCY PARTNERS BELIEVE THAT STRENGTHENING | |
| WELL-BEING OF OUR MOST VULNERABLE MEN, WOMEN AND CHIL | |
| | DREN LEADS IV A |
| STRONGER OVERALL COMMUNITY. | |
| | |
| THROUGH THIS FOCUS AREA, UWNEMN'S IN-HOUSE AND IN-SCH | |
| "SMILE UNITED" PROVIDES UNDERINSURED OR UNINSURED CHI | |
| CLEANINGS, FLUORIDE TREATMENTS, SEALANTS, X-RAYS, AND | |
| RESTORATIVE CARE TO CHILDREN IN LOCAL SCHOOLS AND AT | |
| THE SUMMER. IN ADDITION, UWNEMN'S "UNITED FOR VETERAN | |
| CONFIDENTIAL THERAPY FOR LOCAL VETERANS WITH PTSD, TR | |
| HOUSING, HOLIDAY FOOD BASKETS AND VETERAN RETREATS FC | |
| (Code:) (Expenses \$298,016. including grants of \$203,816. | |
| HELPING CHILDREN SUCCEED - A CHILD WITH A STRONG EDUC | |
| HAS A BETTER CHANCE OF SUCCEEDING AND POSITIVELY CONT | |
| COMMUNITY LATER IN LIFE. UWNEMN AND ITS PARTNER AGEN | |
| RESULTS DURING CRITICAL STAGES OF A CHILD'S DEVELOPME | NT. |
| | |
| OUR IN-HOUSE PROGRAMS "IMAGINATION LIBRARY" PROVIDES | FREE MONTHLY BOOKS |
| TO CHILDREN FROM BIRTH TO AGE 5 IN OUR SERVICE TERRIT | |
| BEGINNINGS" WORKS TO INCREASE CHILD CARE AVAILABILITY | |
| WHICH IS EXPERIENCING A SEVERE SHORTAGE OF CHILDCARE | |
| THE QUALITY AND EDUCATION OPTIONS FOR CHILDREN IN LOC | |
| SETTINGS. | |
| | |
| Other program services (Describe on Schedule O.) | |
| (Expenses \$ including grants of \$) (Revenue \$ |) |
| Total program service expenses 1,437,752. | |
| | Form 990 (20 |
| 02 01-20-20 SEE SCHEDULE O FOR CONTINUATION | ON(S) |
| 2 | |
| 908 131839 091-00120700 2019.04020 UNITED WAY | OF NE MINNESOT 091 |

| 15590908 | 131839 | 091- | -0012070 |
|----------|--------|------|----------|
| | | | |

| Form 990 (2 | | | | | NE | MINNESOTA |
|-------------|--------------|---------------|--------|----|----|-----------|
| Part IV | Checklist of | f Required Sc | hedule | es | | |

| | | | Yes | No |
|--------|--|------------|-----|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | Х | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | <u> </u> |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | v |
| _ | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | <u> </u> |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | - | | v |
| 6 | similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> | 5 | | <u> </u> |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | 6 | | х |
| 7 | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | 7 | | х |
| 8 | the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i> | - | | |
| 0 | Schedule D, Part III | 8 | | х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for | | | |
| 5 | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | |
| | If "Yes," complete Schedule D, Part IV | 9 | х | |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | | х |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | Х | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | X |
| с | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | X | |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | X | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | X | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | 37 |
| 40 | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | <u>14a</u> | | <u> </u> |
| Ø | 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 | | | |
| | | 14b | | х |
| 15 | or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| 10 | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| - | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | х |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines | | | |
| | 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | х | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | Х |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II | 21 | X | |
| 332003 | 01-20-20 | Form | 990 | (2019) |

^{932003 01-20-20}

| Form | 990 | (2019) |
|------|-----|--------|
| | 330 | (2013) |

| | | | Vee | Na |
|---------|---|------------|-------------|--------|
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for demostic individuals on | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | 22 | х | |
| 23 | Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | ~~~ | | |
| 20 | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | | x |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No," go to line 25a | 24a | | x |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | X X |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV | | | |
| _ | instructions, for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i> | 00- | | x |
| h | "Yes," complete Schedule L, Part IV | 28a 28b | | X |
| | A family member of any individual described in line 28a? <i>If</i> "Yes," <i>complete Schedule L, Part IV</i> | 200 | | - 23 |
| C | "Yes," complete Schedule L, Part IV | 28c | | x |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | Х | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | x |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | x |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| | Part V, line 1 | 34 | | X |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | | | |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | | | |
| | If "Yes," complete Schedule R, Part V, line 2 | 36 | | X X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | 37 |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | v | |
| Par | Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance | 38 | Х | L |
| 1 01 | | | | |
| | Check if Schedule O contains a response or note to any line in this Part V | | V- - | |
| 1 | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | Yes | No |
| ia b | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable1a2Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable1b2 | | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | | |
| Ū | (gambling) winnings to prize winners? | 1c | | |
| 932004 | 9 01-20-20 | | 990 | (2019) |
| | | | | , |

| Form | <u>990 (2019)</u> UNITED WAY OF NE MINNESOTA 41-0908 | 454 | Р | _{age} 5 |
|--------|---|-----------|-----|------------------|
| Par | t V Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | |
| | | | Yes | No |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | |
| | filed for the calendar year ending with or within the year covered by this return 2a 9 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | X | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | X |
| b | If "Yes," enter the name of the foreign country | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | <u>5a</u> | | X |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | <u>5c</u> | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit | | | |
| | any contributions that were not tax deductible as charitable contributions? | <u>6a</u> | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | | | |
| | were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | 7a | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required | | | |
| _ | to file Form 8282? | 7c | | X |
| | If "Yes," indicate the number of Forms 8282 filed during the year 7d | _ | | v |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | X X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | _ A |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| • | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| 9 | | 9a | | |
| a b | | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | 30 | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | 1 | | |
| a | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | 1 | | |
| ~ | amounts due or received from them.) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | 1 | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| | Note: See the instructions for additional information the organization must report on Schedule O. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | |
| | organization is licensed to issue qualified health plans | | | |
| с | Enter the amount of reserves on hand | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X |
| b | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O | 14b | | |
| 15 | Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or | | | |
| | excess parachute payment(s) during the year? | 15 | | X |
| | If "Yes," see instructions and file Form 4720, Schedule N. | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | X |
| | If "Yes," complete Form 4720, Schedule O. | | | |

Form **990** (2019)

932005 01-20-20

| Form 990 (| 2019) |
|------------|-------|
|------------|-------|

UNITED WAY OF NE MINNESOTA

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

41-0908454 Page 6

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. X

| | | 1 1 | | 0.0 | | Yes | No |
|------|--|------------|----------------|------------|--------|--------|---------|
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1 a | | 29 | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | | | | |
| | body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | | | | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | · · · · | | 29 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship officer, director, trustee, or key employee? | | | | 2 | | Х |
| 3 | Did the organization delegate control over management duties customarily performed by or under the | e direct | supervisio | n | | | |
| | of officers, directors, trustees, or key employees to a management company or other person? | | | | 3 | | Х |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 9 | 90 was | filed? | | 4 | | Х |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's ass | | | | 5 | | Х |
| 6 | Did the organization have members or stockholders? | | | | 6 | | Х |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or ap more members of the governing body? | point o | ne or | | 7a | | x |
| h | Are any governance decisions of the organization reserved to (or subject to approval by) members, st | | | | | | |
| ~ | persons other than the governing body? | | | | 7b | | x |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | | | | 15 | | |
| | The governing body? | | • | | 8a | х | |
| | Each committee with authority to act on behalf of the governing body? | | | | 8b | X | |
| | | | | | on | - 23 | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read | | | | 9 | | x |
| Sact | organization's mailing address? <i>If</i> "Yes," provide the names and addresses on Schedule O | | | | 9 | | Δ |
| | tion B. Policies (This Section B requests information about policies not required by the Internal Re | evenue (| Code.) | | | Vee | N |
| | D'id the survey institute to a be a data to be a data to a ffilled a O | | | | 40 - | Yes | No X |
| | Did the organization have local chapters, branches, or affiliates? | | | | 10a | | ~ |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such ch | • | | | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | | | | 10b | 37 | |
| | Has the organization provided a complete copy of this Form 990 to all members of its governing body | y before | e filing the f | orm? | 11a | Х | |
| | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | | | 37 | |
| | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | | 12a | X | |
| | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise | | | | 12b | Х | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? /f " | /es," de | scribe | | | | |
| | in Schedule O how this was done | | | | 12c | X | |
| | Did the organization have a written whistleblower policy? | | | | 13 | X | |
| 14 | Did the organization have a written document retention and destruction policy? | | | | 14 | Х | |
| 15 | Did the process for determining compensation of the following persons include a review and approva persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | | | |
| а | The organization's CEO, Executive Director, or top management official | | | | 15a | Х | |
| b | Other officers or key employees of the organization | | | | 15b | | Х |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | nent wi | h a | | | | |
| | taxable entity during the year? | | | | 16a | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate | te its pa | rticipation | | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ | ization' | S | | | | |
| | exempt status with respect to such arrangements? | | | | 16b | | |
| | tion C. Disclosure | | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright \mathrm{MN}$ | | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and | nd 990- | Г (Section : | 501(c)(3)s | only) | availa | ble |
| | for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain) | n on Scl | nedule O) | | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing documents, co | | , | olicy, and | financ | cial | |
| | 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 boo | oks and | records | ► | | | |
| | SHELLEY VALENTINI - 218-215-2420 | | | | | | |
| | 608 EAST DRIVE, CHISHOLM, MN 55719 | | | | | | |

| (5) ERIC CLEMENT | 3.00 | | | | |
|--------------------|------|---|---|--|--|
| 1ST VICE PRESIDENT | | Х | Х | | |
| | 2 00 | | | | |

| | | | 27 | | 55,000 | •• | ,J+U+ |
|---------------------|------|---|----|---|--------|----|-----------------|
| (2) RANDY BABIRACKI | 2.00 | | | | | | |
| BOARD MEMBER | | Х | | | 0. | 0. | 0. |
| (3) MARK BAKK | 3.00 | | | | | | |
| BOARD MEMBER | | Х | | | 0. | 0. | 0. |
| (4) CHAD BUUS | 2.00 | | | | | | |
| BOARD MEMBER | | Х | | | 0. | 0. | 0. |
| (5) ERIC CLEMENT | 3.00 | | | | | | |
| 1ST VICE PRESIDENT | | Х | X | | 0. | 0. | 0. |
| (6) DEAN DEBELTZ | 2.00 | | | | | | |
| BOARD MEMBER | | Х | | | 0. | 0. | 0. |
| (7) JULIE EHRMAN | 2.00 | | | | | | |
| BOARD MEMBER | | Х | | | 0. | 0. | 0. |
| (8) LATISHA GIETZEN | 2.00 | | | | | | |
| BOARD MEMBER | | Х | | | 0. | 0. | 0. |
| (9) STACY HART | 3.00 | | | | | | |
| SECRETARY | | Х | X | | 0. | 0. | 0. |
| (10) MATT HITI | 2.00 | | | | | | |
| BOARD MEMBER | | Х | | | 0. | 0. | 0. |
| (11) TOM JAMAR | 3.00 | | | | | | |
| BOARD MEMBER | | Х | | | 0. | 0. | 0. |
| (12) PAUL JANSSEN | 3.00 | | | | | | |
| BOARD PRESIDENT | | Х | X | | 0. | 0. | 0. |
| (13) BREANNE KATRIN | 3.00 | | | | | | |
| 2ND VICE PRESIDENT | | Х | X | | 0. | 0. | 0. |
| (14) BRUCE KINGSLEY | 3.00 | | | | | | |
| BOARD MEMBER | | Х | | | 0. | 0. | 0. |
| (15) MARCI KNIGHT | 3.00 | | | | | | |
| BOARD MEMBER | | X | | | 0. | 0. | 0. |
| (16) DAN KOTNIK | 3.00 | | | | | | |
| BOARD MEMBER | | Х | | | 0. | 0. | 0. |
| (17) FRANK LAMUSGA | 2.00 | | | | | | |
| BOARD MEMBER | | Х | | | 0. | 0. | 0. |
| 932007 01-20-20 | | | | | | | Form 990 (2019) |
| | | | | 7 | | | |
| | | | | | | | |

41-0908454 Form 990 (2019) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See instructions for definition of "key employee."

(B)

Average

hours per

week

(list any

hours for

related

organizations

below

line) 50.00

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

(C)

Position

(do not check more than one

box, unless person is both an officer and a director/trustee)

Highest compensated employee

ormer

Key employee

Officer

X

(D)

Reportable

compensation

from

the

organization

(W-2/1099-MISC)

93,600.

List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

 List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)

Name and title

SHELLEY VALANTINI

EXECUTIVE DIRECTOR

(1)

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

director

ndividual trustee or In stitutional trustee

15590908 131839 091-00120700

2019.04020 UNITED WAY OF NE MINNESOT 091-0011

(F)

Estimated

amount of

other

compensation

from the

organization

and related

organizations

19,548.

(E)

Reportable

compensation

from related

organizations

(W-2/1099-MISC)

0.

| Form 990 (2019) UNITED WA | Y OF NE | M | IIN | NE | SO | TA | | | 41-0908 | 454 | Page 8 |
|--|------------------------|--------------------------------|-----------------|-------------------|--------------|---------------------------------|--------|---------------------------------|---------------------|---------------|------------------|
| Part VII Section A. Officers, Directors, Trust | | oloy | ees, | | | ghes | t C | ompensated Employee | s (continued) | | |
| (A) | (B) | | | _ (C |) | | | (D) | (E) | (| F) |
| Name and title | Average | (do | | Posi | | | one | Reportable | Reportable | Estin | nated |
| | hours per | box | , unle | ss per nd a di | son i | s both | n an | compensation | compensation | | unt of |
| | week | | | | 10010 | 1/1/1/1/1/1/1 | | - from | from related | | her |
| | (list any hours for | irecto | | | | | | the | organizations | | nsation |
| | related | e or d | tee | | | sated | | organization (W-2/1099-MISC) | (W-2/1099-MISC) | | n the ization |
| | organizations | ruste | al trustee | | /ee | m pen | | (W 2/1000 10100) | | J Š | elated |
| | below | Individual trustee or director | Institutional t | 5 | Key employee | est co oyee | er | | | | zations |
| | line) | Indivi | Instit | Officer | Key e | Highest compensated employee | Former | | | | |
| (18) JULIE LUCAS | 3.00 | | | | | | | | • | | • |
| BOARD MEMBER | 2 00 | Х | | | | | | 0. | 0. | | 0. |
| (19) MIKE NORTON | 3.00 | | | | | | | | 2 | | • |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | | 0. |
| (20) ROBB PETERSON | 2.00 | | | | | | | | 0 | | 0 |
| BOARD MEMBER | | Х | | | | | | 0. | 0. | | 0. |
| (21) LAURA ROSIER | 2.00 | | | | | | | | 0 | | • |
| BOARD MEMBER | 2 00 | Х | | | | | | 0. | 0. | | 0. |
| (22) DANIELLE SEPPI | 2.00 | 77 | | | | | | 0 | 0 | | 0 |
| BOARD MEMBER | 2 00 | Х | | | | | | 0. | 0. | | 0. |
| (23) JIM SKALSKI | 2.00 | х | | | | | | 0 | 0 | | 0 |
| BOARD MEMBER (24) SAM STONE | 2.00 | Λ | | | | | | 0. | 0. | | 0. |
| BOARD MEMBER | 2.00 | х | | | | | | 0. | 0. | | 0. |
| (25) TAYLOR WUDINICH | 2.00 | Δ | | | | | | 0. | 0. | | 0. |
| BOARD MEMBER | 2.00 | х | | | | | | 0. | 0. | | 0. |
| (26) TONY ZUPANCICH | 3.00 | ~ | | | | | | 0. | 0. | | 0. |
| BOARD TREASURER | 5.00 | х | | | | | | 0. | 0. | | 0. |
| | | | | | | | | 93,600. | 0. | 19 | ,548. |
| c Total from continuation sheets to Part VII | | | | | | | | 0. | 0. | | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 93,600. | 0. | 19 | ,548. |
| 2 Total number of individuals (including but no | | | | | | | | | | | 510. |
| compensation from the organization | | 030 | 11310 | u ab | 000 | <i>y</i> wii | 010 | ceived more than \$100, | | | 0 |
| | | | | | | | | | | Y | es No |
| 3 Did the organization list any former officer, | director trust | ⊳ k | | mnl | ove | e or | hia | hest compensated emp | ovee on | | |
| line 1a? If "Yes," complete Schedule J for su | | | - | - | - | | - | | • | 3 | x |
| 4 For any individual listed on line 1a, is the sur | | | | | | | | | | | |
| and related organizations greater than \$150 | | | | | | | | | | 4 | x |
| 5 Did any person listed on line 1a receive or a | , | | ' | | | | | | | | |
| rendered to the organization? If "Yes," com | | | | | | | | | | 5 | X |
| Section B. Independent Contractors | | 201 | <u> </u> | | 2075 | | | | | | |
| 1 Complete this table for your five highest con | npensated ind | lepe | ndei | nt co | ontra | actor | rs th | nat received more than \$ | 100,000 of compensa | tion from | |
| the organization. Report compensation for t | he calendar ye | ear e | ndir | ng wi | ith c | or wi | thin | the organization's tax y | ear. | | |
| (A) | | | | | | | | (B) | | (C) | |
| Name and business | address | NC | ONE | 3 | | | | Description of s | ervices (| Compens | ation |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | _ | | | | |
| | | | | | | | | | | | |
| | | | | | | | _ | | | | |
| | | | | | | | | | | | |
| 2 Total number of independent contractors (in | icluding but n | ot lin | niter | to t | thos | e lis | ted | above) who received mo | ore than | | |
| \$100,000 of compensation from the organiz | ation 🕨 | | | | C |) | | | | | |
| SEE PART VII, SECTION | A CONT | IN | UA | TI | ON | S | HE | ETS | | Form 9 | 0 (2019) |
| 932008 01-20-20 | | | | | | | | | | | |

| Form 990 UNITED WAY OF NE MINNESOTA | | | | | | | 41-0908454 | | | | |
|--|--|-----------------|------------------------------------|---------|-------------------------|--------------------------------|------------------------|--|--|--|--|
| Part VII Section A. Officers, Directors, Tru | | nplo | yee | | | lighe | est (| | , , | | |
| (A) | (B) | | | | C) | | | (D) | (E) | (F) | |
| Name and title | Average hours | (c) | Position (check all that apply) | | Reportable compensation | Reportable compensation | Estimated amount of | | | | |
| | per week (list any hours for related | tee or director | | | | Highest com pensated em ployee | 'y) | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | other compensation from the organization and related | |
| | organizations below line) | Individual tr | Institutional trustee | Officer | Key employee | Highest com | Former | | | organizations | |
| (27) CLIFF TOBEY | 2.00 | v | | | | | | 0 | 0 | 0 | |
| BOARD MEMBER (28) APRIL KLANDER | 2.00 | Х | | | | | | 0. | 0. | 0. | |
| BOARD MEMBER | 2.00 | x | | | | | | 0. | 0. | 0. | |
| (29) DUSTIN GRANGUTH | 2.00 | ~ | | | | | | | 0. | 0. | |
| BOARD MEMBER | | х | | | | | | 0. | 0. | 0. | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | ļ | | | | |
| Total to Part VII, Section A, line 1c | 1 | I | 1 | 1 | L | 1 | | | | | |
| | | | | | | | | 1 | | L | |

932201 04-01-19

| | | | 2019) UNITED WAY OF NE MIN | NNESOTA | | 41-0908 | 454 Page 9 |
|---|--------|--------|---|--------------------------|---------------------------------------|---------|--|
| Pa | rt V | | | | | | |
| | | | Check if Schedule O contains a response or note to any | y line in this Part VIII | | (C) | (D) |
| | | | | Total revenue | Related or exempt function revenue | | Revenue excluded from tax under sections 512 - 514 |
| ις N | 1 | а | Federated campaigns 1a 1,234,07 | 7. | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | | | Membership dues | <u> </u> | | | |
| ي ق | | | Fundraising events 1c 229,480 | 0. | | | |
| àifts ar A | | | Related organizations 11 | | | | |
| s, Gili | | | Government grants (contributions) | | | | |
| rion | 1 | f | All other contributions, gifts, grants, and | | | | |
| ibut | | | similar amounts not included above 1f 292, 495 | | | | |
| ontr of O | 1 | g | Noncash contributions included in lines 1a-1f 1g \$ 189,580 | | | | |
| <u> </u> | | h | | ▶ 1,756,052. | | | |
| | _ | | Business Co | ode | | | |
| Program Service Revenue | 2 | | | | | | |
| Serv Ue | | b | | | | | |
| m S m | | c d | | | | | |
| gra Re | | e | | | | | |
| Pro | | | All other program service revenue | | | | |
| _ | | | | | | | |
| | 3 | | Investment income (including dividends, interest, and | | | | |
| | | | other similar amounts) | ▶ 5,900. | | | 5,900. |
| | 4 | | Income from investment of tax-exempt bond proceeds | ▶ | | | |
| | 5 | | Royalties | | | | |
| | _ | | (i) Real (ii) Persona | al | | | |
| | 6 | | Gross rents 6a | _ | | | |
| | | | Less: rental expenses 66 | - | | | |
| | | | Rental income or (loss) 6c Net rental income or (loss) | | | | |
| | | | Gross amount from sales of (i) Securities (ii) Other | | | | |
| | | u | assets other than inventory 7a | | | | |
| | | b | Less: cost or other basis | _ | | | |
| e | | | and sales expenses 7b | | | | |
| venue | | с | Gain or (loss) 7c | | | | |
| | | d | Net gain or (loss) | | | | |
| Other Re | 8 | а | Gross income from fundraising events (not | | | | |
| đ | | | including \$ 229,480. of | | | | |
| | | | contributions reported on line 1c). See | o. | | | |
| | | L | , | | | | |
| | | | Less: direct expenses 8b 47,274 Net income or (loss) from fundraising events | ▶ -47,274. | | | -47,274. |
| | | | Gross income from gaming activities. See | | | | |
| | | | Part IV, line 19 9a | | | | |
| | | b | Less: direct expenses 9b | | | | |
| | | | Net income or (loss) from gaming activities | | | | |
| | 10 | а | Gross sales of inventory, less returns | | | | |
| | | | and allowances 10a | _ | | | |
| | | | Less: cost of goods sold | | | | |
| | | С | Net income or (loss) from sales of inventory | | | | |
| SD | | _ | Business Co | | | | |
| ne u | 11 | | | | | | |
| ellaneo evenue | | b c | | | | | |
| Miscellaneous Revenue | | | All other revenue | | | | |
| Σ | | | | | | | |
| | 12 | - | | ▶ 1,714,678. | 0. | 0. | -41,374. |
| 93200 | 9 01-2 | 20-: | | | | | Form 990 (2019) |

15590908 131839 091-00120700

Form 990 (2019)

UNITED WAY OF NE MINNESOTA

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 **(D)** Fundraising (C) Management and general expenses (B) (A) Do not include amounts reported on lines 6b. Program service expenses Total expenses expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations 788,073. 788,073. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 179,500. 179,500. individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members 4 5 Compensation of current officers, directors, 76,942. 113,150. 18,104. 18,104. trustees, and key employees Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 264,722. 180,010. 42,356. 42,356. Other salaries and wages 7 8 Pension plan accruals and contributions (include 19,563. 13,303. 3,130. 3,130. section 401(k) and 403(b) employer contributions) 26,212. 17,824. 4,194. 4,194. Other employee benefits 9 29,386. 19,982. 4,702. 4,702. 10 Payroll taxes 11 Fees for services (nonemployees): Management а b Legal 17,040. 2,726. 2,726. 11,588. С Accounting Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 1,227. 835. 196. 196. column (A) amount, list line 11g expenses on Sch 0.) Advertising and promotion 12 13,818. 9,397. 2,209. 2,212. Office expenses 13 Information technology 14 15 Royalties 27,290. 17,824. 4,733. 4,733. 16 Occupancy 6,104. 4.150. 977. 977. 17 Travel

1,378.

45,077.

54,083.

18,840.

18,098.

4,727.

6,351.

1,634,639.

Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 Depreciation, depletion, and amortization 22 23 Insurance Other expenses. Itemize expenses not covered 24 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 0.)

PROVISION FOR UNCOLLECT а MEMBER DUES h CAMPAIGN SUPPLIES С TRAINING d All other expenses е Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined

educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

Check here 932010 01-20-20

Form 990 (2019)

220.

7,212.

3,014.

2,896.

1.016.

98,441.

756.

15590908 131839 091-00120700

11 2019.04020 UNITED WAY OF NE MINNESOT 091-0011

938.

30,652.

54,083.

12,812.

12,306.

3,214.

4.319.

1,437,752.

220.

7,213.

3,014.

2,896.

1,016.

98,446.

757.

15590908 131839 091-00120700

Savings and temporary cash investments Pledges and grants receivable, net

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

Cash - non-interest-bearing

UNITED WAY OF NE MINNESOTA

| S Lans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 9 Constand other receivables from other disqualified persons (as defined under sectina 4558(c)(3)(B) 6 10 Lans and other receivables from other disqualified persons (as defined under sectina 4558(c)(3)(B) 7 10 Land, buildings, and equipment: cost or other basis. Complete Part V of Schedule D 00 9, 7, 210, 877. 11 Investments - other securities. See Part IV, line 11 12 11 11 Investments - other securities. See Part IV, line 11 12 13 12 Investments - other securities. See Part IV, line 11 13 14 11, 279, 877. 15 1, 136, 163. 13 Investments - other securities. See Part IV, line 11 13 14 12, 279, 877. 15 1, 136, 163. 16 Total sesets. Add lines 1 through 15 (must equal line 33) 13, 718, 316. 16 16 3, 615, 022. 19 Determed revenue 20 22 53, 683. 22 23 24 24 24 24 24 24 24 24 24 | | 4 | Accounts receivable, net | | | | 4 | | |
|---|-------|-----|--|-------------|--------------------|-----------|---------|-----|------------|
| get controlled entity or family member of any of these persons 5 6 Laars and other receivables from other disqualified persons (as defined under section 4958(c)(3)(8) 7 7 Notes and loans receivable, net 8 9 Prepaid expenses and deferred charges 512. 9 10a Lank, buildings, and equipment: cost or other 10a 1, 210, 879. b Less: accumulated depreciation 10a 1, 210, 879. 11 Investments - program-related. See Part IV, line 11 11 12 12 Investments - program-related. See Part IV, line 11 13 14 13 Intragible assets 11 13 14 Intragible assets 12, 129, 877. 15 1, 136, 163. 15 Other assets. See Part IV, line 11 13 1, 279, 877. 15 1, 136, 163. 16 Total assets. Add lines 1 through 15 (must equal line 33) 3, 718, 316. 16 3, 612, 022. 14 Other assets. See Part IV, line 11 1, 279, 877. 15 1, 136, 163. 16 Total assets. Add lines 1 through 15 (must equal line 33) 3, 718, 316. 16 3, 615, 022. </td <th></th> <th>5</th> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> | | 5 | | | | | | | |
| 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f(1))), and persons described in section 4958(c(3)(8) 6 7 Notes and loans receivable, net 8 9 Prepaid expenses and deferred charges 512.9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 1, 210, 879. 11 Investments - publicly traded securities 11 12 11 Investments - publicly traded securities 11 12 11 Investments - publicly traded securities 11 13 12 Investments - publicly traded securities 11 13 13 Investments - publicly traded securities 11 13 14 Intangible assets 14 16 16.5,022. 17 Accounts payable and accrued expenses 15,159.17 20,967. 18 Grants payable 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 24 20 22 Laans and other payable to any othese persons 22 23 7,224. 23 Secured mortgages and notes payable to u | | | trustee, key employee, creator or founder, subst | antial co | ontributor, or 35% | | | | |
| ggg under section 4958((/11), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 512.9 512. 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 1, 210, 879. 11 Investments - publicy traded securities 11 11 12 11 Investments - program-related. See Part IV, line 11 13 14 13 Investments - program-related. See Part IV, line 11 14 14.136, 163. 16 Total assets. Add lines 1 through 15 (must equal line 33) 3, 718, 316. 16 3, 615, 022. 17 Accounts payable and accrued expenses 15, 159. 17 20, 967. 22 Lears and other payables to any current of fiber, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entily or family member of any of these persons 24 27.224. 23 Secured mortages and notes payable to unrelated third parties 3, 220, 401. 27 3, 223, 599. 24 | | | controlled entity or family member of any of thes | se perso | ons | | | 5 | |
| 9 7 Notes and loans receivable, net 7 9 Prepriod expenses and deferred charges 512. 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 1,210,879. 11 Investments: publicly traded securities 11 12 12 Investments: publicly traded securities 11 13 Investments: other securities. See Part IV, line 11 13 14 14 14 15 Other assets. See Part IV, line 11 14 16 Total assets. Add lines 1 through 15 (must equal line 33) 3, 718, 316. 16 3, 615, 022. 17 Accounts payable and accrued expenses 15, 159. 17 20, 967. 19 Deferred revenue 20 20 23, 72.50. 21 Ease or or or forder of former officer, director, truste, key employee, creator or former officer, director, truste, key employee, creator or former officer, director, truste, key employee, creator or founder, substantial contributor, or 35% controlled entity or thank payable to unrelated third parties 24 25 Other liabilities not included on lines 17.24). Complete Part X or Schedule D 26 369, 124. 28 Total liabilit | | 6 | Loans and other receivables from other disqualif | fied pers | sons (as defined | | | | |
| B Inventories for sale or use 8 9 Prepaid expenses and deferred charges 512.9 512.9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 1,210,879.1 b Less: accumulated depreciation 10b 93,511.1 1,154,855.10c 1,117,368.1 11 Investments - other securities 11 11 112 11 113 12 Investments - other securities. See Part IV, line 11 11 113 11 114 13 Investments - program-related. See Part IV, line 11 13 11 1,279,877.15 1,136,163. 16 Total assets. Add lines 1 through 15 (must equal line 33) 3,718,316.1 12,20,967. 19 20 Tax exempt bond liabilities 20 392,898.18 287,250. 19 Deferred revenue 19 2 2 2 53,683. 21 Escrow or outstodial accourt diability. Complete Part IV of Schedule D 46,450.21 53,683. 22 Lones and other payable to unrelated third parties 9,096.23 7,224. 24 Unsecured norts and pasa payable to unrelated t | | | under section 4958(f)(1)), and persons described | l in sect | ion 4958(c)(3)(B) | | | 6 | |
| setup 3121 3 3121 3 3121 10a Land, buildings, and equipment costs or other basis. Complete Part VI of Schedule D 10a 1,210,879. 1 1,154,855. 10c 1,117,368. 11 Investments - publicly traded securities 11 11 12 11 11 12 12 Investments - order securities. See Part IV, line 11 13 13 14 11 13 13 Investments - program-related. See Part IV, line 11 13 13 14 11,17,368. 14 Intangible assets. See Part IV, line 11 13 14 11,17,0,067. 15 1,136,163. 16 Total assets. Add lines 1 through 15 (must equal line 33) 3,718,316. 16 3,615,022. 17 Accounts payable and accrued expenses 15,159. 17 20,967. 18 Grants payable and accrued expenses 19 20 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 46,450. 21 53,683. 22 Loans and other payable to unrelated third parties 9,096. 23 7,224. | ŝ | 7 | Notes and loans receivable, net | | | | | 7 | |
| setup 3121 3 3121 3 3121 10a Land, buildings, and equipment costs or other basis. Complete Part VI of Schedule D 10a 1,210,879. 1 1,154,855. 10c 1,117,368. 11 Investments - publicly traded securities 11 11 12 11 11 12 12 Investments - order securities. See Part IV, line 11 13 13 14 11 13 13 Investments - program-related. See Part IV, line 11 13 13 14 11,17,368. 14 Intangible assets. See Part IV, line 11 13 14 11,17,0,067. 15 1,136,163. 16 Total assets. Add lines 1 through 15 (must equal line 33) 3,718,316. 16 3,615,022. 17 Accounts payable and accrued expenses 15,159. 17 20,967. 18 Grants payable and accrued expenses 19 20 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 46,450. 21 53,683. 22 Loans and other payable to unrelated third parties 9,096. 23 7,224. | .əss | 8 | Inventories for sale or use | | | | 8 | | |
| basis Complete Part VI of Schedule D 10a 1,210,879. 10 93,511. 1,154,855. 10c 1,117,368. 11 Investments - publicly tradel securities. 11 11 12 12 Investments - program-related. See Part IV, line 11 12 13 13 Investments - program-related. See Part IV, line 11 13 14 Intrastrests. Add lines 1 through 15 (must equal line 33) 3,718,316. 16 3,615,022. 17 Accounts payable and accrued expenses 15,159. 17 20,967. 18 Grants payable and accrued expenses 392,898. 18 287,250. 19 Deferred revenue 20 20 21 53,683. 21 Escrew or custofial account liabilities 20 22 23 24 53,683. 22 Loans and other payable to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity of family member of any of these persons 22 22 23 Secure mortgages and notes payable to unrelated third parties 9,096.23 7,224. </td <th>¥</th> <th>9</th> <td>— · · · · · · · · · · · · · · · · · · ·</td> <td></td> <td></td> <td>5</td> <td>512.</td> <td>9</td> <td>512.</td> | ¥ | 9 | — · · · · · · · · · · · · · · · · · · · | | | 5 | 512. | 9 | 512. |
| b Less: accumulated depreciation 10b 93,511. 1,154,855. 10c 1,117,368. 11 Investments - publicly traded securities 11 12 12 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 11 15 Other assets. See Part IV, line 11 13 16 Total assets. Add lines 1 through 15 (must equal line 33) 3,718,316. 16 3,615,022. 17 Accounts payable and accrued expenses 15,159. 17 20,967. 19 Deferred revenue 19 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 46,450. 21 53,683. 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 24 23 Secured mortgages and notes payable to unrelated third parties 9,096. 23 7,224. 24 Unsecured notes and loans payable to unrelated third parties 24 25 26 24 Total liabilities (including federal income tax, payables to related third parties, and other fla | | 10a | Land, buildings, and equipment: cost or other | | | | | | |
| 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 18 Grants payable 20 392, 898. 21 Escrow or custolial account liability. Complete Part IV of Schedule D 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities included on lines 17-24). Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 27 Net assets without donor restrictions 31 3, 220, 401. 27 Net assets without donor restrictions 28 Total liabilities. Add lines 17 through 25 29 Capital stock or trust principal, or curre | | | basis. Complete Part VI of Schedule D | 10a | 1,210,879. | | | | |
| 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intagible assets 14 15 Other assets. See Part IV, line 11 1, 279, 877. 15 1, 136, 163. 16 Total assets. Add lines 1 through 15 (must equal line 33) 3, 718, 316. 16 3, 615, 022. 17 Accounts payable and accrued expenses 15, 159. 17 20, 967. 19 Deferred revenue 19 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 46, 450. 21 53, 683. 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 9, 096. 23 7, 224. 24 Unsecured notes and loans payable to unrelated third parties 24 26 7 total liabilities not included on lines 17.24). Complete Part X of Schedule D 26 369, 124. 27 Net assets withod noor restrictions 3, 220, 401. 27 3, 223, 599. 28 <th></th> <th>b</th> <td>Less: accumulated depreciation</td> <td>10b</td> <td>93,511.</td> <td>1,154,8</td> <td>355.</td> <td>10c</td> <td>1,117,368.</td> | | b | Less: accumulated depreciation | 10b | 93,511. | 1,154,8 | 355. | 10c | 1,117,368. |
| 13 Investments · program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 1, 279, 877. 15 1, 1, 136, 163. 16 Total assets. Add lines 1 through 15 (must equal line 33) 3, 718, 316. 16 3, 615, 022. 17 Accounts payable and accrued expenses 15, 159. 17 20, 967. 19 Deferred revenue 392, 898. 18 287, 250. 20 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 46, 450. 21 53, 683. 22 Loas and other payables to any current or former officer, director, trustee, key employee, creator of nunder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 9, 0, 096. 23 7, 224. 24 Unscurde notes and loans payable to unrelated third parties 24 25 26 Total liabilities. Add lines 17 through 25 463, 603. 26 369, 124. 27 Net assets with donor restrictions 3, 220, 401. 27 3, 223, 599. 28 Net assets with donor restrictions | | 11 | Investments - publicly traded securities | | | | | 11 | |
| 14 Intangible assets 15 Other assets. See Part IV, line 11 1, 279, 877.1 15 1, 136, 163. 16 Total assets. Add lines 1 through 15 (must equal line 33) 3, 718, 316.1 16 3, 615, 022. 17 Accounts payable and accrued expenses 15, 159.1 17 20, 967. 18 Grants payable 392, 898.1 8 287, 250. 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 466, 450.2 21 53, 683. 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mottgages and notes payable to unrelated third parties 9, 096.2 23 7, 224.4 24 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities, not included on lines 17.24). Complete Part X of Schedule D 26 369, 124.4 27 Net assets without donor restrictions 3, 220, 401.1 27 <t< td=""><th></th><th>12</th><td>Investments - other securities. See Part IV, line 1</td><td>1</td><td></td><td></td><td></td><td>12</td><td></td></t<> | | 12 | Investments - other securities. See Part IV, line 1 | 1 | | | | 12 | |
| 15 Other assets. See Part IV, line 11 1,279,877. 15 1,136,163. 16 Total assets. Add lines 1 through 15 (must equal line 33) 3,718,316. 16 3,615,022. 17 Accounts payable and accrued expenses 15,159. 17 20,967. 18 Grants payable 392,898. 18 287,250. 19 Deferred revenue 19 20 21 Escrow or custodia account liability. Complete Part IV of Schedule D 46,450. 21 53,683. 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 9,096. 23 7,224. 25 Other liabilities (including federal income tax, payables to related third parties 24 24 26 26 Total liabilities. Add lines 17 through 25 463,603. 26 369,124. 27 Net assets without onor restrictions 3,220,401. 27 3,223,599. 28 Net assets without onor restrictions 3,220,401. 27 3,223,599. 2 | | 13 | Investments - program-related. See Part IV, line 1 | 11 | | | | 13 | |
| 15 Other assets. See Part IV, line 11 1,279,877. 15 1,136,163. 16 Total assets. Add lines 1 through 15 (must equal line 33) 3,718,316. 16 3,615,022. 17 Accounts payable and accrued expenses 15,159. 17 20,967. 18 Grants payable 392,898. 18 287,250. 19 Deferred revenue 19 20 21 Escrow or custodia account liability. Complete Part IV of Schedule D 46,450. 21 53,683. 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 9,096. 23 7,224. 25 Other liabilities (including federal income tax, payables to related third parties 24 24 26 26 Total liabilities. Add lines 17 through 25 463,603. 26 369,124. 27 Net assets without onor restrictions 3,220,401. 27 3,223,599. 28 Net assets without onor restrictions 3,220,401. 27 3,223,599. 2 | | 14 | Intangible assets | | | | | 14 | |
| 17 Accounts payable and accrued expenses 15,159. 17 20,967. 18 Grants payable 392,898. 18 287,250. 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 466,450. 21 53,683. 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 22 23 Secured mortgages and notes payable to unrelated third parties 9,096. 23 7,224. 24 Unsecured notes and loans payable to unrelated third parties 24 25 26 Total liabilities. Add lines 17 through 25 463,603. 26 369,124. 27 Net assets without onor restrictions 3,220,401. 27 3,223,599. 28 Net assets with donor restrictions 3,220,401. 27 3,223,599. 28 Net assets with donor restrictions 3,220,401. 27 3,223,599. 29 Capatial stock or trust principal, 3r Capital stock o | | 15 | | | | | | 15 | |
| 18 Grants payable 392,898.18 287,250. 19 Deferred revenue 19 20 21 Escrow or custodial account liabilities 20 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 9,096.23 7,224. 24 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 369,124. 27 Net assets with donor restrictions 3,220,401.27 3,223,599.3 28 Net assets with donor restrictions 3,220,401.27 3,223,599.3 29 Capital stock or trust principal, or current funds 29 30 29 Capital stock or trust principal, or current funds 29 29 Capital stock or trust principal, or current funds 31 31 Retained earnings, endowment, accumulated income, or other funds 31 32 Total net assets or f | | 16 | Total assets. Add lines 1 through 15 (must equa | al line 3 | 3) | | | 16 | |
| 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 46,450.21 53,683. 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 9,096.23 7,224. 24 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 26 26 Total liabilities. Add lines 17 through 25 463,603.26 369,124. 27 Net assets with donor restrictions 3,220,401.27 3,223,599. 28 Net assets with donor restrictions 3,220,401.27 3,223,599. 34,312.2 28 22,299. 34,312.28 22,299. 07ganizations that do not follow FASB ASC 958, check here | | 17 | Accounts payable and accrued expenses | | | | | 17 | |
| 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 46,450.21 53,683. 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 9,096.23 7,224. 24 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 26 26 26 Total liabilities. Add lines 17 through 25 463,603.26 369,124. 7 Net assets with olonor restrictions 3,220,401.27 3,223,599. 28 Net assets with donor restrictions 3,220,401.27 3,223,599. 29 Capital stock or trust principal, or current funds 29 29 29 Capital stock or trust principal, or current funds 31 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 31 Retained earnings, endowment, accumulated income, o | | 18 | Grants payable | | | 392,8 | 398. | 18 | 287,250. |
| 21 Escrow or custodial account liability. Complete Part IV of Schedule D 46,450.21 53,683. 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 9,096.23 7,224. 24 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17:24). Complete Part X of Schedule D 25 26 26 Total liabilities. Add lines 17 through 25 463,603.26 369,124. 0 Organizations that follow FASB ASC 958, check here Image and complete lines 27, 28, 32, and 33. 3, 220, 401.27 3, 223, 599. 28 Net assets with donor restrictions 3, 220, 401.27 3, 223, 599. 29 Capital stock or trust principal, or current funds 29 29 29 Capital stock or trust principal, or current funds 31 29 Paid-in or capital surplus, or land, building, or equipment fund 31 31 Total net assets or fund balances 3, 718, 316.33 3, 615, 022. | | 19 | Deferred revenue | | | | | 19 | |
| 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 9,096.23 7,224. 24 Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17.24). Complete Part X of Schedule D 26 36 26 Total liabilities. Add lines 17 through 25 463,603.26 369,124. 27 Net assets without donor restrictions 3,220,401.27 3,223,599. 28 Net assets with donor restrictions 34,312.28 22 29 Capital stock or trust principal, or current funds 29 29 29 Capital stock or trust principal, or current funds 29 29 21 Retained earnings, endowment, accumulated income, or other funds 31 31 21 Total liabilities and net assets/fund balances 3,718,316.33 3,615,022. | | 20 | Tax-exempt bond liabilities | | | | | 20 | |
| and complete lines 27, 28, 32, and 33. 22 27 Net assets without donor restrictions 3, 220, 401. 27 3, 223, 599. 28 Net assets with donor restrictions 3, 220, 401. 27 3, 223, 599. 29 Capital stock or trust principal, or current funds 30 31 29 Capital stock or trust principal, or current funds 30 31 29 Capital stock or trust principal, or current funds 31 31 31 Total liabilities and net assets/fund balances 3, 718, 316. 33 3, 615, 022. | | 21 | Escrow or custodial account liability. Complete F | Part IV o | of Schedule D | 46,4 | .50. | 21 | 53,683. |
| 23 Secured infortiginges and indices payable to unrelated third parties 37,000,000,000,000,000,000,000,000,000,0 | Se | 22 | Loans and other payables to any current or form | er office | er, director, | | | | |
| 23 Secured infortiginges and indices payable to unrelated third parties 37,000,000,000,000,000,000,000,000,000,0 | liti | | trustee, key employee, creator or founder, subst | | | | | | |
| 23 Secured infortiginges and indices payable to unrelated third parties 37,000,000,000,000,000,000,000,000,000,0 | iabi | | controlled entity or family member of any of thes | ons | | | 22 | | |
| 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17·24). Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 463,603. 26 369,124. 27 Net assets without donor restrictions 3,220,401. 27 3,223,599. 28 Net assets with donor restrictions 34,312. 28 22,299. Organizations that do not follow FASB ASC 958, check here ▶ □ and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 31 32 Total net assets or fund balances 3, 254, 713. 32 3, 245, 898. 33 Total liabilities and net assets/fund balances 3, 718, 316. 33 3, 615, 022. | | 23 | Secured mortgages and notes payable to unrela | ted thir | d parties | 9,0 | 96. | 23 | 7,224. |
| parties, and other liabilities not included on lines 17:24). Complete Part X of Schedule D2526Total liabilities. Add lines 17 through 25463,603.26Organizations that follow FASB ASC 958, check here ▶ X and complete lines 27, 28, 32, and 33.33,220,401.2727Net assets without donor restrictions3,220,401.273,223,599.28Net assets with donor restrictions34,312.2822,299.Organizations that do not follow FASB ASC 958, check here ▶and complete lines 29 through 33.29Capital stock or trust principal, or current funds2930Paid-in or capital surplus, or land, building, or equipment fund3031Retained earnings, endowment, accumulated income, or other funds3132Total net assets or fund balances3,718,316.3333Total liabilities and net assets/fund balances3,718,316.33 | | 24 | | - | F | | | 24 | |
| of Schedule D2526Total liabilities. Add lines 17 through 25463,603. 26369,124.organizations that follow FASB ASC 958, check here ▶ Xand complete lines 27, 28, 32, and 33.3327Net assets without donor restrictions3,220,401. 273,223,599.28Net assets with donor restrictions34,312. 2822,299.Organizations that do not follow FASB ASC 958, check here ▶ 134,312. 2822,299.0rganizations that do not follow FASB ASC 958, check here ▶ 1303029Capital stock or trust principal, or current funds3031Retained earnings, endowment, accumulated income, or other funds3132Total net assets or fund balances3,254,713. 323,245,898.33Total liabilities and net assets/fund balances3,718,316. 333,615,022. | | 25 | | | | | | | |
| 26Total liabilities. Add lines 17 through 25463,603.26369,124.Organizations that follow FASB ASC 958, check here ▶ ▲ and complete lines 27, 28, 32, and 33.3,220,401.273,223,599.27Net assets without donor restrictions3,220,401.273,223,599.28Net assets with donor restrictions34,312.2822,299.Organizations that do not follow FASB ASC 958, check here ▶ △ and complete lines 29 through 33.29202929Capital stock or trust principal, or current funds292930Paid-in or capital surplus, or land, building, or equipment fund303131Retained earnings, endowment, accumulated income, or other funds313,254,713.3232Total net assets or fund balances3,718,316.333,615,022. | | | parties, and other liabilities not included on lines | 17-24). | Complete Part X | | | | |
| Source Organizations that follow FASB ASC 958, check here X and complete lines 27, 28, 32, and 33. 3, 220, 401. 27 27 Net assets without donor restrictions 3, 220, 401. 27 28 Net assets with donor restrictions 34, 312. 28 22, 299. Organizations that do not follow FASB ASC 958, check here □ 34, 312. 28 22, 299. Organizations that do not follow FASB ASC 958, check here □ 34, 312. 28 22, 299. 30 Paid-in or capital stock or trust principal, or current funds 29 29 30 31 Retained earnings, endowment, accumulated income, or other funds 31 31 31 32 Total net assets or fund balances 3, 254, 713. 32 3, 245, 898. 33 Total liabilities and net assets/fund balances 3, 718, 316. 33 3, 615, 022. | | | of Schedule D | | ····· - | | | | 260 104 |
| Sectorand complete lines 27, 28, 32, and 33.3, 220, 401.273, 223, 599.27Net assets without donor restrictions34, 312.2822, 299.28Net assets with donor restrictions34, 312.2822, 299.Organizations that do not follow FASB ASC 958, check here□34, 312.2822, 299.and complete lines 29 through 33.29291001002929292910030Paid-in or capital surplus, or land, building, or equipment fund303031Retained earnings, endowment, accumulated income, or other funds313132Total net assets or fund balances3, 254, 713.323, 245, 898.33Total liabilities and net assets/fund balances3, 718, 316.333, 615, 022. | | 26 | | | | 463,6 | 03. | 26 | 369,124. |
| b29Capital stock or trust principal, or current funds2930Paid-in or capital surplus, or land, building, or equipment fund3031Retained earnings, endowment, accumulated income, or other funds3132Total net assets or fund balances3, 254, 713.3233Total liabilities and net assets/fund balances3, 718, 316.33 | s | | | ck here | | | | | |
| b29Capital stock or trust principal, or current funds2930Paid-in or capital surplus, or land, building, or equipment fund3031Retained earnings, endowment, accumulated income, or other funds3132Total net assets or fund balances3, 254, 713.3233Total liabilities and net assets/fund balances3, 718, 316.33 | Ce | | • • • • | | | 2 2 2 2 4 | 01 | | 2 222 500 |
| b29Capital stock or trust principal, or current funds2930Paid-in or capital surplus, or land, building, or equipment fund3031Retained earnings, endowment, accumulated income, or other funds3132Total net assets or fund balances3, 254, 713.3233Total liabilities and net assets/fund balances3, 718, 316.33 | alar | | | | | | | | 3,223,399. |
| b29Capital stock or trust principal, or current funds2930Paid-in or capital surplus, or land, building, or equipment fund3031Retained earnings, endowment, accumulated income, or other funds3132Total net assets or fund balances3, 254, 713.3233Total liabilities and net assets/fund balances3, 718, 316.33 | B | 28 | | | | 54,5 | 12. | 28 | 22,299. |
| b29Capital stock or trust principal, or current funds2930Paid-in or capital surplus, or land, building, or equipment fund3031Retained earnings, endowment, accumulated income, or other funds3132Total net assets or fund balances3, 254, 713.3233Total liabilities and net assets/fund balances3, 718, 316.33 | n | | - | ck here 🕨 🛄 | | | | | |
| 3,718,316. 3,615,022. | | | | | | | | | |
| 3,718,316. 3,615,022. | ets (| | | | | | | | |
| 3,718,316. 3,615,022. | sse | | | | | | | | |
| 3,718,316. 3,615,022. | ∍t A | | | | | 3 251 7 | 12 | | 3 2/5 200 |
| | ž | | | | | | | | |
| | | აა | TOTAL HADIIITIES AND NET ASSETS/TUND DAIANCES | | | 5,110,5 | , T O • | ত্র | |

360,991.

340,134.

581,947.

1

2

3

(B) End of year

554,269.

345,328.

461,382.

(A) Beginning of year

Form 990 (2019)

1

2

3

Part X Balance Sheet

| | 1990 (2019) UNITED WAY OF NE MINNESOTA | 41-09 | 08454 | Pag | _{ge} 12 |
|----|---|------------|------------|------|------------------|
| Pa | rt XI Reconciliation of Net Assets | | | | _ |
| | Check if Schedule O contains a response or note to any line in this Part XI | | <u></u> | | |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 1,714 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,634 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | <u> 39.</u> |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 3,254 | | |
| 5 | Net unrealized gains (losses) on investments | 5 | -88 | , 85 | 54. |
| 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 | 3,245 | , 89 | <u>98.</u> |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | <u></u> | | |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | - | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | 0. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2 a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | l on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2 b | x | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | e basis, | | | |
| | consolidated basis, or both: | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | | | | 1 |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Sch | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir | ngle Audit | | | I |
| | Act and OMB Circular A-133? | | 3a | | <u>X</u> |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi | red audit | | | I |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | | 3b | | |

Form **990** (2019)

932012 01-20-20

| SCH | IEDL | JLE A |
|-----|------|-------|
|-----|------|-------|

Department of the Treasury Internal Revenue Service

Total

| (Form | 990 | or | 990- | EZ) |
|-------|-----|----|------|-----|
|-------|-----|----|------|-----|

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

| OMB No. 1545-0047 |
|------------------------------|
| 2019 |
| Open to Public Inspection |

| Name of the | organization |
|-------------|--------------|
|-------------|--------------|

| Nan | e of t | the organization | de le minisiger | | | | | Employer | identification number | | | |
|-----|--------|---|--------------------------|---|-------------------------------------|-----------------------------------|-----------------|---------------|----------------------------|--|--|--|
| | | | | NE MINNESOTA | | | | | 1-0908454 | | | |
| Pa | rt I | Reason for Public (| Charity Status | All organizations must co | omplete th | is part.) Se | e instructions | 3. | | | | |
| The | organ | ization is not a private found | lation because it is: (I | For lines 1 through 12, cl | heck only o | one box.) | | | | | | |
| 1 | | A church, convention of ch | urches, or associatio | on of churches described | in sectio | on 170(b)(1 | I)(A)(i). | | | | | |
| 2 | | A school described in sect | ion 170(b)(1)(A)(ii). (| Attach Schedule E (Form | n 990 or 99 | 90-EZ).) | | | | | | |
| 3 | | A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). | | | | | | | | | | |
| 4 | | A medical research organiz | ation operated in co | njunction with a hospital | described | in sectio | n 170(b)(1)(A |)(iii). Enter | the hospital's name, | | | |
| | | city, and state: | | | | | | | | | | |
| 5 | | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in | | | | | | | | | | |
| | | section 170(b)(1)(A)(iv). | Complete Part II.) | | | | | | | | | |
| 6 | | A federal, state, or local go | vernment or governm | nental unit described in | section 17 | 70(b)(1)(A) | (v). | | | | | |
| 7 | X | An organization that norma | Illy receives a substa | ntial part of its support fr | om a gove | ernmental | unit or from th | ne general p | oublic described in | | | |
| | | section 170(b)(1)(A)(vi). (C | omplete Part II.) | | | | | | | | | |
| 8 | | A community trust describe | ed in section 170(b) | (1)(A)(vi). (Complete Parl | t II.) | | | | | | | |
| 9 | | An agricultural research org | ganization described | in section 170(b)(1)(A)(i | ix) operate | ed in conju | inction with a | land-grant | college | | | |
| | | or university or a non-land-g | grant college of agric | ulture (see instructions). | Enter the I | name, city | , and state of | the college | e or | | | |
| | | university: | | | | | | | | | | |
| 10 | | An organization that norma | Illy receives: (1) more | than 33 1/3% of its supp | port from c | contributio | ns, membersl | nip fees, an | d gross receipts from | | | |
| | | activities related to its exen | npt functions - subjec | ct to certain exceptions, | and (2) no | more thar | n 33 1/3% of i | ts support f | from gross investment | | | |
| | | income and unrelated busin | ness taxable income | (less section 511 tax) fro | m busines | sses acqui | red by the org | anization a | after June 30, 1975. | | | |
| | | See section 509(a)(2). (Co | | | | | | | | | | |
| 11 | | An organization organized a | - | • | • | | | | | | | |
| 12 | | An organization organized a | - | - | - | | | • | | | | |
| | | more publicly supported or | - | | | | | | Check the box in | | | |
| | | lines 12a through 12d that | • • | | | - | | - | | | | |
| а | | Type I. A supporting orga | - | | • | - | | | | | | |
| | | the supported organization | | | majority o | of the direc | tors or truste | es of the su | ipporting | | | |
| | | organization. You must o | - | | | | | | | | | |
| b | | Type II. A supporting org | - | | | | - | | - | | | |
| | | control or management o | | | ame perso | ns that co | ntrol or mana | ge the supp | Dorted | | | |
| - | | organization(s). You mus | - | | in connect | tion with a | and functional | l, intograto | | | | |
| С | | J Type III functionally inte | | | | | | iy integrate | a with, | | | |
| d | | its supported organizatio Type III non-functionally | | | | | | tod organi- | zation(c) | | | |
| u | | that is not functionally int | | | | | • • | • | | | | |
| | | requirement (see instruct | ° | c | | | • | | 101033 | | | |
| е | | Check this box if the orga | | - | | | | II Type III | | | | |
| Ũ | L | functionally integrated, or | | | | | rype i, rype | n, rype m | | | | |
| f | Ente | er the number of supported of | | nany mogratoa capporta | 0 0 | | | | | | | |
| q | | vide the following information | • | | | | | | | | | |
| | | i) Name of supported | (ii) EIN | (iii) Type of organization | (iv) Is the orga in your governi | anization listed ing document? | (v) Amount o | f monetary | (vi) Amount of other | | | |
| | | organization | | (described on lines 1-10 above (see instructions)) | Yes | No | support (see in | nstructions) | support (see instructions) | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990-EZ) 2019 UNITED WAY OF NE MINNESOTA

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

| Sec | ction A. Public Support | | | | | | | | |
|------|---|----------------------|---------------------|------------------------|---------------------|--------------------|------------|--|--|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total | | |
| 1 | Gifts, grants, contributions, and | | | | | | | | |
| | membership fees received. (Do not | | | | | | | | |
| | include any "unusual grants.") | 1576248. | 2064510. | 2134682. | 2147349. | 1739761. | 9662550. | | |
| 2 | Tax revenues levied for the organ- | | | | | | | | |
| | ization's benefit and either paid to | | | | | | | | |
| | or expended on its behalf | | | | | | | | |
| 3 | The value of services or facilities | | | | | | | | |
| | furnished by a governmental unit to | | | | | | | | |
| | the organization without charge | | | | | | | | |
| 4 | Total. Add lines 1 through 3 | 1576248. | 2064510. | 2134682. | 2147349. | 1739761. | 9662550. | | |
| 5 | The portion of total contributions | | | | | | | | |
| | by each person (other than a | | | | | | | | |
| | governmental unit or publicly | | | | | | | | |
| | supported organization) included | | | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | | | |
| | amount shown on line 11, | | | | | | | | |
| | column (f) | | | | | | 391,558. | | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 9270992. | | |
| Sec | ction B. Total Support | | | | | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total | | |
| 7 | Amounts from line 4 | 1576248. | 2064510. | 2134682. | 2147349. | 1739761. | 9662550. | | |
| 8 | Gross income from interest, | | | | | | | | |
| | dividends, payments received on | | | | | | | | |
| | securities loans, rents, royalties, | | | | | | | | |
| | and income from similar sources | 3,519. | 3,083. | 3,127. | 1,177. | 5,900. | 16,806. | | |
| 9 | Net income from unrelated business | | | | | | | | |
| | activities, whether or not the | | | | | | | | |
| | business is regularly carried on | | | | | | | | |
| 10 | Other income. Do not include gain | | | | | | | | |
| | or loss from the sale of capital | | | | | | | | |
| | assets (Explain in Part VI.) | | | | | | | | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 9679356. | | |
| 12 | | etc. (see instructio | ons) | | • | 12 | | | |
| 13 | First five years. If the Form 990 is for | | , | d, fourth, or fifth ta | x year as a sectior | 1 501(c)(3) | | | |
| | organization, check this box and stop | o here | · · · · | · · · | | | | | |
| Sec | ction C. Computation of Publi | c Support Per | centage | | | | , <u> </u> | | |
| 14 | Public support percentage for 2019 (I | ine 6, column (f) di | vided by line 11, c | olumn (f)) | | 14 | 95.78 % | | |
| 15 | Public support percentage from 2018 | Schedule A, Part | II, line 14 | | | 15 | 95.73 % | | |
| | 33 1/3% support test - 2019. If the o | | | | | ore, check this bo | | | |
| | stop here. The organization qualifies | as a publicly supp | orted organization | | | | ► X | | |
| b | 33 1/3% support test - 2018. If the o | organization did no | t check a box on l | ine 13 or 16a, and | line 15 is 33 1/3% | or more, check th | is box | | |
| | and stop here. The organization qual | | | | | | | | |
| 17a | 10% -facts-and-circumstances test | | | | | | | | |
| | and if the organization meets the "fac | | | | | | | | |
| | meets the "facts-and-circumstances" | | • | | | • | | | |
| b | 10% -facts-and-circumstances test | | | | | | | | |
| ~ | | - | | | | | | | |
| | more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | | | | | | | |
| 18 | Private foundation. If the organizatio | | • | - | | | | | |
| | | | | , ,, cr. | | dule A (Form 990 | | | |

932022 09-25-19

41-0908454 Page 2

| | (Form 990 or 990-EZ) 20 | | | | l in Section 509(a)(2) |
|----------|-------------------------|--------------|------------|-------|------------------------|
| Part III | Support Schedule | tor Organiza | rions Desc | ribeo | i 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.)

| Se | ction A. Public Support | <u></u> | | | | | |
|------------------|---|----------------------|-----------------------|-----------------------|---------------------|----------------------|--------------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or bus- | | | | | | |
| | iness under section 513 | | | | | | |
| 4 | Tax revenues levied for the organ- ization's benefit and either paid to | | | | | | |
| _ | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and | | | | | | |
| t | 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c | Add lines 7a and 7b | | | | | | |
| | Public support. (Subtract line 7c from line 6.) | | | | | | |
| See | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| k | Unrelated business taxable income | | | | | | |
| | (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| | Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 | First five years. If the Form 990 is for | r the organization's | s first, second, thir | d, fourth, or fifth t | ax year as a sectio | n 501(c)(3) organiza | ation, |
| | | | | | | | |
| | ction C. Computation of Publi | | | | | <u> </u> | |
| | Public support percentage for 2019 (I | | | column (f)) | | 15 | % |
| | Public support percentage from 2018 ction D. Computation of Invest | | | | | 16 | % |
| | | | | 10 | | | |
| | Investment income percentage for 20 | | | | | 17 | <u>%</u> |
| 18 | Investment income percentage from | | | | | 18 | % Z ia pot |
| 198 | 33 1/3% support tests - 2019. If the | | | | | | |
| L | more than 33 1/3%, check this box ar | | | | | | |
| r. | 33 1/3% support tests - 2018. If the | | | | | | |
| 20 | line 18 is not more than 33 1/3%, che Private foundation. If the organization | | | | | | |
| | 23 09-25-19 | IT UIU HOL CHECK a | DOX OF III E 14, 19 | | | edule A (Form 990 | |
| 3 320 | 20 09-20-19 | | 16 | | 301 | iculie A (FUIII 990 | 5 51 330-EZ) 20 19 |

Schedule A (Form 990 or 990-EZ) 2019 UNITED WAY OF NE MINNESOTA

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

932024 09-25-19

2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a

Schedule A (Form 990 or 990-EZ) 2019

10b

1

Yes No

2019.04020 UNITED WAY OF NE MINNESOT 091-0011

17 2019

Schedule A (Form 990 or 990 EZ) 2019 UNITED WAY OF NE MINNESOTA Part IV Supporting Organizations (continued)

| | | | Yes | No |
|-----|--|-----------|-----|----|
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | 163 | |
| | A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) | | | |
| u | below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described in (a) above? | 11b | | |
| | A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI. | 11c | | |
| | tion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the directors, trustees, or membership of one or more supported organizations have the power to | | | |
| | regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the | | | |
| | tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or | | | |
| | controlled the organization's activities. If the organization had more than one supported organization, | | | |
| | describe how the powers to appoint and/or remove directors or trustees were allocated among the supported | | | |
| | organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| | supervised, or controlled the supporting organization. | 2 | | |
| Sec | tion C. Type II Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| | the supported organization(s). | 1 | | |
| Sec | tion D. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described in (2), did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| 0 | supported organizations played in this regard. | 3 | | |
| Sec | tion E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) | | | |
| a | The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i> | | | |
| b | The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> . | | | |
| c | The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst | ructions, | | |
| 2 | Activities Test. Answer (a) and (b) below. | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | 0- | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| b | | | | |
| | of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the | | | |
| | reasons for the organization's position that its supported organization(s) would have engaged in these | Oh | | |
| 2 | activities but for the organization's involvement. Parent of Supported Organizations Answer (a) and (b) below | 2b | | |
| 3 | Parent of Supported Organizations. Answer (a) and (b) below. | | | |
| d | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in</i> Part VI. | 3a | | |
| h | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | Jd | | |
| U | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |
| | or its supported organizations: If tes, describe in rait vi the role played by the organization in this regard. | 50 | | |

18

932025 09-25-19

Schedule A (Form 990 or 990-EZ) 2019

15590908 131839 091-00120700

| other Type III non-functionally integrated supporting organizations must co | mplete S | ections A through E. | - |
|--|--|--|--|
| on A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| Net short-term capital gain | 1 | | |
| Recoveries of prior-year distributions | 2 | | |
| Other gross income (see instructions) | 3 | | |
| Add lines 1 through 3. | 4 | | |
| Depreciation and depletion | 5 | | |
| 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 | | |
| Other expenses (see instructions) | 7 | | |
| Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | |
| on B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) |
| Aggregate fair market value of all non-exempt-use assets (see | | | |
| instructions for short tax year or assets held for part of year): | | | |
| Average monthly value of securities | 1 a | | |
| Average monthly cash balances | 1b | | |
| Fair market value of other non-exempt-use assets | 1c | | |
| Total (add lines 1a, 1b, and 1c) | 1d | | |
| Discount claimed for blockage or other | | | |
| factors (explain in detail in Part VI): | | | |
| Acquisition indebtedness applicable to non-exempt-use assets | 2 | | |
| Subtract line 2 from line 1d. | 3 | | |
| Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, | | | |
| see instructions). | 4 | | |
| Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | |
| Multiply line 5 by .035. | 6 | | |
| Recoveries of prior-year distributions | 7 | | |
| Minimum Asset Amount (add line 7 to line 6) | 8 | | |
| ion C - Distributable Amount | | | Current Year |
| Adjusted net income for prior year (from Section A, line 8, Column A) | 1 | | |
| Enter 85% of line 1. | 2 | | |
| Minimum asset amount for prior year (from Section B, line 8, Column A) | 3 | | |
| | ion A - Adjusted Net Income Net short-term capital gain Recoveries of prior-year distributions Other gross income (see instructions) Add lines 1 through 3. Depreciation and depletion 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) Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) ion B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): Average monthly value of securities Average monthly value of securities Average monthly value of other non-exempt-use assets Total (add lines 1a, 1b, and 1c) Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets Subtract line 2 from line 1d. Cash deemed held for exempt-use. Enter 1-1/2% of line 3 (for greater amount, see instructions). Net value of non-exempt-use assets (subtract line 4 from line 3) Multiply line 5 by .035. Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6) tion C - Distributable Amount Adju | ion A - Adjusted Net Income Net short-term capital gain 1 Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 Add lines 1 through 3. 4 Depreciation and depletion 5 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 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 ion B - Minimum Asset Amount 8 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1 Average monthly value of securities 1a Average monthly cash balances 1b Fair market value of other non-exempt-use assets 1c Total (add lines 1a, 1b, and 1c) 1d Discount claimed for blockage or other factors (explain in detail in Part VI): 3 Acash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions). 4 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 Multiply line 5 by .035. 6 Recoverie | Net short-term capital gain 1 Recoveries of prior-year distributions 2 Other gross income (see instructions) 3 Add lines 1 through 3. 4 Depreciation and depletion 5 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 Other expenses (see instructions) 7 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 ion B - Minimum Asset Amount (A) Prior Year (A) Prior Year Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1 Average monthly value of securities 1a Average monthly value of securities Average monthly value of obckage or other 1d 1d Fair market value of other non-exempt-use assets 1c 1d Discount claimed for blockage or other 3 2 factors (explain in detail in Part VI): 4 3 Acquisition indebtedness applicable to non-exempt-use assets 2 2 Subtract line 2 from line 1d. 3 3 3 Cash deemed held for exempt use. Enter 1-1/2 |

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

4 Enter greater of line 2 or line 3.
5 Income tax imposed in prior year
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).

Schedule A (Form 990 or 990 EZ) 2019 UNITED WAY OF NE MINNESOTA

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

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

4 5

6

Schedule A (Form 990 or 990-EZ) 2019

41-0908454 Page 6

932026 09-25-19

1

Schedule A (Form 990 or 990 EZ) 2019 UNITED WAY OF NE MINNESOTA

| Pa | Type III Non-Functionally Integrated 509 | a)(3) Supporting Orga | nizations (continued) | |
|----------|---|-------------------------------|--|---|
| Sect | ion D - Distributions | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish exer | mpt purposes | | |
| 2 | Amounts paid to perform activity that directly furthers exemp | t purposes of supported | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purpose | es of supported organizations | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| _5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to which the | ne organization is responsive | | |
| | (provide details in Part VI). See instructions. | | | |
| 9 | Distributable amount for 2019 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by line 9 amount | | 1 | |
| Sect | ion E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributions Pre-2019 | (iii) Distributable Amount for 2019 |
| 1 | Distributable amount for 2019 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2019 (reason- | | | |
| | able cause required- explain in Part VI). See instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2019 | | | |
| a | From 2014 | | | |
| b | From 2015 | | | |
| C | From 2016 | | | |
| d | From 2017 | | | |
| e | From 2018 | | | |
| f | Total of lines 3a through e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2019 distributable amount | | | |
| <u>i</u> | Carryover from 2014 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2019 from Section D, | | | |
| | line 7: \$ | | | |
| <u>a</u> | Applied to underdistributions of prior years | | | |
| b | Applied to 2019 distributable amount | | | |
| C | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2019, if | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | |
| | than zero, explain in Part VI. See instructions. | | | |
| 6 | Remaining underdistributions for 2019. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2020. Add lines 3j | | | |
| | and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| | Excess from 2015 | | | |
| | Excess from 2016 | | | |
| | Excess from 2017 | | | |
| | Excess from 2018 | | | |
| e | Excess from 2019 | | | |

Schedule A (Form 990 or 990-EZ) 2019

932027 09-25-19

| rt VI | Form 990 or 990-EZ) 2019 UNITED WAY OF NE | | 41-0908454 Pa |
|-------|---|--|---|
| | Supplemental Information. Provide the explanations Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, line Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, a | 11a, 11b, and 11c; Part IV, Section B, lin es 1c, 2a, 2b, 3a, and 3b; Part V, line 1; P | es 1 and 2; Part IV, Section C, art V, Section B, line 1e; Part V, |
| | (See instructions.) | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | Sch | |

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

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

OMB No. 1545-0047

2019

Employer identification number

| 41 | . – (|)9 | 0 | 8 | 4 | 5 | 4 |
|----|-------|----|---|---|---|---|---|
| | | | ~ | - | - | - | |

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

UNITED WAY OF NE MINNESOTA

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

General Rule

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

Special Rules

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, 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 for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributed.

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

Employer identification number

41-0908454

UNITED WAY OF NE MINNESOTA

| 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 | | \$ <u>63,522.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | |
| 2 | | \$42,048. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | |
| 3 | | \$ <u>60,000.</u> | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | |
| 4 | | \$40,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) | | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) | | | | |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution | | | | |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) | | | | |

24

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

15590908 131839 091-00120700

Name of organization

Employer identification number

41-0908454

UNITED WAY OF NE MINNESOTA Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (d) (b) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (See instructions.) Part I \$ (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (See instructions.) Part I \$

25

923453 11-06-19

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

15590908 131839 091-00120700

Page **4**

| ame of organ | nization | | Employer identification number |
|--------------------------|--------------------------------|---|--|
| NITED V | WAY OF NE MINNESOTA | | 41-0908454 |
| Part III E | |) through (e) and the following line entry charitable, etc., contributions of \$1,000 or le | tion 501(c)(7), (8), or (10) that total more than \$1,000 for the ye |
| a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| | | (e) Transfer of gift | |
| | Transferee's name, address, ar | nd ZIP + 4 | Relationship of transferor to transferee |
| - | | | |
| a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| | | (e) Transfer of gift | |
| | Transferee's name, address, ar | nd ZIP + 4 | Relationship of transferor to transferee |
| | | | |
| i) No. rom Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | | |
| | Transferee's name, address, ar | (e) Transfer of gift | Relationship of transferor to transferee |
| - | | | |
| a) No. From | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| eart I | | | [|
| - | | (e) Transfer of gift | |
| | Transferee's name, address, ar | | Relationship of transferor to transferee |
| | | | |
| - | | | |

15590908 131839 091-00120700

Department of the Treasury

| (Form | 990) |) |
|-------|------|---|
|-------|------|---|

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



| Interna | Revenue Service | Go to www.irs.gov/Form9 | 90 for instructions and the latest information. | | | Inspectio | on |
|------------|-----------------------|---|---|-----------|-------------|---------------|------------|
| Nam | e of the organization | | | Emp | | entification | |
| Da | t I Organiza | UNITED WAY OF NE M | d Funds or Other Similar Funds or A | | | -09084 | |
| Fai | | - | | Jooun | ILS. Cor | inplete if th | e |
| | organization | n answered "Yes" on Form 990, Part IV, lin | | (b) Fun | ds and of | ther accour | nts |
| 1 | Total number at er | nd of year | | (| | | |
| 2 | | f contributions to (during year) | | | | | |
| 3 | | f grants from (during year) | | | | | |
| 4 | | t end of year | | | | | |
| 5 | | | writing that the assets held in donor advised fun | ds | | | |
| | - | | exclusive legal control? | | | Yes | No No |
| 6 | | | dvisors in writing that grant funds can be used o | | | | |
| | for charitable purp | oses and not for the benefit of the donor o | r donor advisor, or for any other purpose confer | ring | | | |
| | | | | | | Yes | No |
| Pa | rt II Conserva | ation Easements. Complete if the org | ganization answered "Yes" on Form 990, Part IV | , line 7. | | | |
| 1 | Purpose(s) of cons | servation easements held by the organization | on (check all that apply). | | | | |
| | Preservation | n of land for public use (for example, recrea | tion or education) Preservation of a hist | orically | importan | t land area | |
| | Protection o | f natural habitat | Preservation of a cert | ified his | storic stru | ucture | |
| | Preservation | n of open space | | | | | |
| 2 | | | ied conservation contribution in the form of a co | nservat | | | |
| | day of the tax year | | | | Held at th | he End of the | + Tax Year |
| a | | | | 2a | | | |
| b | - | | | 2b | | | |
| C | | | ucture included in (a) | 2c | | | |
| d | | | after 7/25/06, and not on a historic structure | | | | |
| 2 | | | and autinguished as terminated by the argon | 2d | du vin a th | | |
| 3 | year ► | | eased, extinguished, or terminated by the organ | Zation | during the | etax | |
| 4 | | where property subject to conservation eas | sement is located | | | | |
| 5 | | tion have a written policy regarding the per | | | | | |
| Ū | | orcement of the conservation easements it | | | | Yes | No |
| 6 | | | handling of violations, and enforcing conservation | | | | |
| | | с, т с, | | | | 0 , | |
| 7 | Amount of expens | es incurred in monitoring, inspecting, hand | lling of violations, and enforcing conservation ea | sement | ts during | the year | |
| | ▶\$ | | - | | - | - | |
| 8 | Does each conserv | vation easement reported on line 2(d) abov | e satisfy the requirements of section 170(h)(4)(B |)(i) | | | |
| | and section 170(h) |)(4)(B)(ii)? | | | [| Yes | No No |
| 9 | In Part XIII, describ | be how the organization reports conservation | on easements in its revenue and expense staten | ient and | d | | |
| | balance sheet, and | d include, if applicable, the text of the footn | ote to the organization's financial statements th | at desc | ribes the | | |
| D. | | ounting for conservation easements. | | ···· | | | |
| Pa | | _ | Art, Historical Treasures, or Other S | imila | r Asset | S. | |
| | | f the organization answered "Yes" on Form | | | | | |
| 1 a | | | 8, not to report in its revenue statement and bal | | | S | |
| | | · · · · · · | blic exhibition, education, or research in furthera | nce of p | JUDIIC | | |
| | | | ncial statements that describes these items. | | | | |
| D | | | 8, to report in its revenue statement and balanc | | | | |
| | | · · · · | exhibition, education, or research in furtheranc | e or put | JIC Servic | æ, | |
| | | ng amounts relating to these items: | | | ¢ | | |
| | | | | | | | |
| 2 | | | asures, or other similar assets for financial gain, | - | | | |
| 2 | | unts required to be reported under FASB A | | PIOVICE | | | |
| а | - | | | | \$ | | |
| | | | | | \$ | | |
| | | eduction Act Notice, see the Instructions | | | | e D (Form | 990) 2019 |

932051 10-02-19

15590908 131839 091-00120700

| Sche | | WAY OF NE 1 | | | | | | <u>41-09</u> | | | age 2 |
|------|--|--|-----------------|----------------------|-----------------------|------------|---------------------|--------------|-----------------|---------|--------------|
| Par | t III Organizations Maintaining Co | ollections of Ar | t, Histo | orical Tre | easures, o | r Othe | r Simila | r Assets | contir | nued) | |
| 3 | Using the organization's acquisition, accession | on, and other record | s, check | any of the | following that | t make si | ignificant | use of its | | , | |
| | collection items (check all that apply): | | | | | | | | | | |
| а | Public exhibition | c | 1 🗌 L | _oan or exc | hange progra | am | | | | | |
| b | Scholarly research | e | • 🗌 (| Other | | | | | | | |
| с | Preservation for future generations | | | | | | | | | | |
| 4 | Provide a description of the organization's co | llections and explai | n how the | ey further th | ne organizatio | on's exer | npt purpo | se in Part | XIII. | | |
| 5 | During the year, did the organization solicit or | receive donations | of art, his | torical trea | sures, or othe | er similar | assets | | | | |
| | to be sold to raise funds rather than to be ma | | | | | | | | Yes | | No |
| Par | t IV Escrow and Custodial Arrang | | | | | | |), Part IV, | ine 9, or | | |
| | reported an amount on Form 990, Par | | | - | | | | | | | |
| 1a | Is the organization an agent, trustee, custodia | an or other intermed | liary for c | ontribution | s or other as | sets not | included | | | | |
| | on Form 990, Part X? | | | | | | | | Yes | X | No |
| b | If "Yes," explain the arrangement in Part XIII a | | | | | | | | | | |
| | | | | | | | | | Amoun | t | |
| с | Beginning balance | | | | | | . 1c | | | | |
| | Additions during the year | | | | | | | | | | |
| | Distributions during the year | | | | | | | | | | |
| f | Ending balance | | | | | | . 1f | | | | |
| 2a | Did the organization include an amount on Fo | orm 990, Part X, line | 21, for e | scrow or cu | ustodial acco | unt liabil | ity? | X | Yes | | No |
| | If "Yes," explain the arrangement in Part XIII. | | | | | | | | | X |] |
| Par | t V Endowment Funds. Complete if | f the organization ar | swered " | 'Yes" on Fo | orm 990, Part | IV, line | 10. | | | | |
| | | (a) Current year | (b) Pi | rior year | (c) Two yea | rs back | (d) Three | years back | (e) Four | years | back |
| 1a | Beginning of year balance | | | | | | | | | | |
| b | Contributions | | | | | | | | | | |
| с | Net investment earnings, gains, and losses | | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | | |
| | and programs | | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | | |
| g | End of year balance | | | | | | | | | | |
| 2 | Provide the estimated percentage of the curre | ent year end balanc | e (line 1g | , column (a |)) held as: | | | | | | |
| а | Board designated or quasi-endowment | | _% | | | | | | | | |
| b | Permanent endowment | % | | | | | | | | | |
| с | Term endowment | % | | | | | | | | | |
| | The percentages on lines 2a, 2b, and 2c should | uld equal 100%. | | | | | | | | | |
| 3a | Are there endowment funds not in the posses | ssion of the organiza | ation that | are held a | nd administer | ed for th | ne organiz | ation | | | |
| | by: | | | | | | | | | Yes | No |
| | (i) Unrelated organizations | | | | | | | | 3a(i) | | |
| | (ii) Related organizations | | | | | | | | 3a(ii) | | |
| b | If "Yes" on line 3a(ii), are the related organizat | | | | | | | | 3b | | |
| 4 | Describe in Part XIII the intended uses of the | organization's endo | wment fu | inds. | | | | | | | |
| Par | t VI Land, Buildings, and Equipme | ent. | | | | | | | | | |
| | Complete if the organization answered | d "Yes" on Form 990 |), Part IV, | , line 11a. S | See Form 990 | , Part X, | line 10. | | | | |
| | Description of property | (a) Cost or c basis (investr | | | t or other (other) | | ccumulatopreciation | | (d) Boo | k value | Э |
| 1a | Land | | | | | | | | | | |
| | Buildings | | | 1,12 | 4,367. | | 66,1 | 24. | 1,05 | 8,24 | <u>1</u> 3. |
| с | Leasehold improvements | | | | | | | | | | |
| d | Equipment | | | 8 | 6,512. | | 27,3 | 87. | 5 | 9,12 | 25. |
| е | Other | | | | | | | | | | |
| Tota | . Add lines 1a through 1e. (Column (d) must ed | qual Form 990, Part | <u>X. colum</u> | <u>n (B). line 1</u> | 0c.) | | | | 1,11 | 7,30 | 58. |
| | | | | | | | | <u> </u> | - /- | | 0040 |

Schedule D (Form 990) 2019

| Schedule D (Form 990) 2019 UNITED WAY OF NE MINNESOTA |
|---|
|---|

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) | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) | | |

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

| (a) Description | (b) Book value |
|---|----------------|
| (1) BENEFICIAL INTEREST IN ASSETS HELD BY OTHERS | 1,136,163. |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990. Part X, col. (B) line 15.) Part X Other Liabilities. | 1,136,163. |
| | |
| Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. | |
| 1. (a) Description of liability | (b) Book value |
| (1) Federal income taxes | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) | |

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

vided in Part XIII ... X

Schedule D (Form 990) 2019

| | edule D (Form 990) 2019 UNITED WAY OF NE MINNESOTA | | | 0908454 | Page 4 |
|--|---|-------------------------------|--------------|---|------------------------------|
| Pa | rt XI Reconciliation of Revenue per Audited Financial Statements With Revenu | le per Ret | turn. | | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | | 1 (10 | 014 |
| 1 | Total revenue, gains, and other support per audited financial statements | | 1 | 1,619, | 014. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | 0 054 | | | |
| а | | 8,854. | | | |
| b | | | | | |
| С | Recoveries of prior year grants | | | | |
| d | Other (Describe in Part XIII.) | 7,273. | | | |
| е | | | 2e | | 581. |
| 3 | Subtract line 2e from line 1 | | 3 | 1,660, | 595. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | | | | |
| b | Other (Describe in Part XIII.) | 4,083. | | | |
| | Add lines 4a and 4b | | 4c | | 083. |
| С | | | | | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | 5 | 1,714, | 678. |
| 5 | | | | | 678. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | n. | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) | ses per R | | | |
| 5 Pa | Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12,</i>) Int XII Reconciliation of Expenses per Audited Financial Statements With Expen Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | ses per R | leturi | n. | |
| 5 Pa | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) Int XII Reconciliation of Expenses per Audited Financial Statements With Expen Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: | ses per R | leturi | n. | |
| 5 Par 1 2 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities | ses per R | leturi | n. | |
| 5 Pa 1 2 a | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statements With Expen Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a Prior year adjustments 2b Other losses 2c | ses per R | leturi | n. | |
| 5 Pa 1 2 a | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statements With Expen Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a Prior year adjustments 2b Other losses 2c | ses per R | leturi | n. | |
| 5 Par 1 2 a b c d | Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a Prior year adjustments 2b 2c Other losses 2c 4 | ses per R | leturi | n. <u>1,627,</u> 47, | <u>829.</u> 273. |
| 5 Par 1 2 a b c d | Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a Prior year adjustments 2b 2c 2c Other losses 2c 4 Add lines 2a through 2d 2d 4 | ses per R | 1 | n. 1,627, | <u>829.</u> 273. |
| 5 Par 1 2 a b c d e | Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII.) 2d 4 | ses per R | 1 2e | n. <u>1,627,</u> 47, | <u>829.</u> 273. |
| 5 Par 1 2 a b c d e 3 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statements With Expen Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII.) 2d Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: 1 | ses per R | 1 2e | n. <u>1,627,</u> 47, | <u>829.</u> 273. |
| 5 Pa 1 2 a b c d e 3 4 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a Donated services and use of facilities 2a Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII.) 2d Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: 1 Investment expenses not included on Form 990, Part VIII, line 7b 4a | ses per R | 1 2e | n. <u>1,627,</u> 47, | <u>829.</u> 273. |
| 5 Pa 1 2 a b c d e 3 4 a b | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial Statements With Expen Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a Donated services and use of facilities 2a Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII.) 2d Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b | ses per R 7,273. 4,083. | 1 2e | n. <u>1,627</u> , <u>4</u> 7, <u>1,580</u> , | <u>829.</u> 273. |
| 5 Pa 1 2 a b c d e 3 4 a b | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: 2a Donated services and use of facilities 2a Prior year adjustments 2b Other losses 2c Other (Describe in Part XIII.) 2d Add lines 2a through 2d 3ubtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a Other (Describe in Part XIII.) 4a | ses per R | 1 2e 3 | n. <u>1,627</u> , <u>4</u> 7, <u>1,580</u> , | 829. 273. 556. 083. |

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 | то | HOLD | FUNDS | UNTIL | Α | 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 XIII Supplemental Information (continued) | |
|--|----------------------------|
| PART XI, LINE 2D - OTHER ADJUSTMENTS: | |
| SPECIAL EVENT EXPENSE | |
| PART XI, LINE 4B - OTHER ADJUSTMENTS: | |
| PROVISION FOR DOUBTFUL RECEIVABLES | |
| PART XII, LINE 2D - OTHER ADJUSTMENTS: | |
| SPECIAL EVENT EXPENSE | |
| PART XII, LINE 4B - OTHER ADJUSTMENTS: | |
| PROVISION FOR DOUBTFUL RECEIVABLES | 54,083. |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | Schedule D (Form 990) 2019 |

| SCHEDULE G | Suppleme | ental Information Regarding | Fund | Iraisi | ing or Gaming A | ctiv | ities | OMB No. 1545-0047 | |
|---|---------------------|--|---------------------------------------|--------------------|--------------------------------------|---------|---|-------------------------------------|--|
| (Form 990 or 990-EZ) | or if the | 2019 | | | | | | | |
| Department of the Treasury | | Open to Public Inspection | | | | | | | |
| Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. | | | | | | | | | |
| | | WAY OF NE MINNESOTA | A | | | | 41-090 | entification number 3454 | |
| | complete this part | Complete if the organization answe t | red "Y | es" or | n Form 990, Part IV, I | ine 1 | 7. Form 990-E | Z filers are not | |
| · · · · | · · · | sed funds through any of the following | g activ | vities. (| Check all that apply. | | | | |
| a 📃 Mail solicitat | | | | | overnment grants | | | | |
| b Internet and c Phone solici | email solicitations | | | | nment grants | | | | |
| d In-person so | | g [] Special | Iunura | asing | events | | | | |
| • | | or oral agreement with any individual | | Ũ | | tees, | | — | |
| | | art VII) or entity in connection with pr viduals or entities (fundraisers) pursua | | | • | ne fur | ndraiser is to b | | |
| compensated at le | • | | | 9 | | | | | |
| | a af in dividual | | (iii) fundr | Did | | | Amount paid | (vi) Amount paid | |
| (i) Name and addres or entity (func | | (ii) Activity | fundr have c or con contribu | ustody itrol of | (iv) Gross receipts from activity | , | or retained by) fundraiser ted in col. (i) | to (or retained by) organization | |
| | | | Yes | No | - | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Total | | | | ► | | | | | |
| 3 List all states in whi | | on is registered or licensed to solicit c | | utions | or has been notified | it is e | exempt from r | egistration | |
| or licensing. | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| LHA For Paperwork Re | eduction Act Noti | ice, see the Instructions for Form 9 | 90 or | 990-E | Z. S | Sche | dule G (Form | 990 or 990-EZ) 2019 | |

932081 09-11-19

| | | e G (Form 990 or 990-EZ) 2019 UNITED | | | | 0908454 Page 2 |
|-----------------|---------|---|--------------------------|------------------------------|------------------|------------------------------|
| Pa | rt I | J | | | | |
| | | of fundraising event contributions and gro | | | | s greater than \$5,000. |
| | | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events |
| | | | | UFINOR ASH RAF | | (add col. (a) through |
| | | | | UFINOR AUSH RAF | total number) | col. (c)) |
| ne | | | (event type) | (event type) | (total number) | |
| Revenue | 1 | Gross receipts | 50,856. | 47,266. | 131,358. | 229,480. |
| | 2 | Less: Contributions | 50,856. | 47,266. | 131,358. | 229,480. |
| | | | | | | |
| | 3 | Gross income (line 1 minus line 2) | | | | |
| | 4 | Cash prizes | | | 30,000. | 30,000. |
| | 5 | Noncash prizes | | | | |
| benses | 6 | Rent/facility costs | 450. | | 225. | 675. |
| Direct Expenses | 7 | Food and beverages | | | 4,864. | 4,864. |
| Ē | - | | | | | |
| | 8 | Entertainment | | 2,642. | 7,400. | 12,185. |
| | 9 10 | Other direct expenses | | | | 47,724. |
| | 10 | Direct expense summary. Add lines 4 through | | | • | -47,724. |
| Pa | rtl | Net income summary. Subtract line 10 from li Gaming. Complete if the organization a | | 990 Part IV line 19 or | | =1,14=• |
| | | \$15,000 on Form 990-EZ, line 6a. | answered res on on | 1990, 1 art 10, inte 19, 011 | eponed more man | |
| | | •••••••••••••••••••••••••••••••••••••• | | (b) Pull tabs/instant | | (d) Total gaming (add |
| anı | | | (a) Bingo | bingo/progressive bingo | (c) Other gaming | col. (a) through col. (c) |
| Revenue | | | | | | |
| Å | 1 | Gross revenue | | | | |
| | | | | | | |
| 6 | 2 | Cash prizes | | | | |
| sec | | | | | | |
| Direct Expenses | 3 | Noncash prizes | | | | |
| Direct | 4 | Rent/facility costs | | | | |
| | 5 | Other direct expenses | | | | |
| | | I | Yes % | Yes % | Yes % | |
| | 6 | Volunteer labor | No | <u>No</u> | No | |
| | | | | | | |
| | 7 | Direct expense summary. Add lines 2 through | n 5 in column (d) | | ► | |
| | 8 | Net gaming income summary. Subtract line 7 | from line 1 column (d) | | • | |
| | 0 | Net gaming income summary. Subtract line r | | | | |
| 9 | Fnt | ter the state(s) in which the organization condu | cts gaming activities: | | | |
| | | he organization licensed to conduct gaming a | • • – | | | Yes No |
| | | No," explain: | | | | |
| | | | | | | |
| | | | | | | |
| 10a | We | ere any of the organization's gaming licenses re | evoked, suspended, or te | rminated during the tax y | vear? | Yes No |
| | | Yes," explain: | | | | |
| | | | | | | |
| | | | | | | |
| 0300 | 22 00 | 11.10 | | | Schedule C (Ear | m 990 or 990-EZ) 2019 |
| 30208 | o∠ U9 | -11-19 | | | Schedule G (FO | 11 330 01 330-EZJ 2019 |

| Scł | edule G (Form 990 or 990-EZ) 2019 UNITED WAY OF NE MINNESOTA | 41 - 0 | 908454 | Page 3 |
|------|---|----------|---------------|-----------|
| | Does the organization conduct gaming activities with nonmembers? | | Yes | No |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed | | | |
| | to administer charitable gaming? | | Yes | 🗌 No |
| 13 | Indicate the percentage of gaming activity conducted in: | | | |
| á | The organization's facility | | 13a | % |
| | An outside facility | | 13b | % |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and record | s: | | |
| | | | | |
| | Name | | | |
| | | | | |
| | Address | | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming revenue? | | Yes | No No |
| | If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount | unt | | |
| | of gaming revenue retained by the third party ►\$ | | | |
| | : If "Yes," enter name and address of the third party: | | | |
| | | | | |
| | Name | | | |
| | | | | |
| | Address | | | |
| 16 | Gaming manager information: | | | |
| | | | | |
| | Name | | | |
| | | | | |
| | Gaming manager compensation 🕨 💲 | | | |
| | Description of services provided | | | |
| | | | | |
| | | | | |
| | | | | |
| | Director/officer Employee Independent contractor | | | |
| 47 | | | | |
| | Mandatory distributions: | | | |
| ā | I is the organization required under state law to make charitable distributions from the gaming proceeds to | | Yes | 🗌 No |
| | retain the state gaming license? Denter the amount of distributions required under state law to be distributed to other exempt organizations or spent ir | | | |
| | organization's own exempt activities during the tax year > \$ | | | |
| Pa | IT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); | and Parl | III, lines 9, | 9b, 10b, |
| | 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions. | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 9320 | 83 09-11-19 Schedule | G (Form | 990 or 990 | -EZ) 2019 |
| | 34 | | | |

15590908 131839 091-00120700 2019.04020 UNITED WAY OF NE MINNESOT 091-0011

| | |
|------|---------------------------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | Schedule G (Form 990 or 990-EZ) |

| SCHEDULE I (Form 990) | | arants and Oth vernments, an | | | | | OMB No. 1545-0047 |
|--|--|------------------------------|--|---|---|---------------------------------------|--|
| | Compl | ete if the organization | | | t IV, line 21 or 22. | | |
| Department of the Treasury Internal Revenue Service | | ► Go to www.ir | Attach to Forus s.gov/Form990 forus | | ation. | | Open to Public Inspection |
| Name of the organization | ITED WAY OF NE M | INNESOTA | | | | | Employer identification number $41 - 0908454$ |
| | n on Grants and Assistance | | | | | | |
| criteria used to award the | ntain records to substantiate the grants or assistance? | - | | | - | | |
| | anization's procedures for monit | | | | | | N/ line O1 for envi |
| | Assistance to Domestic Organiz ed more than \$5,000. Part II can | | | | anization answered "Y | es" on Form 990, Part | IV, line 21, for any |
| 1 (a) Name and address of or government | | (if applicable) | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| ADVOCATES FOR FAMILY PEA 1611 NW 4TH STREET GRAND RAPIDS, MN 55744 | CE 41-1377489 | 501(C)(3) | 18,350. | 0. | | | SUPPORT FOR BATTERED INDIVIDUALS |
| ANGEL FUND PO BOX 114 HIBBING, MN 55746 | 81-3348012 | 501(C)(3) | 5,000. | 0. | | | SUPPORT FOR CANCER VICTIMS. |
| ARROWHEAD CENTER 505 S 12TH AVENUE WEST, VIRGINIA, MN 55792 | SUITE 1 41-0956874 | 501(C)(3) | 10,400. | 0. | | | PROVIDE AT CHEMICALLY DEPENDENT YOUTH WITH COUNSELING AND LIFE SKILLS |
| CAMP CHICAGAMI 3755 SCOUT CAMP RD EVELETH, MN 55734 | 41-1540311 | 501(C)(3) | 14,000. | 0. | | | CAMPING FOR AT-RISK YOUTH |
| CARE PARTNERS PO BOX 217 EVELETH, MN 55734 | 41-2011488 | 501(C)(3) | 18,200. | 0. | | | SUPPORT FOR CANCER VICTIMS |
| ELY COMMUNITY RESOURCE, PO BOX 374 / 40 N 1ST AV ELY, MN 55731 | E E 41-1333048 | | 5,000. | 0. | | | MENTORING FOR AT RISK CHILDREN AND FAMILIES |
| | ion 501(c)(3) and government org er organizations listed in the line ⁻ | 5 | e line 1 table | | | | <u> </u> |
| | on Act Notice, see the Instructi | | | | | | Schedule I (Form 990) (2019) |

erwork Reduction Act Notice, see the Instructions for Form 990. SEE PART IV FOR COLUMN (H) DESCRIPTIONS

UNITED WAY OF NE MINNESOTA Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|----------------|----------------------------------|--------------------------|--|---|--|--|
| FRIENDS AGAINST ABUSE | | | | | | | SUPPORT FOR BATTERED AND SEXUALLY ASSUALTED |
| INT'L FALLS, MN 56649 | 41-1454505 | 501(C)(3) | 5,000. | 0. | | | VICTIMS |
| HIBBING KINSHIP MENTORING PROGRAM PO BOX 176 SIDE LAKE, MN 55781 | 41-2006723 | 501(C)(3) | 8,800. | 0. | | | MENTORING FOR AT RISK CHILDREN |
| ,, | | | | | | | |
| NORTHWOODS PARTNERS 328 W. CONAN ST. ELY, MN 55731 | 41-2016401 | 501(C)(3) | 22,000. | 0. | | | PROVIDES SUPPORT FOR INDIVIDUALS WITH TERMINAL ILLNESS OR DISABILITIES |
| PROJECT CARE 3112 6TH AVENUE EAST HIBBING, MN 55746 | 27-3176137 | 501(C)(3) | 18,000. | 0. | | | HEALTHCARE SERVICES FOR UN/UNDER INSURED |
| RANGE TRANSITIONAL HOUSING, INC. PO BOX 1146 442 PINE MILL CT. VIRGINIA, MN 55792 | 41-1773248 | 501(C)(3) | 35,000. | 0. | | | PROVIDES TRANSITIONAL HOUSING |
| SALVATION ARMY/HIBBING 107 W HOWARD ST HIBBING, MN 55746 | 36-2167910 | 501(C)(3) | 12,600. | 0. | | | PROVIDES EMERGENCY SERVICES FOR THOSE IN CRISIS |
| SALVATION ARMY/VIRGINIA 507 12TH AVE W VIRGINIA, MN 55792 | 41-0698597 | 501(C)(3) | 8,200. | 0. | | | PROVIDES EMERGENCY SERVICES FOR THOSE IN CRISIS |
| SECOND HARVEST NORTHERN LAKES FOOD BANK – 4503 AIRPARK BLVD – DULUTH, MN 55811 | 36-3479964 | 501(C)(3) | 25,000. | 0. | | | PROVIDES EMERGENCY SERVICES FOR THOSE IN CRISIS |
| SEXUAL ASSAULT PROGRAM OF NSLC 505 12TH AVE W, SUITE 4 VIRGINIA, MN 55792 | 36-3297404 | 501(C)(3) | 25,000. | 0. | | | PROVIDES FOOD TO PARTNER AGENCIES AND INDIVIDUALS IN NEED |

Schedule I (Form 990)

UNITED WAY OF NE MINNESOTA Schedule I (Form 990) Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (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 non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|----------------------------------|---|--|---|--|--|
| VOLUNTEERS IN EDUCATION | | | | | | | |
| PO BOX 668 | | | | | | | PROVIDES TUTORING TO AT |
| VIRGINIA, MN 55792 | 45-0578555 | 501(C)(3) | 16,000. | 0. | | | RISK YOUTH |
| ELY COMMUNITY HEALTH CENTER | | | | | | | TO PROVIDE AFFORDABLE |
| 40 NORTH 1ST AVENUE EAST | | | | | | | SERVICES WITH A VISION TO |
| ELY, MN 55731 | 47-5399418 | 501(C)(3) | 7,500. | 0. | | | IMPROVE COMMUNITY HEALTH. |
| | 1, 5555110 | 501(0)(0) | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | ``` | | | |
| SALVATION ARMY/INTERNATIONAL FALLS | | | | | | | |
| 1301 3RD AVE W | | | | | | | PROVIDE SERVICES TO |
| INT'L FALLS, MN 56649 | 41-0698597 | 501(C)(3) | 15,000. | 0. | | | HOMELESS YOUTH. |
| | | | | | | | SERVE MINNESOTA'S MISSION |
| SERVE MN | | | | | | | IS TO BE A CATALYST TO |
| 120 S 6TH STREET, SUITE 2260 | | | | | | | ADDRESS CRITICAL NEEDS IN |
| MINNEAPOLIS, MN 55402 | 41-2010058 | 501(C)(3) | 6,200. | 0. | | | MINNESOTA BY WORKING WITH |
| CHILDREN'S DENTAL SERVICES | | | | | | | PROVIDES PREVENTATIVE |
| 636 BROADWAY STREET NE | | | | | | | DENTAL CARE FOR CHILDREN |
| MINNEAPOLIS, MN 55413 | 41-0857929 | 501(C)(3) | 27,065. | ٥. | | | IN A SCHOOL BASED SETTING |
| | | | | | | | |
| SALVATION ARMY FOOD SHELF/HIBBING | | | | | | | |
| 107 W HOWARD ST | | | | | | | PROVIDES EMERGENCY FOOD |
| HIBBING, MN 55746 | 36-2167910 | 501(C)(3) | 6,400. | 0. | | | ASSITANCE |
| BRANDIE FOLKKEN/BRANDIE'S LITTLE | | | | | | | |
| BEAR LEARNING CENTER - 1250 | | | | | | | |
| INDUSTRIAL PARK DRIVE - EVELETH, | | | | | | | |
| MN 55734 | 82-1341195 | FOR PROFIT | 90,000. | 0. | | | CHILD CARE EXPANSION |
| SUPPORT WITHIN REACH | | | | | | | |
| 9 WILLOW LANE | | | | | | | SUPPORT FOR SEXUAL |
| GRAND RAPIDS, MN 55744 | 41-1369558 | 501(C)(3) | 5,000. | ٥. | | | ASSAULT VICTIMS |
| , | | , | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | |
| | | | | | | | |
| | | | | | | | |

38

Schedule I (Form 990)

Schedule I (Form 990) (2019)

| UNITED | WAY | OF | \mathbf{NE} | MINNESOTA |
|--------|-----|----|---------------|-----------|
|--------|-----|----|---------------|-----------|

41-0908454 Page 2

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 |
|---|-------------------------------|--------------------------|---------------------------------------|---|---------------------------------------|
| | | | | | |
| ION-CASH ASSISTANCE | 0 | 0. | 169,580. | FMV | HOUSEHOLD GOODS |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Part IV Supplemental Information. Provide the information | ation required in Part I, lin | e 2; Part III, column | (b); and any other ac | ditional information. | |
| PART I, LINE 2: | | | | | |

EACH YEAR THE UNITED WAY OF NE MINNESOTA CONDUCTS AN ALLOCATION 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 UW. THIS INFORMATION IS COMPILED AND DISTRIBUTED TO

110 VOLUNTEER PANEL MEMBERS WHO REVIEW THE INFORMATION AND MAKE ONSITE

VISITS TO THE ORGANIZATION THEY WERE ASSIGNED . THE REQUESTING

| Schedule I (Form 990) | UNITED WAY OF | NE MINNESOTA | 41-0908454 Page 2 |
|-----------------------|--------------------|--------------------|------------------------|
| Part IV Supplemental | I Information | | |
| ORGANIZATIONS AF | RE THEN INTERVIEWE | D BY THE VOLUNTEER | PANELS WHERE FURTHER |
| QUESTIONS ARE AS | SKED. THE VOLUNTEE | R PANELS MAKE RECO | MMENDATIONS FOR EACH |
| ORGANIZATION WHI | ICH IS TURNED OVER | TO THE BOARD OF D | IRECTORS. THE BOARD OF |
| DIRECTORS TAKES | THE RECOMMENDATIO | NS, REVIEWS THE PR | OGRESS OF THE |
| ORGANIZATION AND | O THE USE OF FUNDS | DURING THE PREVIO | US YEAR AND DETERMINES |
| THE FINAL GRANT | AMOUNT FOR EACH T | O BE GIVEN WITHIN | BUDGET. IN ADDITION, |
| MID-YEAR VISITS | ARE CONDUCTED WIT | H ALL AGENCIES TO | GAUGE PROGRESS TOWARDS |
| OUTCOMES. | | | |
| | | | |

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.

Schedule I (Form 990)

932291 04-01-19

| SCHEDULE | Μ |
|------------|---|
| (Form 990) | |

Noncash Contributions

OMB No. 1545-0047

g

| Department of the Treasury |
|----------------------------|
| Internal Revenue Service |

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

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

| | Open to Public Inspection |
|----------|------------------------------|
| Employer | identification number |

L

to www.iis.gov/Formaao for instructions and the latest information.

| (a) (b) (c) (c) (c) (c) (c) Method of determining noncash contribution amounts reported on contribution amounts reported on contribution amounts reported on contribution amounts reported on contribution amounts (c) Method of determining noncash contribution amounts reported on contribution amounts 1 Art - Nacks of art (c) (c) Method of determining noncash contribution amounts 3 Art - Fractional interests (c) (c) (c) 4 Books and publications (c) (c) (c) 5 Cotting and nousehold goods (c) (c) (c) 6 Cas and other vehicles (c) (c) (c) 9 Securites - Dublicy traded (c) (c) (c) 10 Securites - Dublicy traded (c) (c) (c) 11 Securites - Startership, LLC, or trust interests (c) (c) (c) 12 Securites - Misciellaneous (c) (c) (c) 13 Coalified contribution - Other (c) (c) (c) 14 Coalified contribution - Other (c) (c) (c) 15 Real estate - Residential (c) (c) (c) 16 Real estate - Commercial (c) | | UNITED WAY OF NE MINNESOTA | | | | | | | | |
|--|-----|--|-----------------|----------------------------|---|----------|---------------|-------|------|----------|
| Check if Number of papicable of contribution applicable of contribution tems contribution arrows port of determining monuts reported in port of port set of the set of the instance of the set of the set of the papicable of the set of the set of the set of the set of the papicable of the set of the set of the set of the papicable of the set of the set of the set of the set of the papicable of the set of the set of the set of the set of the papicable of the set of the set of the set of the set of the papicable of the set of the set of the set of the set of the papicable of the set of the set of the set of the papicable of the papicable of the set of the papicable of the papicable of the set of the | Par | t I Types of Property | | | | | | | | |
| 2 Art. Historical treasures 3 Art. Fractional interests 4 Books and publications 5 Clothing and household goods 8 169,580. PATR_MARKET_VALUE 6 Cars and other vehicles 7 Boots and planes 8 169,580. PATR_MARKET_VALUE 6 Cars and other vehicles 7 Boots and planes 8 169,580. PATR_MARKET_VALUE 9 Securities - Dublicy traded 9 Securities - Dublicy traded 10 Securities - Dublicy traded 11 Securities - Macellaneous 12 Securities - Macellaneous 13 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Other 15 Collectibles 16 Feal estate - Residential 17 Real estate - Commercial 18 Collectibles 19 Food invertroy 20 Durgs and medical supplies 21 Taxiderny | | | Check if | Number of contributions or | Noncash contribution amounts reported on | nor | Method of det | | | 3 |
| 3 At - Fractional interests 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities - Closely held stock 11 Securities - Closely held stock 12 Securities - Closely held stock 13 Qualified conservation contribution Historic structures Interests 13 Qualified conservation contribution Historic structures Interests 14 Qualified conservation contribution Historic structures Interests 14 Qualified conservation contribution Historic structures Interests 15 Real estate - Commercial 16 Real estate - Commercial 17 Real estate - Commercial 18 Interests 20 Drugs and medical supplies 21 Taxidermy 22 Interests 33 Qualified conservation completed Form 8283, Part IV, Donee Acknowledgement 21 Taxider | 1 | Art - Works of art | | | | | | | | |
| 4 Books and publications X 169,580. FAIR MARKET VALUE 5 Clothing and household goods X 169,580. FAIR MARKET VALUE 6 Cars and other vehicles | 2 | Art - Historical treasures | | | | | | | | |
| 5 Clothing and household goods X 169,580. FAIR MARKET VALUE 6 Cars and other vehicles Image: Close of the state in the state | 3 | Art - Fractional interests | | | | | | | | |
| 6 Cars and other vehicles | 4 | Books and publications | | | | | | | | |
| 7 Boats and planes | 5 | Clothing and household goods | X | | 169,580. | FAIR | MARKET | VAL | JUE | |
| 7 Boats and planes | 6 | Cars and other vehicles | | | | | | | | |
| 8 Intellectual property | 7 | | | | | | | | | |
| 9 Securities -Publicly traded | 8 | | | | | | | | | |
| 11 Securities - Partnership, LLC, or trust interests 2 Securities - Miscellaneous 3 Qualified conservation contribution - Historic structures 4 Qualified conservation contribution - Other Historic structures 13 Qualified conservation contribution - Other Historic structures 14 Qualified conservation contribution - Other Historic structures 15 Real estate - Residential 16 Real estate - Other 17 Real estate - Other 18 Collectibles 19 Food inventory 20 Durgs and medical supplies 21 Taxidemy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ▶ (21 Other ▶ (22 Other ▶ (23 Other ▶ (24 Ouring the year, did the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 23 Other ▶ (24 Ouring the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 34 X 35 Does the organization here related organizations to solicit, process, or sell noncash contributions? 34 If Yes,* describe in Part II. 35 If the o | 9 | | | | | | | | | |
| trust interests | 10 | Securities - Closely held stock | | | | | | | | |
| 12 Securities · Miscellaneous | 11 | | | | | | | | | |
| Historic structures | 12 | | | | | | | | | |
| 14 Qualified conservation contribution - Other Image: State - Residential Image: State - Residential 16 Real estate - Commercial Image: State - Commercial Image: State - Commercial 17 Real estate - Other Image: State - Commercial Image: State - Commercial 18 Collectibles Image: State - Commercial Image: State - Commercial 19 Food inventory Image: State - Commercial Image: State - Commercial 20 Drugs and medical supplies Image: State - Commercial Image: State - Commercial 21 Taxidermy Image: State - Commercial Image: State - Commercial Image: State - Commercial 22 Historical artifacts Image: State - Commercial Image: State - Commercial Image: State - Commercial 23 Scientific specimens Image: State - Commercial Image: State - Commercial Image: State - Commercial 24 Archeological artifacts Image: State - Commercial Image: State - Commercial Image: State - Commercial 25 Other ▶ (| 13 | | | | | | | | | |
| 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 ▶ (29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 0 30a X b If "Yes," describe the arrangement in Part II. 31 X 32a X b If "Yes," describe in Part II. 31 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. | 14 | Qualified conservation contribution - Other | | | | | | | | |
| 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 ▶ (29 Vumber of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Ouring the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30a X b If "Yes," describe the arrangement in Part II. 31 X 32a Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 X 32a X b If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. | 15 | Real estate - Residential | | | | | | | | |
| 18 Collectibles | 16 | Real estate - Commercial | | | | | | | | |
| 18 Collectibles | 17 | Real estate - Other | | | | | | | | |
| 20 Drugs and medical supplies | 18 | | | | | | | | | |
| 20 Drugs and medical supplies | 19 | | | | | | | | | |
| 22 Historical artifacts | 20 | | | | | | | | | |
| 22 Historical artifacts | 21 | Taxidermy | | | | | | | | |
| 24 Archeological artifacts | 22 | Historical artifacts | | | | | | | | |
| 25 Other ▶ () 26 Other ▶ () 27 Other ▶ () 28 Other ▶ () | 23 | Scientific specimens | | | | | | | | |
| 26 Other ▶ () | 24 | Archeological artifacts | | | | | | | | |
| 27 Other ▶ () | 25 | | | | | | | | | |
| 28 Other ▶ () | 26 | Other ► () | | | | | | | | |
| 29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 Dives the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 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. | 27 | Other ► () | | | | | | | | |
| for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 0 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30a X b If "Yes," describe the arrangement in Part II. 31 X 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 31 X b If "Yes," describe in Part II. 32a X b If "Yes," describe in Part II. 32a X contributions? | 28 | | | | | | | | | |
| 30aDuring the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?YesNobIf "Yes," describe the arrangement in Part II.30X31Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?31X32aDoes the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?32aXbIf "Yes," describe in Part II.32aX33If 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.II | 29 | , , | | | | | | | • | |
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30a X b If "Yes," describe the arrangement in Part II. 30a X 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 X 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 31 X b If "Yes," describe in Part II. 32a X b If "Yes," describe in Part II. 32a X | | for which the organization completed Form 828 | 83, Part IV, I | Donee Acknowledg | gement 29 | | | | | |
| exempt purposes for the entire holding period? 30a X b If "Yes," describe the arrangement in Part II. Image: Contribution have a gift acceptance policy that requires the review of any nonstandard contributions? 31 X 32a Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 X 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a X b If "Yes," describe in Part II. 32a X 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. Image: Contribution of 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. Image: Contribution of 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. Image: Contribution of 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. Image: Contribution of 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. Image: Contribution of 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. | 30a | During the year, did the organization receive by | y contributio | n any property rep | orted in Part I, lines 1 throug | h 28, th | at it | | Yes | No |
| b If "Yes," describe the arrangement in Part II. 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a If "Yes," describe in Part II. 33 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. | | must hold for at least three years from the date | e of the initia | l contribution, and | which isn't required to be us | sed for | | | | |
| 31 X 32a Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 X 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a X b If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II. Image: Column (a) is checked, describe in Part II. Image: Column (a) is checked, describe in Part II. | | exempt purposes for the entire holding period? | ? | | | | | 30a | | <u> </u> |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 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. | b | | | | | | | | | |
| contributions? 32a X b If "Yes," describe in Part II. 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. 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. 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. 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. 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. 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. | 31 | Does the organization have a gift acceptance p | policy that re | equires the review of | of any nonstandard contribut | tions? | | 31 | | _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. | 32a | | | • | , i , | | | 322 | | x |
| 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. | h | | | | | | ····· | JZa | | |
| describe in Part II. | | | olumn (c) fo | r a type of property | (for which column (a) is cher | cked | | | | |
| | | • | | | | | | | | |
| LTA FOR Paper work neurciion Act Notice, see the instructions for Form 390. Schedule wirform 3901 2019 | LHA | For Paperwork Reduction Act Notice, see | the Instruct | tions for Form 990 |). | | Schedule M | (Form | 990) | 2019 |

| Schedule M | l (Form 990) 2019 | UNITED | WAY OF NE | E MINNESOTA | | 41-0908454 | Page 2 | |
|------------|--|--------|-----------|-------------|--|------------|---------------|--|
| 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 (Form 990) 2019

932142 09-27-19

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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 990-EZ. ► Go to www.irs.gov/Form990 for the latest information. Employer identification number

41-0908454

OMB No. 1545-0047

UNITED WAY OF NE MINNESOTA

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

AND STRENGTHEN OUR FAMILIES.

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

FOR VETERANS" HAS A CRISIS FUND TO STABILIZE THE LIVES OF VETERANS IN

NEED, PROVIDES HOLIDAY MEAL BASKETS TO HOMEBOUND AND IN-NEED VETERANS

AND THEIR FAMILIES, AND OPERATES TRANSITIONAL HOUSING FOR VETERANS.

UWNEMN CURRENTLY FUNDS 11 AGENCY PARTNERS WHICH STRIVE TO STABILIZE

PEOPLE IN CRISIS THROUGH EMERGENCY FOOD AND HOUSING SERVICES. FUNDED

PARTNERS WORK TO REDUCE HUNGER AND ACCESS TO FOOD, PROMOTE STABLE

LIVING ENVIRONMENTS, AND WORK WITH VICTIMS OF DOMESTIC VIOLENCE AND

SEXUAL ASSAULT AND WORK TO REDUCE INSTANCES OF THESE ABUSES IN OUR

SERVICE AREA. UWNEMN ALSO PROVIDES SUPPORT TO ALL LOCAL FOOD SHELVES

IN OUR REGION.

THESE PROGRAMS AND AGENCIES SERVE COMMUNITIES IN NORTERN ST. LOUIS

COUNTY, KOOCHICHING COUNTY AND PARTS OF ITASCA COUNTY.

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

HEALTH AND WELLBEING OF LOCAL VETERANS.

ADDITIONALLY, THE ORGANIZATION FUNDS SEVEN AGENCIES IN OUR SERVICE AREA

THAT SUPPORT SAFE, HEALTHY INDEPENDENT LIVES FOR THESE INDIVIDUALS IN

THEIR REGION; SUPPORT INDIVIDUALS AND FAMILIES FACING CANCER OR

LIFE-LIMITING ILLNESS; INCREASE PROGRAMMING TO SUPPORT ADVOCACY, SAFE

 LHA
 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2019)

 932211
 09-06-19

43

UNITED WAY OF NE MINNESOTA

Employer identification number 41 - 0908454

AND INDEPENDENT LIVING AND THE WELL-BEING OF OUR LOCAL SENIORS; AND

ENHANCE VETERANS' SERVICES IN THEIR SERVICE TERRITORY.

THESE PROGRAMS AND AGENCIES SERVE COMMUNITIES IN NORTHERN ST. LOUIS

COUNTY, KOOCHICHING COUNTY AND PARTS OF ITASCA COUNTY THAT PROVIDE

THESE SERVICES.

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

IN ADDITION, WE INVEST IN PROGRAMS THAT IMPROVE ACADEMICS, AND

ENCOURAGE YOUTH DEVELOPMENT THAT ARE INTERVENTION-BASED, ADDRESSING

ISSUES EARLY. THOUGH QUALITY CHILD CARE, EARLY CHILDHOOD EDUCATION,

TUTORING, MENTORING, AND MORE, UWNEMN HELPS OUR CHILDREN REACH THEIR

FULL POTENTIAL AND PREPARES THEM FOR BRIGHT, PROMISING FUTURES. WE

CURRENTLY FUND 5 AGENCY PARTNERS WHO FOCUS ON RESULTS DURING CRITICAL

STAGES OF A CHILD'S DEVELOPMENT BY: IMPROVING ACADEMICS, ENCOURAGING

YOUTH DEVELOPMENT, AND ADDRESSING ISSUES EARLY. THIS STRATEGY WILL

GIVE CHILDREN THE BEST CHANCE FOR SUCCESSFUL FUTURES. IN ADDITION,

UWNEMN SUPPORTS ORGANIZATIONS THAT FOCUS ON YOUTH MENTAL HEALTH AND

YOUTH CHEMICAL DEPENDENCY.

THESE PROGRAMS AND AGENCIES SERVE COMMUNITIES IN NORTHERN ST. LOUIS COUNTY, KOOCHICHING COUNTY AND PARTS OF ITASCA COUNTY THAT PROVIDE THESE SERVICES.

FORM 990, PART VI, SECTION A, LINE 1:

THERE ARE NINE MEMBERS ON THE EXECUTIVE COMMITTEE THAT 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.

Schedule O (Form 990 or 990-EZ) (2019)

932212 09-06-19

44

UNITED WAY OF NE MINNESOTA

Employer identification number 41-0908454

FORM 990, PART VI, SECTION B, LINE 11B:

THE BOARD OF DIRECTORS RECEIVES A COPY OF THE FORM 990 VIA EMAIL TO REVIEW PRIOR TO THE FILING OF THE RETURN.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT OF INTEREST POLICY APPLIES TO ALL DIRECTORS, COMMITTEE MEMBERS, VOLUNTEERS AND EMPLOYEES OF UWNEMN. WHENEVER A QUESTION OR DISPUTE AS TO WHETHER A CONFLICT OF INTEREST EXISTS FOR A BOARD MEMBER, IT IS AT THE DISCRETION OF THE BOARD PRESIDENT OR VICE-PRESIDENT. IF THE PRESIDENT IS THE BOARD MEMBER IN QUESTION, THE BOARD SHALL EITHER DETERMINE THE QUESTION BY VOTE OF THE MEMBERS PRESENT AT THE MEETING OR SHALL REFER THE QUESTION TO AN AD HOC COMMITTEE, WHICH IS APPOINTED BY THE BOARD CHAIR OR VICE-CHAIR. THE MEMBER WHOSE INTEREST IS BEING DETERMINED HAS THE OPPORTUNITY TO SPEAK, BUT SHALL NOT PARTICIPATE IN EITHER THE VOTE OR THE COMMITTEE. EACH DIRECTOR'S CONFLICTS OF INTEREST WILL BE DISCLOSED AND UPDATED ANNUALLY. A LIST OF THESE CONFLICTS OF INTEREST WILL BE DISTRIBUTED TO ALL DIRECTORS FOR THE PURPOSE OF CARRYING OUT THIS POLICY. THE UNITED WAY OF NE MINNESOTA WILL PERIODICALLY DISTRIBUTE TO ALL MEMBERS OF THE BOARD, THE ALLOCATION COMMITTEES AND STAFF, A QUESTIONNAIRE CONCERNING SUCH ORGANIZATIONS WITH WHICH EACH PERSON AND/OR FAMILY MEMBER(S) IS, OR HAS BEEN WITHIN THE PRIOR TWO YEARS, A TRUSTEE, DIRECTOR, SIGNIFICANT FINANCIAL SUPPORTER, ACTIVE VOLUNTEER, CURRENT CONSUMER OF ITS SERVICES OR STAFF MEMBER ON THE BASIS OF THESE QUESTIONNAIRES. STAFF WILL IDENTIFY ANY AFFILIATION WHENEVER SUCH ORGANIZATIONS ARE CONSIDERED FOR A POSSIBLE ALLOCATION GRANT OR OTHER MATTER. THIS, HOWEVER, DOES NOT RELEASE A BOARD MEMBER, FUND DISTRIBUTION COMMITTEE MEMBER AND EMPLOYEE OF THE RESPONSIBILITY TO INFORM THE EXECUTIVE DIRECTOR, BOARD PRESIDENT OR FUND Schedule O (Form 990 or 990-EZ) (2019) 932212 09-06-19 45

15590908 131839 091-00120700

| Schedule O (Form 990 or 990-EZ) (2019) | Page 2 | | |
|--|---|--|--|
| Name of the organization UNITED WAY OF NE MINNESOTA | Employer identification number $41-0908454$ | | |
| | | | |
| DISTRIBUTION COMMITTEE OF ANY CONFLICTING ROLES OR DUAL RO | LES THEY MAY HAVE | | |
| IF NOT OTHERWISE DISCLOSED. | | | |
| | | | |
| FORM 990, PART VI, SECTION B, LINE 15A: | | | |
| COMPENSATION RECOMMENDATIONS ARE MADE BY THE EXECUTIVE COM | MITTEE (E-BOARD) | | |
| OF THE BOARD OF DIRECTORS BASED ON THE FOLLOWING COMPARABL | ES: UNITED WAY | | |
| WORLDWIDE SALARY SURVEY (COMPARING OTHER UWW ORGANIZATIONS | OF SIMILAR | | |
| SIZE), GUIDESTAR, MINNESOTA NONPROFIT SALARY AND BENEFITS | SURVEY. PAY SCALE | | |
| IS BASED ON MARKET RATES, TENURE AND POSITION REQUIREMENTS | . ALL EMPLOYEES | | |
| HAVE ANNUAL PERFORMANCE REVIEWS AND APPRAISALS. THE EXECUT | IVE DIRECTOR PAY | | |

SCALE AND COMPENSATION PACKAGE ARE REVIEWED ANNUALLY BY THE EXECUTIVE

COMMITTEE. THE SALARY BUDGET IS APPROVED BY THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION C, LINE 18:

FORM 1023 IS NOT AVAILABLE ON THE WEBSITE.

FORM 990, PART VI, SECTION C, LINE 19:

POSTED ON WEBSITE

932212 09-06-19

(Rev. January 2020)

Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

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

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

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.

| Type or | Name of exempt organization or other filer, see instru | Taxpayer identification number (TIN) $41 - 0908454$ | | | | | | | |
|---|---|---|---------------------------------------|-----------|------------|------------------|--|--|--|
| print | UNITED WAY OF NE MINNESOTA | | | | | | | | |
| File by the due date for filing your return. See | Number, street, and room or suite no. If a P.O. box, see instructions. 608 EAST DRIVE | | | | | | | | |
| instruction | City, town or post office, state, and ZIP code. For a foreign address, see instructions. CHISHOLM, MN 55719 | | | | | | | | |
| Enter th | ter the Return Code for the return that this application is for (file a separate application for each return) | | | | | | | | |
| Application | | | Application | | | Return | | | |
| Is For | | | Is For | | | Code | | | |
| Form 990 or Form 990-EZ | | | Form 990-T (corporation) | | | 07 | | | |
| Form 99 | 00-BL | 02 | Form 1041-A | | | 08 | | | |
| Form 47 | '20 (individual) | 03 | Form 4720 (other than individual) | | | 09 | | | |
| Form 99 | 00-PF | 04 | Form 5227 | | | 10 | | | |
| Form 99 | 00-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | | | 11 | | | |
| Form 99 | 00-T (trust other than above) | 06 | Form 8870 | | | 12 | | | |
| The books are in the care of ▶ 608 EAST DRIVE - CHISHOLM, MN 55719 Telephone No. ▶ 218-215-2420 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. I request an automatic 6-month extension of time untilFEBRUARY 16, 2021, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ★ cr ★ and ending MARR 31, 2020 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period | | | | | | | | | |
| | this application is for Forms 990-BL, 990-PF, 990-T, 4720 ny nonrefundable credits. See instructions. |), or 6069, e | enter the tentative tax, less | 3a | \$ | 0. | | | |
| b If | this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and | | | | | | | | |
| es | estimated tax payments made. Include any prior year overpayment allowed as a credit. | | | | | 0. | | | |
| c Balance due. Subtract line 3b from line 3a. Include your p | | ayment witl | yment with this form, if required, by | | | | | | |
| using EFTPS (Electronic Federal Tax Payment System). See | | | ns. | 3c | \$ | 0. | | | |
| Caution instruction | : If you are going to make an electronic funds withdrawa ons. | l (direct det | bit) with this Form 8868, see Form 84 | 453-EO an | d Form 887 | 9-EO for payment | | | |
| LHA | LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev. 1-2020) | | | | | | | | |

923841 12-30-19