#### UNITED WAY OF NE MINNESOTA

Form 990 Income Tax Return

For Year Ended March 31, 2021

(Public Inspection Copy)



# UNITED WAY OF NE MINNESOTA FORM 990 INCOME TAX RETURN FOR YEAR ENDED MARCH 31, 2021

#### Form **8868**

(Rev. January 2020)

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

File a separate application for each return.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Electronic filing (e-fil — o car all — sically file for 88 8 b re u — 6-mor — to and tension of r — file my fithe forms listed below with the end of or m 88 1 m and 10 8 4 m for range to 6 m and 10 8 m and 10

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Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filling of this form, visit www.irs.gov/e-file-pro\_de\_/e\_fle\_pr-ch\_vie\_aa\_f-n\_y-p\_fits.

#### Automatic 6-Month Extension of 1

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.

	Name of exempt organization or other filer, see instr	Type or Name of exempt organization or other filer, see instructions.								
print UNITED WAY OF NE MINNESOTA  File by the due date for due date for low date fo										
File by the due date for filing your return. See instruction	Number, street, and room or suite no. If a P.O. box, 608 EAST DRIVE  City, town or post office, state, and ZIP code. For a	see instruct			11 0900131					
Enter th	CHISHOLM, MN 55719  e Return Code for the return that this application is for (f	file a separat	te application for each return)		0	1				
Applica Is For	- VIII -	Return	Application Is For		Retu	urn				
	00 or Form 990-EZ	01	Form 990-T (corporation)		07					
Form 99		02	Form 1041-A		08					
Form 47	'20 (individual)	03	Form 4720 (other than individual)		09	9				
Form 99	90-PF	04	Form 5227		10	)				
Form 99	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11					
Form 99	90-T (trust other than above)	06	Form 8870		12	2				
th	equest an automatic above extension is writed by tax year entered in line 1 is for less than 2 months.	jan a			ration return for					
	Change in accounting period  this application is for Forms 990-BL, 990-PF, 990-T, 472 by nonrefundable credits. See instructions.	0, 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 estimated tax payments made. Include any prior year overpayment allowed as a credit.						0.				
estimated tax payments made. Include any prior year overpayment allowed as a credit.  Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.  3b \$  c \$  sc \$										

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

Form 8868 (Rev. 1-2020)

instructions.

#### PUBLIC DISCLOSURE COPY - STATE REGISTRATION NO. 20569

#### **Return of Organization Exempt From Income Tax**

032001 12-23-20

Department of the Treasury Internal Revenue Service

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

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

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

OMB No. 1545-0047 Open to Public Inspection

A	or the	2020 calendar year, or tax year beginning APR 1, 2020 and ending	MAR 31, 2021	
	Check if applicable	C Name of organization	D Employer identifie	cation number
	Addres			
	Name change	Doing business as	41-09084	54
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	하는 10 M 시간 10 H - 10 M H - 10 M -	
	Final return/	608 EAST DRIVE	218-215-	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	2,153,985.
	Amend return	CHISHOLM, MN 35/19	H(a) Is this a group re	eturn
	Applica	보는 마루 교회에서 이번 전에 이번 회에서 전에서 전혀 되었다. 전체회에서 전환 전에 전혀 전혀 있었다.	for subordinates	? Yes X No
	pendin	SAME AS C ABOVE	H(b) Are all subordinates in	ncluded? Yes No
		mpt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or	527 If "No," attach a	list. See instructions
		e: ▶ WWW.UNITEDWAYNEMN.ORG	H(c) Group exemptio	n number 🕨
			Year of formation: 1966	A State of legal domicile; MN
Pa		Summary		
a)	1 1	Briefly describe the organization's mission or most significant activities: TO UNITE	AND FOCUS OU	R
nce	9	COMMUNITIES IN CREATING MEASURABLE RESULTS TO	O IMPROVE PEOP	LE'S LIVES
rna	2 (	Check this box 🕨 🔲 if the organization discontinued its operations or disposed of r	more than 25% of its net ass	
ove	3 1	Number of voting members of the governing body (Part VI, line 1a)	3	29
Ö	4 1	Number of independent voting members of the governing body (Part VI, line 1b)	4	29
SS	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	7
VİĘ.	6	Total number of volunteers (estimate if necessary)	6	750
Activities & Governance	7 a -	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
_	bl	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.
Revenue			Prior Year	Current Year
	8 (	Contributions and grants (Part VIII, line 1h)	1,756,052.	2,152,296.
		Program service revenue (Part VIII, line 2g)	0.	0.
eve	10	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	5,900.	1,689.
<u> </u>	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-47,274.	-63,415.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,714,678.	2,090,570.
	13 (	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	967,573.	870,613.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
S	15 8	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	453,033.	470,208.
Expenses	16a l	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
xbe	b T	Total fundraising expenses (Part IX, column (D), line 25)  99,700.	a respectively as the first	MYMCAULAU AND CONT.
ш	111	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	214,033.	405,471.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,634,639.	1,746,292.
_	19	Revenue less expenses. Subtract line 18 from line 12	80,039.	344,278.
S OF			Beginning of Current Year	End of Year
Net Assets or	20	Total assets (Part X, line 16)	3,615,022.	4,324,784.
A P	21	Total liabilities (Part X, line 26)	369,124.	384,812.
Ž	22	Net assets or fund balances. Subtract line 21 from line 20	3,245,898.	3,939,972.
		Signature Block		
		ties of perjury, I declare that I have examined this return, including accompanying schedules and st		knowledge and belief, it is
true	, correct	t, and complete. Declaration of preparer (other than officer) is based on all information of which pre	parer has any knowledge.	
60 <u>10</u> 20 0		Signature of officer	Date	
Sig		SUB-P New York CONTROL OF THE SUB-P	Date	
Her	e	ERIN SHAY, EXECUTIVE DIRECTOR  Type or print name and title		
-		100   101	Date Check	PTIN
D-1	, ,	Print/Type preparer's name Preparer's signature		
Paid		ALEX HENGEL / ////	01/14/22 self-employ	
	1	Firm's name CLIFTON LARSON ALLEN	Firm's EIN	41-0746749
use	Only	Firm's address > 9766 FALLON AVENUE NE, SUITE 106	D. /7	631 335 6150
N 4	, Ab = 10	MONTICELLO, MN 55362 S discuss this return with the preparer shown above? See instructions	Phone no. ( /	63) 225-6150 X Yes No
IVId	v uie in	O GISCUSS THIS FETUTH WITH THE DIEDATEL SHOWN ADOVE? SEE INSTRUCTIONS		21 TeS   NO

OUR IN-HOUSE PROGRAMS "IMAGINATION LIBRARY" PROVIDES FREE MONTHLY BOOKS
TO CHILDREN FROM BIRTH TO AGE 5 IN OUR SERVICE TERRITORY, AND "BRIGHT
BEGINNINGS" WORKS TO INCREASE CHILD CARE AVAILABILITY IN OUR REGION
WHICH IS EXPERIENCING A SEVERE SHORTAGE OF CHILDCARE AND TO INCREASE
THE QUALITY AND EDUCATION OPTIONS FOR CHILDREN IN LOCAL CHILD CARE
SETTINGS.

40	Other	program services	(Describe on	Schedule O.)
	175-0			

(Expenses \$ including grants of \$

Total program service expenses ▶ 1,546,891.

) (Revenue \$

Form 990 (2020)

40

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		_X_
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			9220
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		***
23	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	_	<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			37
_	Schedule D, Part III	8	-	<u>X</u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_	v	
40	If "Yes," complete Schedule D, Part IV	9	X	<del></del>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			v
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
_	as applicable.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		_	
а		11a	х	
h	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	Ha	21	
· D		11b		х
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	TID		-21
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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	110		
~	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			022
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			2255
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	1000000		
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	945	37	
201	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10 4040		77
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		V
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		х	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		

	continued)	_	Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		162	140
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		2000	
	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
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	040		
d	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	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		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
1000	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		Х
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		11	
	instructions, for applicable filing thresholds, conditions, and exceptions):	May 2	4 17	lion.
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			1000
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c	77	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	$\vdash$
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	100		77
	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		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	- 55		
•	Part V, line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	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?			2
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
-	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pal	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
	1 17		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2	4	300	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 2	4	No.	
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		SHEE	
	(gambling) winnings to prize winners?	1c	990	(0000

	i (continued)				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	ľ	1		103	140
	filed for the calendar year ending with or within the year covered by this return	2a	7	1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return			2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions			N/I		I LANS
3a				За		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccou	nt)?	4a		X
b	If "Yes," enter the name of the foreign country			100		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced in the Financi	ccou	nts (FBAR).		1	7
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		**********	5a	-	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?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e org	anization solicit			₹
590	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributi		r gifts			
7	were not tax deductible?			6b	HESOC	III-1628
7	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vione	provided to the payor?	7a		Х
a	TO DO TO THE TOTAL OF THE TOTAL			7b	+	21
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		uired	70		
. •	to file Form 8282?	20100	direc	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		100	1 362(0)	1000
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control			7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		399 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion f	ile a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	ne		Agent	200
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.			100	1000	
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a	-	_
2020	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		***********	9b		
10	Section 501(c)(7) organizations. Enter:	f	1	1		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		-		11-59
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  Section 501(c)(12) organizations. Enter:	10b	4	-	118	
	Gross income from members or shareholders	11a	1	16	1000	
	Gross income from other sources (Do not net amounts due or paid to other sources against	116				
-	amounts due or received from them.)	11b			= 37	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a	e i	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	2		18.7	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
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.			120	100	1
b	Enter the amount of reserves the organization is required to maintain by the states in which the	E	arı			25
	organization is licensed to issue qualified health plans	13b			100	
	Enter the amount of reserves on hand	130			1100	77
			***************************************	14a	1	X
225	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b	<u> </u>	
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune			45		x
	excess parachute payment(s) during the year?		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	15	100	Λ
16	If "Yes," see instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment	t inco	me?	16	15:00	X
	If "Yes," complete Form 4720, Schedule O.	. 11100		10	180	
	in the semigrate form at Eq. comodulo of			Eor	m <b>990</b>	(2020)

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

	Check if Schedule O contains a response or note to any line in this Part VI			X						
Sec	tion A. Governing Body and Management									
			Yes	No						
1a	Enter the number of voting members of the governing body at the end of the tax year	a m								
	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.			736						
b	Enter the number of voting members included on line 1a, above, who are independent 1b 29		33							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
	officer, director, trustee, or key employee?	2		Х						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision									
	of officers, directors, trustees, or key employees to a management company or other person?	3		X						
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х						
6	Did the organization have members or stockholders?	6		X						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?	7a		X						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or									
	persons other than the governing body?	7b		Х						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		JE33	421						
а		8a	Х							
	a The governing body? b Each committee with authority to act on behalf of the governing body?									
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	8b	X							
0.75	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		х						
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)									
	This decidi b regulate information about policies not required by the internal nevertice dode.		Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a		X						
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,									
55.4	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х							
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	to	F87.	1.00						
12a		12a	X							
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х							
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe									
	in Schedule O how this was done	12c	X							
13	Did the organization have a written whistleblower policy?	13	Х							
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 approval by independent		Ann							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official	15a	Х							
	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).		168							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	1111		K. I. III						
	taxable entity during the year?	16a		Х						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	N. N	200	U						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's									
	exempt status with respect to such arrangements?	16b								
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ►MN									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3))	s only)	availa	ble						
	for public inspection. Indicate how you made these available. Check all that apply.	(1931) <b>(19</b> 66)								
	X Own website Another's website X Upon request Other (explain on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	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 books and records									
	ERIN SHAY - 218-215-2420									
	608 FAST DRIVE CHISHOLM MN 55719									

Form 990 (2020)

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

Check this box if neither the organiz  (A)	(B)	T	IIIZG	((		iperi	Satt	(D)	(E)	(F)
Name and title	Average hours per week	box	not c	Pos heck i ss per	ition more rson i	than of s both or/trus	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) SHELLEY VALENTINI	40.00						-5555	SENSE PERSONS	052	520020 220020
FORMER EXECUTIVE DIRECTOR							X	82,296.	0.	28,505.
(2) ERIN SHAY	50.00							LEGIC PORGUE	2	12540 1250E
EXECUTIVE DIRECTOR				Х				78,819.	0.	12,687.
(3) BREANNE KATRIN	3.00									
BOARD PRESIDENT		X		X				0.	0.	0.
(4) MIKE NORTON	3.00									
1ST VICE PRESIDENT		X		X				0.	0.	0.
(5) DEAN DEBELTZ	3.00							2001		
2ND VICE PRESIDENT		X		X				0.	0.	0.
(6) PAUL JANSSEN	3.00									
TREASURER		X		Х				0.	0.	0.
(7) STACY HART	3.00									
SECRETARY		X		X				0.	0.	0.
(8) RANDY BABIRACKI	2.00									
BOARD MEMBER		X						0.	0.	0.
(9) MARK BAKK	3.00									
BOARD MEMBER		X						0.	0.	0.
(10) DIANNE BUHROW	2.00									
BOARD MEMBER		X						0.	0.	0.
(11) ERIC CLEMENT	3.00									
BOARD MEMBER		X						0.	0.	0.
(12) JULIE EHRMAN	2.00									
BOARD MEMBER		X						0.	0.	0.
(13) LATISHA GIETZEN	2.00									
BOARD MEMBER		X						0.	0.	0.
(14) BRUCE KINGSLEY	3.00									
BOARD MEMBER		X						0.	0.	0.
(15) APRIL KLANDER	2.00									
BOARD MEMBER		X						0.	0.	0.
(16) MARCI KNIGHT	3.00									
BOARD MEMBER		X						0.	0.	0.
(17) DAN KOTNIK	3.00									
BOARD MEMBER		X						0.	0.	0.

032007 12-23-20

Form 990 (2020)

(A)	(B)	Pioy	ees,		C)	gnes	St C	(D)	(E)	(F)
Name and title	Average			Pos	sition			Reportable	Reportable	Estimated
	hours per	box	k, unle	ss pe	rson	than is both	n an	compensation	compensation	amount of
	week		icer ar	nd a c	directo	or/trus	tee)	from	from related	other
	(list any hours for	rector						the	organizations	compensation
	related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	truste	al trus		yee	mpen		(** 27 1033 141100)		and related
	below	Individual trustee or director	Institutional trustee	is a	Key employee	Highest compensated employee	Jer.			organizations
No.	line)	Indiv	Insti	Officer	Key 6	High	Former			
(18) FRANK LAMUSGA	2.00	-						2		
BOARD MEMBER		X	_	_	_	╄	_	0.	0.	0
(19) JULIE LUCAS	3.00	١							•	
BOARD MEMBER	2 00	X	-	_	₩	╀	_	0.	0.	0
(20) ROBB PETERSON	2.00	٠,							0	١ ,
BOARD MEMBER	2 00	X	$\vdash$		-	⊢		0.	0.	0
(21) LAURA ROSIER BOARD MEMBER	2.00	x						0.	0	,
(22) DANIELLE SEPPI	2.00	Δ.	$\vdash$		-	+		0.	0.	0
BOARD MEMBER	2.00	x						0.	0.	0
(23) JIM SKALSKI	2.00	A	+	$\vdash$	+	+		0.	0.	-
BOARD MEMBER	2.00	x						0.	0.	0
(24) CLIFF TOBEY	2.00	22	$\vdash$		1	$\vdash$		0.	0.	-
BOARD MEMBER	2.00	x						0.	0.	0
(25) CHAD BUUS	2.00					+		0.		-
BOARD MEMBER		x						0.	0.	0
(26) JENNIE HIPPLE	2.00	-								
BOARD MEMBER	7	x						0.	0.	0
1b Subtotal		_					<b>•</b>	161,115.	0.	41,192
c Total from continuation sheets to Part							•	0.	0.	C
d Total (add lines 1b and 1c)							<b></b>	161,115.	0.	41,192
2 Total number of individuals (including but							o re	eceived more than \$100,0	000 of reportable	
compensation from the organization									78	
8										Yes N
3 Did the organization list any former office	er, director, trust	ee, l	key e	emp	loye	e, or	hig	hest compensated empl	oyee on	100 Contact (5)
line 1a? If "Yes," complete Schedule J for										3 X
4 For any individual listed on line 1a, is the										390
and related organizations greater than \$1	50,000? If "Yes,	, " cc	mpl	ete 3	Sch	edule	Jf	or such individual		4 2
5 Did any person listed on line 1a receive of								ed organization or individ	ual for services	12.9L NO. 8
rendered to the organization? If "Yes." co	mplete Schedul	e J t	or si	ıch	pers	son				5 2
Section B. Independent Contractors			4050 <b>4</b> 05	- ALIO +	10000	es again	2504			
Complete this table for your five highest of the complete this table for your five highest of the complete this table for your five highest of the complete this table for your five highest of the complete this table for your five highest of the complete this table for your five highest of the complete this table for your five highest of the complete this table for your five highest of the complete this table for your five highest of the complete this table for your five highest of the complete this table for your five highest of the complete this table for your five highest of the complete this table for your five highest of the complete this table for your five highest of the complete this table for your five highest of the complete this table for your five highest of the complete this table for the complete this table for your five highest of the complete this table for your five highest of the complete this table for your five highest of the complete this table for the complete this table for your five highest of the complete this table for your five highest of the complete this table for the complete the complete this table for the complete this table for the complete this table for the complete the complete this table for the complete this table for the complete the complete this table for the complete this table for the complete t										ition from
the organization. Report compensation for	or the calendar y	ear e	enair	ng w	/ith (	or wi	tnın		ear.	(0)
(A) Name and busine	ss address	M	ONI	2				(B) Description of s	ervices	(C) Compensation
		TA	OTAT				$\dashv$			
							$\dashv$			
							$\neg$			
-										
							$\neg$			
							$\neg$			
2 Total number of independent contractors	(including but n	ot lir	mited	d to	tho	se lis	ted	above) who received mo	ere than	
\$100,000 of compensation from the orga					_	0				
SEE PART VII, SECTION	N A CONT	TI	ΠJA	TI	ON	IS	HE	ETS		Form 990 (202

UNITED WAY OF NE MINNESOTA

Part VII   Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued).  (A)   Name and title   Part   Par	Form 990 UNITED WAY OF NE MINNESOTA 41-0908454							8454			
Name and title  Average hours per week (list any) hours for related organizations below 189 / 29 / 200	Part VII Section A. Officers, Directors, Tru	istees, Key En	nplo	yee	s, ar	nd H	lighe	est (	Compensated Employ	ees (continued)	
Per week (list any hours for related organizations below line)   2.00	(A)	(B) Average			Pos	C) ition			(D) Reportable	<b>(E)</b> Reportable	(F) Estimated amount of
BOARD MEMBER		per week (list any hours for related organizations below line)							from the organization	from related organizations	
(28) TOM JAMAR BOARD MEMBER X 0. 0. (27) JACK FURLONG 2.00 X 0. (28) TOM JAMAR DAMBER X 0. (28) TOM JAMAR BOARD MEMBER X 0. (28) TOM JAMAR DAMBER X 0. (28)	(27) MATT HITI BOARD MEMBER	2.00	Х						0.	0.	0.
(29) JACK FURLONG  AND MEMBER  X  O.  O.  O.  O.  O.  O.  O.  O.  O.	(28) TOM JAMAR BOARD MEMBER	2.00	x						0.	0	0.
	(29) JACK FURLONG	2.00									
	BOARD MEMBER		X						0.	0.	0.
							-				
Fotal to Part VII. Section A line 1c											
Fotal to Part VII. Section A line 1c											
Total to Part VII. Section A line 1c											
THE PART OF THE PROPERTY OF THE PART OF TH	Total to Part VII, Section A, line 1c										

41-0908454

		Check if Schedule O contains a response or note to a	v line in this Part VIII		
		Chock in Confedure C Contains a response of field to a	(A) Total revenue Related	(B) (C) or exempt Unrelated business revenue	Revenue excluded
· · ·	4 .	a Federated campaigns 1a 1,189,14	7		Sections 512 - 514
in the					The state of the s
S S			6		
fts,					VALUE OF STREET
igai					
Sir.		9 , ,			HEX PER SOLE
er is	1	All other contributions, gifts, grants, and			
e a		similar amounts not included above 1f 725,54  Noncash contributions included in lines 1a-1f 1g \$ 254,66			
Contributions, Gifts, Grants and Other Similar Amounts	135	TO SECURIO SECURIO SEGUIDO A SEGUIDO A PARTE DE CONTROL DE PARTE DA PARTE DE CONTROL DE			
o e	h	Total. Add lines 1a-1f	▶ 2,152,296.		
		Business C	ode		
ce	2 8				
Program Service Revenue	k	·			
S	(	·			
ran 3ev	(	1			
60. 100.	6				
<u>-</u>	f	All other program service revenue			
_		Total. Add lines 2a-2f	1000000	My Sellecture and the second	TO SEE STATE
	3	Investment income (including dividends, interest, and	2 2200000		
- 1		other similar amounts)	▶ 1,689.		1,689.
	4	Income from investment of tax-exempt bond proceeds	<b>•</b>		
	5	Royalties	<b>&gt;</b>		
		(i) Real (ii) Perso	al		SPIE DER
	6 8	a Gross rents 6a			
	k	Less: rental expenses 6b			
- 1		Rental income or (loss) 6c	THE RESPONDED AND ADDRESS.		100 May 1875
- 1		Net rental income or (loss)	<b>•</b>		
		a Gross amount from sales of (i) Securities (ii) Other	PRINCIPALIDID BASSI		The Breefix
		assets other than inventory 7a			
		Less: cost or other basis			
9	::0	and sales expenses			
ne	10	Gain or (loss) 7c			- STEEL
er Revenue		d Net gain or (loss)			
F		a Gross income from fundraising events (not	AND DESCRIPTION OF THE PARTY OF		
Othe	0 6	including \$ 237,606. of			
٥١		contributions reported on line 1c). See			
			0.		50 444 183
		Part IV, line 18 8a 8b 63,41			1.00
			► -63,415.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	-63,415.
		Net income or (loss) from fundraising events	-03,413.		-03,413.
- 1	9 8	a Gross income from gaming activities. See			
		Part IV, line 19 9a			
		Less: direct expenses 9b			
		Net income or (loss) from gaming activities			
	10 a	a Gross sales of inventory, less returns			
- 1		and allowances 10a			
	ŀ	Less: cost of goods sold10b	BURN BARRIER STOP		
$\Box$	(	Net income or (loss) from sales of inventory	<b>&gt;</b>		
,,		Business 0	ode Malilla Maria Malilla Maria	ALIMIN TYPE WENT	趣版图。
ño e	11 8				
ane	t				
elle					
Miscellaneous Revenue		d All other revenue			
2		Total. Add lines 11a-11d		THE RESERVE	Marine Har
	12	Total revenue. See instructions	2,090,570.	0. 0.	-61,726.
03200	1/9/2-		ter de misses anno als se anno and	- Areanda - Area	Form <b>990</b> (2020)

Secti	on 501(c)(3) and 501(c)(4) organizations must compl	ete all columns. All othe	r organizations must con	nplete column (A).	
	Check if Schedule O contains a respons	se or note to any line in	his Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	661,433.	661,433.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	209,180.	209,180.		
3	Grants and other assistance to foreign			The North State of the Land	
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			PRINTED THE PRINTED	
5	Compensation of current officers, directors,				
	trustees, and key employees	101,539.	69,047.	16,246.	16,246.
6	Compensation not included above to disqualified	•	•		
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	298,265.	202,819.	47,723.	47,723.
8	Pension plan accruals and contributions (include				
588	section 401(k) and 403(b) employer contributions)	13,994.	9,516.	2,239.	2,239.
9	Other employee benefits	25,380.	17,258.	4,061.	4,061.
10	Payroll taxes	31,030.	21,101.	4,965.	4,964.
11	Fees for services (nonemployees):		,		
	Management				
b	Legal				
	Accounting	19,707.	13,400.	3,154.	3,153.
d	4 14 44 W				- 7,
e	Professional fundraising services. See Part IV, line 17		Side of the State	The state of the s	
f	Investment management fees				
q	Other. (If line 11g amount exceeds 10% of line 25,				
3	column (A) amount, list line 11g expenses on Sch O.)	1,092.	742.	175.	175.
12	Advertising and promotion				
13	Office expenses	12,762.	8,678.	2,042.	2,042.
14	Information technology	,			
15	Royalties				
16	Occupancy	22,542.	15,328.	3,607.	3,607.
17	Travel	1,406.	956.	225.	225.
18	Payments of travel or entertainment expenses				232-322-332-33
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,705.	1,159.	273.	273.
20	Interest	1700			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	46,336.	31,508.	7,414.	7,414.
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	COVID DISTRIBUTIONS	165,902.	165,902.		
b	PROVISION FOR UNCOLLECT	86,665.	86,665.		
С	MEMBER DUES	24,580.	16,714.	3,933.	3,933.
d	CAMPAIGN SUPPLIES	13,094.	8,904.	2,095.	2,095.
0.55	All other expenses	9,680.	6,581.	1,549.	1,550.
25	Total functional expenses. Add lines 1 through 24e	1,746,292.	1,546,891.	99,701.	99,700.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 672,970. 554,269. Cash - non-interest-bearing 1 345,328. 2 680,935. Savings and temporary cash investments 2 461,382. 454,684. 3 3 Pledges and grants receivable, net Accounts receivable, net 5 Loans and other receivables from any current or former officer, director. trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 512. 661. 9 10a Land, buildings, and equipment: cost or other 1,220,494. basis. Complete Part VI of Schedule D \_\_\_\_\_\_ 10a 139,847. 1,117,368. 1,080,647. b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 Intangible assets 14 14 1,136,163. 1,434,887. 15 Other assets. See Part IV, line 11 15 4,324,784. 3,615,022. 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 20,967. 21,812. Accounts payable and accrued expenses ..... 17 17 287,250. 18 302,310. 18 Grants payable 19 Deferred revenue 19 Tax-exempt bond liabilities 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D 53,683. 55,493. 21 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 5,197. 7,224. 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 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 369,124. 384,812. Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 3,223,599. 3,900,213. 27 Net assets without donor restrictions 22,299. 39,759. Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 31 Total net assets or fund balances 3,245,898. 32 3,939,972. 32 3,615,022. 4,324,784. Total liabilities and net assets/fund balances

Form 990 (2020)

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Act and OMB Circular A-133?

032012 12-23-20

X

3a

Form 990 (2020)

#### SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

#### **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

2020

Open to Public Inspection

Name of the organization Employer identification number UNITED WAY OF NE MINNESOTA 41-0908454 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Typ functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

Total

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

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

Calendar year (or fiscal year beginning in)  (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  3 The value of services or facilities furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3  5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included	98.
membership fees received. (Do not include any "unusual grants.")  Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  The value of services or facilities furnished by a governmental unit to the organization without charge  Total. Add lines 1 through 3  The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included	
include any "unusual grants.")  2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  3 The value of services or facilities furnished by a governmental unit to the organization without charge  4 Total. Add lines 1 through 3  The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included	
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governmental unit or publicly supported organization) included	
supported organization) included	
on line 1 that exceeds 2% of the	
amount shown on line 11,	
column (f) 349,7	52.
6 Public support, Subtract line 5 from line 4.	
Section B. Total Support	10.
Calendar year (or fiscal year beginning in) (a) 2016 (b) 2017 (c) 2018 (d) 2019 (e) 2020 (f) Tot	al
7 Amounts from line 4 2064510. 2134682. 2147349. 1739761. 2152296.102385	98.
8 Gross income from interest,	50.
dividends, payments received on	
securities loans, rents, royalties,	
and income from similar sources 3,083. 3,127. 1,177. 5,900. 1,689. 14,9	76.
9 Net income from unrelated business	70.
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  12535	71
	14.
12 Gross receipts from related activities, etc. (see instructions)  12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)	
organization, check this box and stop here  Section C. Computation of Public Support Percentage	
14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) 14 96.44	0/
	70
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and	X
A CONTROL OF THE PROPERTY OF T	A
b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box	
and stop here. The organization qualifies as a publicly supported organization	
17a 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,	
and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization	
meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	٠
b 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or	
more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the	
organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	-
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions  Schedule A (Form 990 or 990-EZ	

## Schedule A (Form 990 or 990-EZ) 2020 UNITED WAY OF NE MINNESOTA Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Calendar year (or fiscal year beginning is)    Giffs, grants, contributions, and membership less received. (Do not include any "unusual grants.")  Gross receipts from admissions, merchandise sold or services per formed, or facilities turnished in organization is tax exempt purpose of gross mostly from admissions and an unrelated trade or business under section 513  Tax revenues levied for the organizations is tax exempt purpose of gross mostly from admissions that are not an unrelated trade or business under section 513  Tax revenues levied for the organization shortest and either paid to or expended on its behalf to the organization without charge of the form of the fo	Section A. Public Support	low, please comp	olete Part II.)				
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membership fees received. (Do not included any "trustal grants.")  2. Gross receipts from admissions, membradules sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose of Gross receipts from admissions and the control of		(a) 2010	(b) 2017	(6) 2016	(d) 2019	(e) 2020	(i) Total
include any 'unusual grants.')  Gross neclipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's travewenty purpose  3 Gross neceipts from admissions, and the properties of the organization's travewenty purpose  3 Gross neceipts from admissions are the organization's benefit and either paid to ore expended on its behalf  5 The value of services or facilities furnished by a governmental unit to the organization's benefit and either paid to or expended on this behalf  6 Total. Add lines' through 5  7 Amounts included on lines 1, 2, and 3 received from the hand dequalified persons but have been seen to be a services or facilities furnished by a governmental unit to the organization without change of the properties of the organization of the paid of the properties of the organization of the properties of the organization of the properties of the organization of the properties of the propert							
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15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))  16 Public support percentage from 2019 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))  18 Investment income percentage from 2019 Schedule A, Part III, line 17  19 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  10	check this box and stop here				55		<b>&gt;</b>
16 Public support percentage from 2019 Schedule A, Part III, line 15  Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))  18 Investment income percentage from 2019 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	Section C. Computation of Public	Support Per	centage				
Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))  18 Investment income percentage from 2019 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	15 Public support percentage for 2020 (li	ne 8, column (f), d	livided by line 13,	column (f))	***********	15	%
17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))  18 Investment income percentage from 2019 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization						16	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17  19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	The state of the s	200 2 (SAR) 8029 20	Total Control of the Control	ne 13, column (f))	2010/00011200011200000	17	%
19a 33 1/3% support tests - 2020. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization						18	%
more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization  b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization						33 1/3%, and line 17	
b 33 1/3% support tests - 2019. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							<b>&gt;</b>
그 그 게임한 사람들은 그는 그리고 그렇게 하는데 그는 그리고 그렇게 되었다. 그리고 그렇게 그리고 그렇게 그리고 그렇게 그리고 그렇게 되었다. 그리고 그렇게 그렇게 그리고 그렇게 그리고 그렇게 그렇게 그리고 그렇게 그렇게 그리고 그렇게 그렇게 그리고 그렇게 그렇게 그리고 그렇게 그렇게 그리고 그렇게 그리고 그렇게 그리고 그렇게 그리고 그렇게 그렇게 그렇게 그리고 그렇게 그렇게 그리고 그렇게 그리고 그렇게 그리고 그렇게 그렇게 그리고 그렇게 그리고 그렇게 그렇게 그렇게 그리고 그렇게 그렇게 그리고 그렇게 그리고 그렇게 그리고 그렇게 그렇게 그리고 그렇게 그리고 그렇게 그렇게 그리고 그렇게 그렇게 그리고 그렇게 그리고 그렇게 그리고 그렇게 그리고 그 그렇게 그렇게 그리고 그렇게 그렇게 그리고 그렇게 그리고 그렇게 그렇게 그리고 그렇게 그리고 그렇게 그리고 그렇게 그리고 그렇게 그리고 그렇게 그렇게 그렇게 그렇게 그렇게 그렇게 그리고 그렇게	b 33 1/3% support tests - 2019. If the	organization did n	not check a box on	line 14 or line 19a	a, and line 16 is mo	ore than 33 1/3%, a	
			선생님 아이는 아이들이 있는 그 아이들이 얼마를 보고 있었다.		[10] [10] [10] [10] [10] [10] [10] [10]	Managard Bases <u>an</u> paga ang ang ang ang ang ang	

#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- 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 line 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.)

	Yes	No
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	t IV   Supporting Organizations (continued)	30043	1 10	ide 2
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and		333	
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	0.159		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the		14.5	
	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	51-615		
	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,			
2	supervised, or controlled the supporting organization.	2		
sec	tion C. Type II Supporting Organizations			102.27
10			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	1.100	133	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	7	100	
	or management of the supporting organization was vested in the same persons that controlled or managed			
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	1	ш	
500	tion B. All Type III Supporting Organizations		V	N-
9	Did the average time avaided to each of its averaged average time by the last day of the fifth weath of the		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	250	93.4	
	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	1	487	
	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	1000	1000	Time'
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	1000	125	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		-
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a	1	2500	8 11
Ĭ.	significant voice in the organization's investment policies and in directing the use of the organization's		3 17 7	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	1,000		
	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 instruction	ns).		
а	The organization satisfied the Activities Test. Complete line 2 below.	·		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instruction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	4 196		Lill I
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	3-33		
	those supported organizations and explain how these activities directly furthered their exempt purposes,	To Care		1-11
	how the organization was responsive to those supported organizations, and how the organization determined		1000	10.1
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,	18.		
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in		100	100
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	St. A.	ga in	
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.		16	N. H.
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		12/	-14
20	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a	- Jeglecolumn	
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	DB day	Est.	OT.
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard	3b		

Pa	Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI). See instructions
	All other Type III non-functionally integrated supporting organizations mus	st complete S	Sections A through E.	West and the second sec
ect	ion A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4_	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		Water Carlot	
	instructions for short tax year or assets held for part of year):	2000		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors	Territo		
	(explain in detail in Part VI):	5000	ALL STATE OF THE STATE OF	
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
ect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5	Magnific Control	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ally integrated	Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2020

Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes				
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pri	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2020	ns	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-	FIRST STREET, FYER FOR			A SHELLIPANIE
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020	CONTRACTOR OF THE PARTY OF THE	Market		Marin By Boy By
а	From 2015	The second of the second of the	AND THE RESERVE OF THE PARTY OF		
b	From 2016	THE REPORT OF THE PERSON NAMED IN		-81	Market Market Control
С	From 2017		schepene C		
d	From 2018	TOTAL SECTION AND ADDRESS OF	Sale med	LANGE OF	AND THE PROPERTY OF
е	From 2019				Mark to Walley to
f	Total of lines 3a through 3e		TET INSTERNATION		
g	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount			U DA	
i	Carryover from 2015 not applied (see instructions)		March School St.		LANCE A CHARLES
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D, line 7:				
2					
	Applied to underdistributions of prior years  Applied to 2020 distributable amount	MANAGEMENT IN THE STATE OF THE	THE WORLD BY	CONTROL .	
	Remainder. Subtract lines 4a and 4b from line 4.	Market Ma			A. S. S.
5	Remaining underdistributions for years prior to 2020, if				WHAT I WANTED
5	and the control of th			- 1	
	any. Subtract lines 3g and 4a from line 2. For result greater			- 1	
•	than zero, explain in Part VI. See instructions.			to a state of	
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
7	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016	THE PROPERTY OF THE PARTY OF TH	Sea Bright Charles	1010	HE THOMAS
b	Excess from 2017	A CONTRACTOR OF THE PARTY OF TH			
С	Excess from 2018	<b>新加斯斯</b> (1970)		4	
d	Excess from 2019	APPLAYMENT			
	Excess from 2020	The last section of the la			NINE TO THE REAL PROPERTY.

Schedule A (Form 990 or 990-EZ) 2020

### Schedule A

## Identification of Excess Contributions Included on Part II, Line 5

2020

\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Total Contributions	Excess Contributions
MINNESOTA POWER	371,886.	166,815
HIBBING TACONITE	293,079.	88,008
RICHARD ENRICO	300,000.	94,929
otal Excess Contributions to Schedule A, Part II, Line 5		349,752

#### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

#### **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

2020

Name of the organization

Employer identification number

	UNITED WAY OF NE MINNESOTA	41-0908454				
Organization type	(check one):					
Filers of:	Section:					
Form 990 or 990-E	Z X 501(c)( 3 ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> 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					
	nization is covered by the <b>General Rule</b> or a <b>Special Rule.</b> on 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	. See instructions.				
	ganization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling from any one contributor. Complete Parts I and II. See instructions for determining a contributor's					
Special Rules						
sections s	ganization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount 990-EZ, line 1. Complete Parts I and II.	r 16b, and that received from				
contribute literary, or	ganization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a cor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, soin reducational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (er column (b) instead of the contributor name and address), II, and III.	entific,				
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						
but it must answer	ization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (For "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 For meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	보기 하다는 것이 없는 것은 가게 하지 않는데 가게 되었다면 하지 않는데 하다.				

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) (2020)

Name of organization

Employer identification number

UNITED W	JAY (	OF	NE	MINNESOTA
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41-0908454

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		\$\$	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		\$100,000.	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
3		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$188,628.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$60,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

#### UNITED WAY OF NE MINNESOTA

41-0908454

art II	Noncash Property (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. om art I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		<b>\$</b>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N .	\$	
(a) No. rom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$	
(a) No. rom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Name of organization Employer identification number UNITED WAY OF NE MINNESOTA 41-0908454 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Financial Statements**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

2020 Open to Public Inspection

Name of the organization

INTEREST WAY OF ME MENTINGOUS

Employer identification number

	UNITED WAY OF NE MINNESOTA	41-0908454
Par	TI Organizations Maintaining Donor Advised Funds or Other Similar Funds or Funds or Other Fun	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.	18/
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fundamental	ds
	are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used or	
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conference.	
	impermissible private benefit?	Yes No
Par	t II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		orically important land area
		ified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a co	onservation easement on the last
1977	day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
h	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure	20
u	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	, <del></del>
Ü	year	ization during the tax
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
		Yes No
6	violations, and enforcement of the conservation easements it holds?  Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	
Ü	The state of the s	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation ea	sements during the year
250	>\$	isements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B	00
•	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense staten	
•	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements the	
	organization's accounting for conservation easements.	at describes the
Par	t III   Organizations Maintaining Collections of Art, Historical Treasures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and bal	ance sheet works
14	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtheral	
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	rice of public
h	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance	a shoot works of
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance	
	가게 하는 맛있는 그렇다는 그렇다는 그리트 나는 아는 그는 무슨 것이 없어요? 그렇게 하는 것이다고 나는 하나가 아이들이 되어 가지 않는데 그는 아이들이 하는데 그렇게 되어 있다.	e of public service,
	provide the following amounts relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	
^	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	provide
567	the following amounts required to be reported under FASB ASC 958 relating to these items:	
	Revenue included on Form 990, Part VIII, line 1	
	Assets included in Form 990, Part X	
LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule D (Form 990) 2020

Sche		WAY OF NE					-0908454		age 2				
Pai	t III   Organizations Maintaining C	ollections of Ar	t, Historical	Treasures, o	r Other	Similar As	ssets (contin	ued)					
3	Using the organization's acquisition, accessi	on, and other record	s, check any of	the following that	make sig	gnificant use	of its						
	collection items (check all that apply):												
a	Public exhibition		Loan or	exchange progra	am								
b	Scholarly research												
c	Preservation for future generations												
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.												
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets												
	to be sold to raise funds rather than to be ma						Yes		No				
Par	t IV Escrow and Custodial Arran												
	reported an amount on Form 990, Pa					360							
1a	Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included												
	on Form 990, Part X?												
b	If "Yes," explain the arrangement in Part XIII		2),										
1175		Amount											
С	Beginning balance					1c	7 1110 0111						
		Additions during the year											
f		Distributions during the year Ending balance											
2a	Did the organization include an amount on F						X Yes	$\overline{}$	No				
	If "Yes," explain the arrangement in Part XIII.					·y · · · · · · · · · · · · · · · · · ·	[22] 103	X					
	t V Endowment Funds. Complete					0.							
		(a) Current year	(b) Prior yea			(2)(2)	back (e) Four	vears	hack				
1a	Beginning of year balance	(a) canoncyca	(b) i noi you	(O) TWO YOU	O Duoit	(a) Throo yours	, buok (C) i oui	youro	buok				
b	Contributions				_								
c	Net investment earnings, gains, and losses				-								
d	Grants or scholarships												
	Other expenditures for facilities												
C	and programs												
	Administrative expenses												
					-								
g	End of year balance Provide the estimated percentage of the curr	ant waar and halana	o (line 1 a colum	up (a)) hald as									
2	Board designated or quasi-endowment		e (iiile 1g, coluit	in (a)) neid as.									
	Permanent endowment	%											
C	The percentages on lines 2a, 2b, and 2c sho	, .											
20	Are there endowment funds not in the posse		ation that are he	ld and administra	ad far th		<b>-</b> 0						
Sa	1	ssion of the organiza	ation that are ne	id and administer	ed for the	e organization	' ſ	V	Na				
	by:						0=(1)	Yes	No_				
	(i) Unrelated organizations							-					
	(ii) Related organizations	tions listed as your	and an Oakadala				3a(ii)	_					
	If "Yes" on line 3a(ii), are the related organiza			H7			3b						
4 Dai	Describe in Part XIII the intended uses of the		wment funds.										
ı uı			D-+ N/ E 44	- 0 5 000	D-4 V	i 10							
	Complete if the organization answere	at average	200										
	Description of property	(a) Cost or o	Security III I I I I I I I I I I I I I I I I I			ccumulated	The Control of the Co		е				
	ON SERVICIANT	basis (investr	nem) D	asis (other)	aer	preciation							
	Land		- 1	1 104 267		102 (02		1 000 764					
	Buildings		1,	1,124,367. 1		.03,603	1,020	1,020,764.					
	Leasehold improvements			06.105		26 244	F-	59,883.					
	Equipment			96,127.		36,244	• 5	9,8	03.				
	Other						1 08	2 (	47				

Schedule D (Form 990) 2020

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

Schedule D (Form 990) 2020

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

Total. (Column (b) must equal Form 990. Part X. col. (B) line 25.)

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.

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020

#### SCHEDULE G

(Form 990 or 990-EZ)

#### Supplemental Information Regarding Fundraising or Gaming Activities

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

Schedule G (Form 990 or 990-EZ) 2020

Open to Public

Inspection

OMB No. 1545-0047

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

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

UNITED WA	41-0908	41-0908454									
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not											
required to complete this part.											
<ul> <li>Indicate whether the organization raised</li> <li>a Mail solicitations</li> <li>b Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written or o key employees listed in Form 990, Part</li> <li>b If "Yes," list the 10 highest paid individual</li> </ul>	e Solicitat f Solicitat g Special ral agreement with any individual VII) or entity in connection with properties or entities (fundraisers) pursuals or entities (fundraisers)	tion of tion of fundra (includ	non-ga gover dising of ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	Yes	. Att. 13.1/2.00011					
(i) Name and address of individual or entity (fundraiser)	(ii) Activity		Did aiser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization					
		Yes No									
		168	INO								
						-					
						3,					
			-								
					· · · · · · · · · · · · · · · · · · ·						
T-1-1											
Total     List all states in which the organization is or licensing.				or has been notified	it is exempt from req	gistration					
<del>)</del>											
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						<del></del>					

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

032082 11-25-20

Schedule G (Form 990 or 990-EZ) 2020

Sch	nedule G (Form 990 or 990-EZ) 2020 UNITED WAY OF NE MINNESOTA	41-0	908	454	Page 3
11	Does the organization conduct gaming activities with nonmembers?			Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		(A)		
	to administer charitable gaming?			Yes	No
	Indicate the percentage of gaming activity conducted in:	13		ř	
	a The organization's facility		13a		%
	o An outside facility		13b		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records	Ċ			
	Name				
	Address >				
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?			Yes	No No
3	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amou	int			
20.5	of gaming revenue retained by the third party > \$				
	If "Yes," enter name and address of the third party:				
	Name				
	Address >				-
16	Gaming manager information:				
10					
	Name				
	Gaming manager compensation ▶ \$				
	Description of services provided				
	Director/officer Employee Independent contractor				
- 22	74-0 - 1 - 0 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2				
17					
1	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			Yes	☐ No
-	retain the state gaming license?  Discrete the amount of distributions required under state law to be distributed to other exempt organizations or spent in	tho	ш	165	NO
- 12	organization's own exempt activities during the tax year > \$	1116			
Pa	art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Parl	t III, lin	es 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.				
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_					
_					

Schedule C	G (Form 990 or 990-EZ)	UNITED WAY	OF NE	MINNESOTA	41-0908454	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Infor	mation (continued)				
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Schedule G (Form 990 or 990-EZ)

# SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.	▶ Go to www.irs.gov/Form990 for the latest information.

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OMB No. 1545-0047	2020
	1 1

Open to Public Inspection

Name of the organization UNITED WA	UNITED WAY OF NE MINNESOTA	INNESOTA					Employer identification number 41-0908454
Part I General Information on Grants and Assistance	nd Assistance						
Does the organization maintain records to substantiate the amount of the	to substantiate the	amount of the grants	or assistance, the g	grantees' eligibility f	or the grants or assis	ne grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	uo
criteria used to award the grants or assistance?	stance?						X Yes No
2 Describe in Part IV the organization's procedures for monitoring the use	ocedures for monit		of grant funds in the United States.	States.			
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	Domestic Organiz	ations and Domestic	Governments. C	omplete if the orga	nization answered "Y	es" on Form 990, Part	IV, line 21, for any
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed	\$5,000. Part II can	be duplicated if addition	nal space is neede	.pd			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ADVOCATES FOR FAMILY PEACE							
1611 NW 4TH STREET							SUPPORT FOR BATTERED
GRAND RAPIDS, MN 55744	41-1377489	501(C)(3)	30,000.	0.			INDIVIDUALS
ANGEL FUND							
PO BOX 114							SUPPORT FOR CANCER
HIBBING, MN 55746	81-3348012 501(C)(3)	501(C)(3)	6,000.	0.			VICTIMS.
							PROVIDE AT CHEMICALLY
ARROWHEAD CENTER							DEPENDENT YOUTH WITH
505 S 12TH AVENUE WEST, SUITE 1							COUNSELING AND LIFE
VIRGINIA, MN 55792	41-0956874	501(C)(3)	10,000.	0.			SKILLS
CARE PARTNERS							
PO BOX 217							SUPPORT FOR CANCER
EVELETH, MN 55734	41-2011488	501(C)(3)	19,000.	0.			VICTIMS
ELY COMMUNITY RESOURCE INC.							
PO BOX 374 / 40 N 1ST AVE E							MENTORING FOR AT RISK
ELY, MN 55731	41-1333048 501(C)(3)	501(C)(3)	10,000.	0.			CHILDREN AND FAMILIES
							SUPPORT FOR BATTERED AND
407 4TH ST				9			SEXUALLY ASSUALTED
INT'L FALLS, MN 56649	41-1454505 501(C)(3)	501(C)(3)	7,000.	0.			VICTIMS
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government org	janizations listed in the	line 1 table				▶ 24.
S Enter total number of other organizations listed in the line 1 table	s listed in the line 1	table	A A CONTRACTOR OF A CONTRACTOR				

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

Schedule I (Form 990) 2020

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Page 1

UNITED WAY OF NE MINNESOTA Schedule I (Form 990)

Part	Continuation of Grants and Other	Assistance to Dor	mestic Organizations an	and Domestic Go	vernments (Sci	nts (Schedule I (Form 990), Part II.)	t II.)	
	(a) Name and address of	(h) FIN	(c) IRC section	(d) Amount of	(a) Amount of	(f) Mathod of	(a) Description of	(h) Primose of

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule 1 (Form 330), Part III,	Assistance to Doi	nestic Organizations	and Domestic Go	Vernments (SOLIE	dule I (Form 390), Par	t 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
NORTHWOODS PARTNERS 328 W. CONAN ST. ELY, MN 55731	41-2016401 501(C)(3)	501(C)(3)	. 25,000.	0.			PROVIDES SUPPORT FOR INDIVIDUALS WITH TERMINAL ILLNESS OR DISABILITIES
PROJECT CARE 3112 6TH AVENUE EAST HIBBING, MN 55746	27-3176137 501(C)(3)	501(C)(3)	22,500.	.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)	501(C)(3)	20,000.	0.			PROVIDES TRANSITIONAL HOUSING
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)	20,000.	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)	501(C)(3)	25,000.	0.			PROVIDES FOOD TO PARTNER AGENCIES AND INDIVIDUALS IN NEED
VOLUNTEERS IN EDUCATION PO BOX 668 VIRGINIA, MN 55792	45-0578555	501(C)(3)	16,000.	0.			PROVIDES TUTORING TO AT RISK YOUTH
ELY COMMUNITY HEALTH CENTER 40 NORTH 1ST AVENUE EAST ELY, MN 55731	47-5399418	501(C)(3)	9,500.	0.			TO PROVIDE AFFORDABLE SERVICES WITH A VISION TO IMPROVE COMMUNITY HEALTH.
SERVE MN 120 S 6TH STREET, SUITE 2260 MINNEAPOLIS MN 55402	41-2010058 501(0)(3)	501(0)(3)	8 200 200 300	c			SERVE MINNESOTA'S MISSION IS TO BE A CATALYST TO ADDRESS CRITICAL NEEDS IN MINNESOTA BY WORKING WITH
1	1						Schedule I (Form 990)

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Page 1

UNITED WAY OF NE MINNESOTA	ince to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)	
F NE	ance to	
Y 0]	Assista	
WA	Other /	
UNITED	of Grants and (	
e I (Form 990)	Continuation	
Schedul	Part II	

Part II	rt II   Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Par	t 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
CHIL 636 MINN	CHILDREN'S DENTAL SERVICES 636 BROADWAY STREET NE MINNEAPOLIS, MN 55413	41-0857929	501(C)(3)	21,329.	0.			PROVIDES PREVENTATIVE DENTAL CARE FOR CHILDREN IN A SCHOOL BASED SETTING
SALV 107 HIBB	SALVATION ARMY FOOD SHELF/HIBBING 107 W HOWARD ST HIBBING, MN 55746	36-2167910	501(C)(3)	6,400.	.0			PROVIDES EMERGENCY FOOD ASSITANCE
SUPP 9 WI GRAN	SUPPORT WITHIN REACH 9 WILLOW LANE GRAND RAPIDS, MN 55744	41-1369558	501(C)(3)	7,500.	0.		2	SUPPORT FOR SEXUAL ASSAULT VICTIMS
GIRL S PINES WAITE	GIRL SCOUTS OF MN AND WI LAKES AND PINES - 400 2ND AVENUE SOUTH - WAITE PARK, MN 56387	41-0877820	501(C)(3)	7,500.	0.			POSITIVE YOUTH DEVELOPMENT
LITT 137 SILV	LITTLE MARINERS CHILD CARE ISD 381 137 BANKS BLVD SILVER BAY, MN 55614	41-6556627	S01(C)(3)	45,000.	0.			PROVIDES HIGH QUALITY STABLE CHILD CARE
NSLC PO B	NSLC HABITAT FOR HUMANITY PO BOX 24 VIRGINIA, MN 55792	41-7191050 501(C)(3)	501(C)(3)	25,000.	0.			STABLE LIVING ENVIRONMENT AND AFFORDABLE HOME OWNERSHIP
VOYAG SCOUT ROAD	VOYAGEURS AREA COUNCIL - BOY SCOUTS OF AMERICA - 3877 STEBNER ROAD - DULUTH, MN 55811	41-0695583	501(C)(3)	10,000.	.0			POSITIVE YOUTH DEVELOPMENT
SALVA FALLS INTER	SALVATION ARMY - INTERNATIONAL FALLS - 1301 3RD AVE W - INTERNATIONAL FALLS, MN 56649	41-0698597	501(C)(3)	15,000.	.0			PROVIDE SERVICES TO HOMELESS YOUTH
SALV 107 HIBB	SALVATION ARMY - HIBBING 107 W HOWARD ST HIBBING, MN 55746	36-2167910 501(C)(3)	501(C)(3)	14,600.	.0			PROVIDES EMERGENCY SERVICES FOR THOSE IN CRISIS
								Schedule I (Form 990)

UNITED WAY OF NE MINNESOTA

Schedule I (Form 990) 2020

Part III

Page 2

41-0908454

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.

(f) Description of noncash assistance HOUSEHOLD GOODS (e) Method of valuation (book, FMV, appraisal, other) THIS INFORMATION IS COMPILED AND DISTRIBUTED TO Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PROJECTED BUDGET FOR UPCOMING EACH YEAR THE UNITED WAY OF NE MINNESOTA CONDUCTS AN ALLOCATION PROCESS WHERE REQUESTING ORGANIZATIONS FILL OUT AN APPLICATION WITH INFORMATION AND INFORMATION AND MAKE ONSITE EXPECTED PROGRAM OUTCOMES SALARIES, 201,869, FMV (d) Amount of non-cash assistance THE REQUESTING FUNDRAISING/ADMINISTRATIVE COSTS ACCORDING TO 990, 0 (c) Amount of cash grant TO THE ORGANIZATION THEY WERE ASSIGNED 0 110 VOLUNTEER PANEL MEMBERS WHO REVIEW THE (b) Number of NUMBERS SERVED, BUDGET FOR TWO PAST YEARS, recipients WHICH INCLUDES THEIR PROGRAM DESCRIPTION, AMOUNT REQUESTED FROM UW. (a) Type of grant or assistance NON-CASH ASSISTANCE LINE PART I, VISITS Part IV YEAR,

Part IV   Supplemental Information
ORGANIZATIONS ARE THEN INTERVIEWED BY THE VOLUNTEER PANELS WHERE FURTHER
QUESTIONS ARE ASKED. THE VOLUNTEER PANELS MAKE RECOMMENDATIONS FOR EACH
ORGANIZATION WHICH IS TURNED OVER TO THE BOARD OF DIRECTORS. THE BOARD OF
DIRECTORS TAKES THE RECOMMENDATIONS, REVIEWS THE PROGRESS OF THE
ORGANIZATION AND THE USE OF FUNDS DURING THE PREVIOUS YEAR AND DETERMINES
THE FINAL GRANT AMOUNT FOR EACH TO BE GIVEN WITHIN BUDGET. IN ADDITION,
MID-YEAR VISITS ARE CONDUCTED WITH ALL AGENCIES TO GAUGE PROGRESS TOWARDS
OUTCOMES.
e e
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 J (Form 990)

**Compensation Information** 

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

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

Attach to Form 990.

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

20120

Open to Public Inspection

Name of the organization

Department of the Treasury

Part I

UNITED WAY OF NE MINNESOTA

Questions Regarding Compensation

Employer identification number 41-0908454

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

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

Schedule J (Form 990) 2020

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

UNITED WAY OF NE MINNESOTA

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

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

3. 20,157. 110,801. or			(B)	) Breakdown of \	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	F)
(i) 82,296. 0. 0. 0. 8,348. 20,157. 110,801. (i) (ii) (ii) (ii) (ii) (ii) (ii) (ii)		(A) Name and Title	ŏ	(i) Base ompensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denems	(a)-(n)(a)	reported as deferred on prior Form 990
(ii)   (ii)   (iii)	(1)	SHELLEY VALENTINI	(E)	296	0	0	8,348.	20,157.	110,801	0
	FORM				0	0	0	0	0	0
			(1)							
			(ii)							
			(1)							
10			(ii)							
			(1)							
10										
			(1)							
			(E)							
			(1)							
			(II)							
			ε							
Comparison										
(ii) (ii) (iii) (i			(1)							
(1)     (2)       (3)     (3)       (4)     (4)       (5)     (4)       (6)     (5)       (7)     (7)       (8)     (8)       (9)     (9)       (10)     (10)       (11)     (11)       (12)     (13)       (13)     (14)       (14)     (15)       (15)     (17)       (17)     (18)       (18)     (19)       (19)     (10)       (10)     (11)       (11)     (12)       (12)     (13)       (14)     (15)       (17)     (18)       (18)     (19)       (19)     (11)       (11)     (12)       (12)     (13)       (13)     (14)       (14)     (15)       (15)     (17)       (18)     (18)       (19)     (19)       (10)     (11)       (11)     (12)       (12)     (13)       (13)     (14)       (15)     (15)       (16)     (17)       (17)     (18)       (18)     (19)       (19)     (19)       (10)<			(ii)							
(ii) (iii) (			(i)							
(ii)     (iii)       (iii)     <			(II)							
(1)     (1)       (1)     (1)       (1)     (1)       (1)     (1)       (1)     (1)       (1)     (1)       (1)     (1)       (1)     (1)       (1)     (1)       (1)     (1)       (1)     (1)       (2)     (1)       (3)     (1)       (4)     (1)       (5)     (1)       (6)     (1)       (7)     (1)       (8)     (1)       (9)     (1)       (10)     (1)       (11)     (1)       (12)     (1)       (13)     (1)       (14)     (1)       (15)     (1)       (16)     (1)       (17)     (1)       (18)     (1)       (19)     (1)       (10)     (1)       (11)     (1)       (12)     (1)       (13)     (1)       (14)     (1)       (17)     (1)       (18)     (1)       (19)     (1)       (10)     (1)       (11)     (1)       (12)     (1)       (13)     (1) <t< td=""><td></td><td></td><td>(1)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></t<>			(1)							
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(ii)       (iii)       (iii) <tr< td=""><td></td><td></td><td>(ii)</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr<>			(ii)							
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(ii) (iii)			(1)							
(ii)			(ii)							
(ii)	6		(1)							
			•							

Page 3

032113 12-07-20

Schedule J (Form 990) 2020

### SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► 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.

Employer identification number

	UNITED WAY O	F NE M	INNESOTA		41-	0908	454	
Pai	t I Types of Property	0						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of c noncash contrib	determin		s
1	Art · Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	X	P. Sanda	201,869.	FAIR MARKE	r VA	LUE	
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other							
26	Other							
27	Other • ()							
28	Other ()							-
29	Number of Forms 8283 received by the organi	zation during	g the tax year for c	ontributions				
	for which the organization completed Form 82	83, Part V, D	Oonee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive b	y contributio	n any property rep	orted in Part I, lines 1 through	gh 28, that it	-01		
	must hold for at least three years from the date	e of the initia	al contribution, and	which isn't required to be us	sed for		(Mary)	
	exempt purposes for the entire holding period	?			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	30a		X
b	If "Yes," describe the arrangement in Part II.					45.03	185	1750
31	Does the organization have a gift acceptance	policy that re	equires the review	of any nonstandard contribut	tions?	31		X
32a	Does the organization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncash				
	contributions?				000000000000000000000000000000000000000	32a		X
b	If "Yes," describe in Part II.	-cu-varrene et et et et et et et et e	arran ettermentenaturi förklitti että 1900 illin 1900 illin 1900 illin 1900 illin 1900 illin 1900 illin 1900 i	rementer de proposa per manoco de la Assidia de Santa de	er ing inggrupoga popular professor paga bari di 19			
33	If the organization didn't report an amount in o	column (c) fo	r a type of property	for which column (a) is che	cked,			200
	describe in Part II.			100 100 100 100 100 100 100 100 100 100		19		EVE
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 990	0.	Schedule	M (For	m 990	2020

Schedule M	(Form 990) 2020	UNITED	WAY OF	NE	MINNESOTA		41-0908454	Page 2
Part II	Supplementa	Information	n. Provide	the info	rmation required by	Part I, lines 30b, 32b	and 33, and whether the organiza	tion
	is reporting in Par	t I, column (b),	the number	of cont	ributions, the number	er of items received, o	r a combination of both. Also comp	olete
	this part for any a	dditional inforn	nation.				, and 33, and whether the organiza r a combination of both. Also comp	
								_

032142 11-23-20

Schedule M (Form 990) 2020

#### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

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.

Inspection

Internal Revenue Service Name of the organization

Employer identification number

UNITED WAY OF NE MINNESOTA	41-0908454
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	ION:
AND STRENGTHEN OUR FAMILIES.	
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMEN	TS:
FOR VETERANS" HAS A CRISIS FUND TO STABILIZE THE LIVES OF	VETERANS IN
NEED, PROVIDES HOLIDAY MEAL BASKETS TO HOMEBOUND AND IN-NE	ED 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 SERVICE	ES. FUNDED
PARTNERS WORK TO REDUCE HUNGER AND ACCESS TO FOOD, PROMOTE	STABLE
LIVING ENVIRONMENTS, AND WORK WITH VICTIMS OF DOMESTIC VIO	LENCE AND
SEXUAL ASSAULT AND WORK TO REDUCE INSTANCES OF THESE ABUSE	S IN OUR
SERVICE AREA. UWNEMN ALSO PROVIDES SUPPORT TO ALL LOCAL FO	OOD SHELVES
IN OUR REGION.	
THESE PROGRAMS AND AGENCIES SERVE COMMUNITIES IN NORTERN S'	T. LOUIS
COUNTY, KOOCHICHING COUNTY AND PARTS OF ITASCA COUNTY.	
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMEN	TS:
HEALTH AND WELLBEING OF LOCAL VETERANS.	
ADDITIONALLY, THE ORGANIZATION FUNDS SEVEN AGENCIES IN OUR	SERVICE AREA
THAT SUPPORT SAFE, HEALTHY INDEPENDENT LIVES FOR THESE IND	IVIDUALS IN
THEIR REGION; SUPPORT INDIVIDUALS AND FAMILIES FACING CANC	ER OR
LIFE-LIMITING ILLNESS; INCREASE PROGRAMMING TO SUPPORT ADV	OCACY, SAFE
LHA For Paparwork Paduation Act Notice, see the Instructions for Form 900 or 900 F7	dula O (Form 000 or 000 E7) 2020

Name of the organization Employer identification number UNITED WAY OF NE MINNESOTA 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.

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

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.	<u> </u>
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 TH	E EXECUTIVE
COMMITTEE. THE SALARY BUDGET IS APPROVED BY THE BOARD OF D	IRECTORS.
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	

#### Mail To:

Minnesota Attorney General's Office Charities Division 445 Minnesota Street, Suite 1200 St. Paul, MN 55101-2130

#### Website Address:

www.ag.state.mn.us/charity

## STATE OF MINNESOTA

## CHARITABLE ORGANIZATION ANNUAL REPORT FORM

(Pursuant to Minn. Stat. ch. 309)

SE	CTION A: Organization Information	
Leç	gal Name of Organization <u>UNITED WAY OF NE MINNE</u>	ESOTA
Fed	deral EIN:41-0908454	Fiscal Year-End: 03312021
		mm/dd/yyyy
		Did the organization's fiscal year-end change? Yes X No
	ailing Address: CRIN SHAY	Physical Address: ERIN SHAY
150	Contact Person 508 EAST DRIVE	Contact Person 608 EAST DRIVE
s	treet Address	Street Address CHISHOLM, MN 55719
	City, State, and ZIP Code	City, State, and ZIP Code 218-215-2421
	hone Number ERIN@UNITEDWAYNEMN.ORG	Phone Number ERIN@UNITEDWAYNEMN.ORG
E	mail Address	Email Address
	Organization's website: <u>WWW.UNITEDWAYNEMN.ORG</u> List all of the organization's alternate and former names (attach list if mo	Alternate Former
3.	List all names under which the organization solicits contributions (attact UNITED WAY OF NORTHEASTERN MINNESOTA	
4.	Is the organization incorporated pursuant to Minn. Stat. ch. 317A?	X Yes No
5.	Total amount of contributions the organization received from Minnesota	a donors: \$ 2,149,912.
6.	Has the organization's tax-exempt status with the IRS changed?  Yes  X No If yes, attach explanation.	
7.	Has the organization significantly changed its purpose(s) or program(s)?  Yes  X  No  If yes, attach explanation.	

3.	Has the organization been denied the right to solicit contributions by any court  Yes X No If yes, attach explanation.	or government agency?	
	Does the organization use the services of a professional fundraiser (outside solicit contributions in Minnesota? $\square$ Yes $\square$ No If yes, provide the following information for each (attach list if more space is need to be a solicit contribution of the following information for each (attach list if more space is need to be a solicit contribution of the following information for each (attach list if more space is need to be a solicit contribution of the following information for each (attach list if more space is need to be a solicit contribution of the following information for each (attach list if more space).	20	
	Name of Professional Fundraiser	Compensation	
	Street Address	City, State, and ZIP Coo	de
	Is the organization a food shelf? Yes X No  If yes, is the organization required to file an audit? Yes, audit attache  Note: An organization that has total revenue of more than \$750,000 is required accordance with generally accepted accounting principles by an independent of donated food to a nonprofit food shelf may be excluded from the total revenue subsequent distribution at no charge and is not resold.	to file an audit prepared in CPA or LPA. The value of if the food is donated for	
	Do any directors, officers, or employees of the organization or its related organic compensation* of more than \$100,000? Yes X No  If yes, provide the following information for the five highest paid individuals:	zation(s) receive total	
	Name and title	Compensation*	Other compensation
	*Compensation is defined as the total amount reported on Form W-2 (Box 5) or	F 1000 MICC (P7)	

3(i) and Minn. Stat. § 317A.011 for definitions.

## SECTION B: Financial Information

This section must be completed by organizations that file an IRS Form 990-EZ, 990-PF, or 990-N. Organizations that file an IRS Form 990 may skip Section B and go directly to Section C.

INCO	ME	
1.	Contributions Received	\$ 1
2.	Government Grants	\$
3.	Program Service Revenue	\$
4.	Other Revenue	\$
5.	TOTAL INCOME	\$ 5
EXPE	ENSES	
6.	Program Expenses	\$ 6
7.	Management & General Expenses	\$
8.	Fund-raising Expenses	\$
9.	TOTAL EXPENSES	\$
10.	EXCESS or DEFICIT	\$ 10
	(Line 5 minus Line 9)	
ASSE	ETS	
11.	Cash	\$ 11
12.	Land, Buildings & Equipment	12
13.	Other Assets	\$ 13
14.	TOTAL ASSETS	\$ 14
LIAB	ILITIES	
15.	Accounts Payable	\$ 15
16.	Grants Payable	\$
17.	Other Liabilities	\$
18.	TOTAL LIABILITIES	\$ 18
FUNI	D BALANCE/NET WORTH	\$
(Line 1	4 minus Line 18)	704

#### Section B (continued): Statement of Functional Expenses

This expense statement must be prepared in accordance with generally accepted accounting principles. Each column must be completed, and Columns B, C, and D must equal Column A. The amount on Line 25, Column A must match Line 17 of IRS Form 990-EZ or Line 26 of IRS Form 990-PF.

		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1.	Grants and other assistance to governments				
_	and organizations in the U.S.				
2.	Grants and other assistance to individuals in the U.S.				
3.	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.			90.00	And the second
4.	Benefits paid to or for members			Strate in the st	
5.	Compensation of current officers, directors, trustees, and key employees				
6.	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1) and				
	persons described in section 4958(c)(3)(B)				
7.	Other salaries and wages				
	Pension plan contributions (include section				
	401(k) and section 403(b) employer contributions)				
9.	Other employee benefits				
10.	Payroll taxes				
11.	Fees for services (non-employees):				
	Management				
	Legal				
	Accounting				
	Lobbying				
	Professional fundraising services				
	Investment management fees				
	Other				
12.	Advertising and promotion				
13.	Office expenses				
14.	Information technology				
15.	Royalties				
16.	Occupancy				
17.	Travel				
18.	Payments of travel or entertainment expenses				
2000	for any federal, state, or local public officials				
19.	Conferences, conventions, and meetings				
20.	Interest				
21.	Payments to affiliates				
22.	Depreciation, depletion, and amortization				
23.	Insurance				
24.	Other expenses. Itemize expenses not covered		Part of the same of the same		The first track
3210	above. Expenses labeled miscellaneous may				
	not exceed 5% of total expenses (Line 25).				
a.					
b.					
c.					
d.	-				
25.	Total functional expenses. Add lines 1 through 24d				
26.	Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organi-				
	zation reported in Column B joint costs from a combined educational campaign and fundraising solicitation				

## Section C: Board of Directors Signatures and Acknowledgment

The form must be executed pursuant to a resolution of the board of directors, trustees, or managing group and must be signed by two officers of the organization. See Minn. Stat. § 309.52, subd. 3.

We, the undersigned, state and acknowledge that we are d	luly constituted officers of this organization, being the
(Title) and	(Title) respectively, and
that we execute this document on behalf of the organization pu	ursuant to the resolution of the
	(Board of Directors, Trustees, or Managing Group) adopted on the
day of, 20, approving the contents of	of the document, and do hereby certify that the
	(Board of Directors, Trustees, or Managing Group) has assumed, and will continue
to assume, responsibility for determining matters of policy, and	have supervised, and will continue to supervise, the operations and finances of the
organization. We further state that the information supplied is to	rue, correct and complete to the best of our knowledge.
ERIN SHAY	
Name (Print)	Name (Print)
Signature	Signature
EXECUTIVE DIRECTOR	
Title	Title
Date	Date