

# **GREATER TWIN CITIES UNITED WAY**

990 Return - Public Inspection Copy

For the Year Ended December 31, 2022



600 INWOOD AVENUE NORTH  
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# Return of Organization Exempt From Income Tax

OMB No. 1545-0047

# Form 990

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

# 2022

Open to Public Inspection

**A** For the **2022** calendar year, or tax year beginning and ending

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>GREATER TWIN CITIES UNITED WAY</b>		<b>D</b> Employer identification number <b>41-1973442</b>
	Doing business as		<b>E</b> Telephone number <b>(612) 340-7400</b>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<b>404 SOUTH EIGHTH STREET</b>		<b>G</b> Gross receipts \$ <b>74,141,457.</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>MINNEAPOLIS, MN 55404-1084</b>		
<b>F</b> Name and address of principal officer: <b>JOHN WILGERS</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number	

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

**J** Website: **WWW.GTCUW.ORG**

**K** Form of organization:  Corporation  Trust  Association  Other

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

Part I Summary		Prior Year	Current Year
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>OUR MISSION IS TO FUEL LASTING CHANGE IN OUR COMMUNITY BY UNITING CHANGEMAKERS, ADVOCATING FOR</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>57</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>57</b>
	<b>5</b> Total number of individuals employed in calendar year 2022 (Part V, line 2a)	<b>5</b>	<b>217</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>9483</b>
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>49,174,153.</b>	<b>70,104,640.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>149,796.</b>	<b>648,904.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>6,438,270.</b>	<b>1,048,203.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>404,687.</b>	<b>254,084.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>56,166,906.</b>	<b>72,055,831.</b>
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>29,987,935.</b>	<b>29,165,387.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>16,779,295.</b>	<b>19,181,881.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>39,000.</b>	<b>122,744.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	<b>8,105,612.</b>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<b>6,144,736.</b>	<b>5,280,132.</b>
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>52,950,966.</b>	<b>53,750,144.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>3,215,940.</b>	<b>18,305,687.</b>	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>131,397,199.</b>	<b>End of Year</b> <b>141,116,541.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>6,774,970.</b>	<b>6,619,583.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>124,622,229.</b>	<b>134,496,958.</b>

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer	Date			
	<b>JOHN WILGERS, PRESIDENT AND CEO</b> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>CHRIS J. HENKE</b>	Preparer's signature <b>CHRIS J. HENKE</b>	Date <b>08/02/23</b>	Check if self-employed <input type="checkbox"/>	PTIN <b>P01008921</b>
	Firm's name <b>AKINS HENKE AND COMPANY</b>	Firm's address <b>600 INWOOD AVENUE NORTH, SUITE 160 OAKDALE, MN 55128</b>	Firm's EIN <b>46-3220328</b>	Phone no. <b>651-636-3806</b>	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: FOR 107 YEARS, GREATER TWIN CITIES UNITED WAY (UNITED WAY), A NOT-FOR-PROFIT ORGANIZATION, HAS CONTINUALLY EVOLVED TO RESPOND TO THE MOST PRESSING NEEDS FACING THE GREATER TWIN CITIES REGION INCLUDING THE DEVASTATING IMPACT OF COVID-19. (CONTINUED ON SCHEDULE O)

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

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

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

4a (Code: ) (Expenses \$ 5,930,701. including grants of \$ 5,791,123. ) (Revenue \$ ) HOUSEHOLD STABILITY: GTCUW'S VISION - HOUSING INSTABILITY AND HUNGER ARE RARE, BRIEF AND NONRECURRING. GTCUW AND ITS PARTNERS STABILIZE THE COMMUNITY VIA EMERGENCY FOOD AND HUNGER RELIEF SERVICES AS WELL AS SAFE SHELTER AND HOUSING. IN 2022, 9,217 PEOPLE RECEIVED HOUSING SERVICES AND 1,274,329 PEOPLE RECEIVED FOOD, HEALTH AND NUTRITION SERVICES.

4b (Code: ) (Expenses \$ 8,767,966. including grants of \$ 7,062,154. ) (Revenue \$ ) EDUCATIONAL SUCCESS: GTCUW'S VISION - ALL CHILDREN ARE READY TO THRIVE ACADEMICALLY, PERSONALLY AND SOCIALLY. GTCUW AND PARTNERS SUPPORT ACCESS TO CULTURALLY RELEVANT, HIGH-QUALITY EARLY CHILDHOOD CARE AND EDUCATION SO ALL CHILDREN HAVE A THRIVING START. THEY ALSO SUPPORT YOUTH AS THEY PREPARE FOR THEIR FUTURES. IN 2022, 36,175 CHILDREN AND ADULTS RECEIVED EARLY CHILDHOOD EDUCATION AND PARENT ENGAGEMENT SERVICES. 80X3, AN INNOVATION PROGRAM WHICH AIMS TO INCREASE THE CAPACITY OF THE EARLY CHILDHOOD SECTOR TO DELIVER TRAUMA-SENSITIVE CARE THROUGH HEALING-CENTERED ENGAGEMENT FOR CHILDREN AND FAMILIES, SUPPORTED 521 CHILDREN UNDER AGE 5 AND 142 EARLY CHILDHOOD PROFESSIONALS.

4c (Code: ) (Expenses \$ 13,285,111. including grants of \$ 13,285,111. ) (Revenue \$ 101,527. ) DONOR DESIGNATIONS - GTCUW FUNDRAISING RESULTS ALSO INCLUDE CONTRIBUTIONS TO UNITED WAY THAT DONORS DIRECT TO SPECIFIC NON-PROFIT ORGANIZATIONS. THERE WERE APPROXIMATELY 9,335 DONOR DESIGNATIONS TO 1,836 AGENCIES IN 2022.

4d Other program services (Describe on Schedule O.) (Expenses \$ 14,051,316. including grants of \$ 3,026,999. ) (Revenue \$ 648,904. )

4e Total program service expenses 42,035,094.

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

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

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

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

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

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

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 57		
<b>b</b>	Enter the number of voting members included on line 1a, above, who are independent		
	1b 57		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Did the organization have members or stockholders?		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
<b>b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	X	

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed MN
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records  
**ATHENA MIHAS - 612-340-7606**  
**404 SOUTH EIGHTH STREET, MINNEAPOLIS, MN 55404**

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JIM ZAPPA BOARD CHAIR	1.00	X		X				0.	0.	0.
(2) TROY ZIERDEN TREASURER	1.00	X		X				0.	0.	0.
(3) MIQUEL MCMOORE SECRETARY	1.00	X		X				0.	0.	0.
(4) AMAL ABDALLA BOARD MEMBER	1.00	X						0.	0.	0.
(5) BRIAN ALLINGHAM BOARD MEMBER	1.00	X						0.	0.	0.
(6) LAMAR ANDERSON BOARD MEMBER	1.00	X						0.	0.	0.
(7) STACY BOGART BOARD MEMBER	1.00	X						0.	0.	0.
(8) DOROTHY BRIDGES BOARD MEMBER	1.00	X						0.	0.	0.
(9) COLLIN BRINKMAN BOARD MEMBER	1.00	X						0.	0.	0.
(10) JUSTIN BUTLER BOARD MEMBER	1.00	X						0.	0.	0.
(11) KATHLENE HOLMES CAMPBELL BOARD MEMBER	1.00	X						0.	0.	0.
(12) ERICK CHI BOARD MEMBER	1.00	X						0.	0.	0.
(13) ANU CODATY BOARD MEMBER	1.00	X						0.	0.	0.
(14) CHRIS COLEMAN BOARD MEMBER	1.00	X						0.	0.	0.
(15) DEREK CUNZ BOARD MEMBER	1.00	X						0.	0.	0.
(16) ERIN DADY BOARD MEMBER	1.00	X						0.	0.	0.
(17) AMY DAHL BOARD MEMBER	1.00	X						0.	0.	0.



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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LISA DEVERELL BOARD MEMBER	1.00	X						0.	0.	0.
(19) CHRIS DOLAN BOARD MEMBER	1.00	X						0.	0.	0.
(20) REBA DOMINSKI BOARD MEMBER	1.00	X						0.	0.	0.
(21) KWEILIN ELLINGRUD BOARD MEMBER	1.00	X						0.	0.	0.
(22) KIERA FERNANDEZ BOARD MEMBER	1.00	X						0.	0.	0.
(23) PETER FROSCH BOARD MEMBER	1.00	X						0.	0.	0.
(24) CHELSIE GLAUBITZ GABIOU BOARD MEMBER	1.00	X						0.	0.	0.
(25) CHERYL HADAWAY BOARD MEMBER	1.00	X						0.	0.	0.
(26) LYNNE HARRINGTON BOARD MEMBER	1.00	X						0.	0.	0.
<b>1b Subtotal</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								2,292,440.	0.	235,340.
<b>d Total (add lines 1b and 1c)</b>								2,292,440.	0.	235,340.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 36

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
HYLDEN ADVOCACY & LAW, 310 4TH AVE. S, SUITE 9200, MINNEAPOLIS, MN 55415	ADVOCACY CONSULTING SERVICES	224,000.
STRATUSLIVE LLC, 6465 COLLEGE PARK SQUARE, VIRGINIA BEACH, VA 23464	DONOR SOFTWARE SERVICES	107,640.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) ROBIN HICKMAN-WINFIELD BOARD MEMBER	1.00	X						0.	0.	0.
(28) KAREN HIMLE BOARD MEMBER	1.00	X						0.	0.	0.
(29) MATT HOMAN BOARD MEMBER	1.00	X						0.	0.	0.
(30) KALYN HOVE BOARD MEMBER	1.00	X						0.	0.	0.
(31) RAY JONCAS BOARD MEMBER	1.00	X						0.	0.	0.
(32) SEITU JONES BOARD MEMBER	1.00	X						0.	0.	0.
(33) PAM KERMISCH BOARD MEMBER	1.00	X						0.	0.	0.
(34) MATT KUCHARSKI BOARD MEMBER	1.00	X						0.	0.	0.
(35) JOHN LINDAHL BOARD MEMBER	1.00	X						0.	0.	0.
(36) DARIN LYNCH BOARD MEMBER	1.00	X						0.	0.	0.
(37) MIKE MAESER BOARD MEMBER	1.00	X						0.	0.	0.
(38) MATT MARSH BOARD MEMBER	1.00	X						0.	0.	0.
(39) TODD MARSHALL BOARD MEMBER	1.00	X						0.	0.	0.
(40) AL MCFARLANE BOARD MEMBER	1.00	X						0.	0.	0.
(41) ERIN HORNE MCKINNEY BOARD MEMBER	1.00	X						0.	0.	0.
(42) KARIN NELSEN BOARD MEMBER	1.00	X						0.	0.	0.
(43) MIKE O'LEARY BOARD MEMBER	1.00	X						0.	0.	0.
(44) CHAD POITRA BOARD MEMBER	1.00	X						0.	0.	0.
(45) JOHN POTTER BOARD MEMBER	1.00	X						0.	0.	0.
(46) LISA SHANNON BOARD MEMBER	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c .....										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				
(47) SUMMRA SHARIFF BOARD MEMBER	1.00	X						0.	0.	0.	
(48) SHANE SHIPMAN BOARD MEMBER	1.00	X						0.	0.	0.	
(49) BETH SIMERMEYER BOARD MEMBER	1.00	X						0.	0.	0.	
(50) FERN SHAW BOARD MEMBER	1.00	X						0.	0.	0.	
(51) CAROLYN SMALLWOOD BOARD MEMBER	1.00	X						0.	0.	0.	
(52) SHARON KENNEDY VICKERS BOARD MEMBER	1.00	X						0.	0.	0.	
(53) JERRY WILL BOARD MEMBER	1.00	X						0.	0.	0.	
(54) KARI WILLIAMS BOARD MEMBER	1.00	X						0.	0.	0.	
(55) NICOLE MOORE WOODHOUSE BOARD MEMBER	1.00	X						0.	0.	0.	
(56) ASAD ZAMAN BOARD MEMBER	1.00	X						0.	0.	0.	
(57) OTIS ZANDERS BOARD MEMBER	1.00	X						0.	0.	0.	
(58) JOHN WILGERS PRESIDENT AND CEO	40.00			X				403,610.	0.	44,741.	
(59) ATHENA MIHAS CHIEF FINANCIAL OFFICER	40.00			X				195,324.	0.	22,784.	
(60) ACOOA ELLIS SVP COMMUNITY IMPACT	40.00				X			359,031.	0.	41,323.	
(61) COLLEEN FAHEY SVP INDIVIDUAL GIVING	40.00				X			169,031.	0.	685.	
(62) KRISTINA SALKOWSKI VP CORPORATE RELATIONS	40.00				X			163,763.	0.	11,343.	
(63) MALA THAO VP INDIVIDUAL PHILANTHROPY	40.00				X			156,885.	0.	30,880.	
(64) KELLY PUSPOKI VP MARKETING & COMMUNICATIONS	40.00				X			152,884.	0.	35,184.	
(65) SCOTTIE CARTER VP DIVERSITY EQUITY AND INCLUSION	40.00					X		142,646.	0.	6,270.	
(66) JOSEPH MUNNICH MANAGING DIRECTOR GEN NEXT	40.00					X		142,127.	0.	9,784.	
Total to Part VII, Section A, line 1c .....											

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(67) STEPHANNIE LEWIS ASSOCIATE VP COMMUNITY IMPACT	40.00				X			141,475.	0.	15,336.
(68) CERI STEER SENIOR DIRECTOR IT	40.00				X			134,244.	0.	10,709.
(69) JULI DURDA VP HUMAN RESOURCES	40.00				X			131,420.	0.	6,301.
Total to Part VII, Section A, line 1c .....								2,292,440.		235,340.

**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b> Federated campaigns .....	<b>1a</b>	78,143.				
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>					
	<b>e</b> Government grants (contributions) .....	<b>1e</b>	3,309,930.				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above ...	<b>1f</b>	66,716,567.				
	<b>g</b> Noncash contributions included in lines 1a-1f	<b>1g</b>	\$ 2,232,815.				
	<b>h Total.</b> Add lines 1a-1f .....			70,104,640.			
Program Service Revenue	<b>2 a</b> FEES FOR SERVICE	<b>Business Code</b>					
		900099	626,333.	626,333.			
	<b>b</b> MEMBERSHIPS	900099	22,571.	22,571.			
	<b>c</b> .....						
	<b>d</b> .....						
	<b>e</b> .....						
	<b>f</b> All other program service revenue .....						
<b>g Total.</b> Add lines 2a-2f .....			648,904.				
Other Revenue	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		861,686.			861,686.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	<b>6a</b>	(i) Real	51,469.			
			(ii) Personal				
	<b>b</b> Less: rental expenses ...	<b>6b</b>	0.				
	<b>c</b> Rental income or (loss)	<b>6c</b>	51,469.				
	<b>d</b> Net rental income or (loss) .....			51,469.		51,469.	
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	<b>7a</b>	(i) Securities	2,041,431.	230,712.		
			(ii) Other				
	<b>b</b> Less: cost or other basis and sales expenses .....	<b>7b</b>	2,085,626.	0.			
	<b>c</b> Gain or (loss) .....	<b>7c</b>	-44,195.	230,712.			
<b>d</b> Net gain or (loss) .....			186,517.		186,517.		
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>8a</b>						
<b>b</b> Less: direct expenses .....	<b>8b</b>						
<b>c</b> Net income or (loss) from fundraising events .....							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>9a</b>						
<b>b</b> Less: direct expenses .....	<b>9b</b>						
<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>10a</b>						
<b>b</b> Less: cost of goods sold .....	<b>10b</b>						
<b>c</b> Net income or (loss) from sales of inventory .....							
Miscellaneous Revenue	<b>11 a</b> DESIGNATION COST RECOVERY	<b>Business Code</b>					
		900099	101,527.	101,527.			
	<b>b</b> LICENSE FEE	900099	60,541.			60,541.	
	<b>c</b> MISCELLANEOUS INCOME	900099	40,547.			40,547.	
	<b>d</b> All other revenue .....						
<b>e Total.</b> Add lines 11a-11d .....			202,615.				
<b>12 Total revenue.</b> See instructions .....			72,055,831.	750,431.	0.	1200760.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	29,165,387.	29,165,387.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....				
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	1,787,468.	691,979.	312,058.	783,431.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	14,547,973.	7,684,139.	2,037,719.	4,826,115.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	622,621.	309,706.	70,539.	242,376.
<b>9</b> Other employee benefits .....	1,193,718.	578,913.	147,532.	467,273.
<b>10</b> Payroll taxes .....	1,030,101.	513,498.	117,615.	398,988.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	53,720.	10,769.	36,631.	6,320.
<b>c</b> Accounting .....	103,601.		103,601.	
<b>d</b> Lobbying .....	210,150.	210,150.		
<b>e</b> Professional fundraising services. See Part IV, line 17	122,744.			122,744.
<b>f</b> Investment management fees .....	100,164.		100,164.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	1,292,755.	890,430.	225,195.	177,130.
<b>12</b> Advertising and promotion .....	408,750.	170,276.	7,181.	231,293.
<b>13</b> Office expenses .....	339,504.	280,584.	29,483.	29,437.
<b>14</b> Information technology .....	597,381.	261,763.	77,192.	258,426.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	508,097.	266,909.	85,030.	156,158.
<b>17</b> Travel .....	17,023.	9,342.	239.	7,442.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	245,577.	158,666.	36,638.	50,273.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....	625,812.	323,619.	109,558.	192,635.
<b>22</b> Depreciation, depletion, and amortization .....	414,120.	214,147.	72,499.	127,474.
<b>23</b> Insurance .....				
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> <b>DONATED SUPPLIES AND TI</b>	147,189.	147,189.		
<b>b</b> <b>AWARDS AND SPONSORSHIP</b>	127,444.	127,444.		
<b>c</b> <b>MISCELLANEOUS</b>	88,845.	20,184.	40,564.	28,097.
<b>d</b> _____				
<b>e</b> All other expenses _____				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	53,750,144.	42,035,094.	3,609,438.	8,105,612.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	11,156,924.	<b>1</b>	8,337,277.
	<b>2</b> Savings and temporary cash investments .....	1,852,275.	<b>2</b>	1,588,680.
	<b>3</b> Pledges and grants receivable, net .....	27,849,114.	<b>3</b>	51,649,818.
	<b>4</b> Accounts receivable, net .....	167,368.	<b>4</b>	170,784.
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	381,971.	<b>9</b>	481,038.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 10,840,928.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 8,819,992.	2,291,470.	<b>10c</b> 2,020,936.
	<b>11</b> Investments - publicly traded securities .....	20,465,178.	<b>11</b>	17,940,794.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	64,374,844.	<b>12</b>	56,655,099.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	2,858,055.	<b>15</b>	2,272,115.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	131,397,199.	<b>16</b>	141,116,541.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	1,726,921.	<b>17</b>	1,800,851.
	<b>18</b> Grants payable .....	4,541,772.	<b>18</b>	4,528,657.
	<b>19</b> Deferred revenue .....	58,491.	<b>19</b>	290,075.
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....	447,786.	<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....		<b>25</b>	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	6,774,970.	<b>26</b>	6,619,583.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	35,385,078.	<b>27</b>	27,827,800.
	<b>28</b> Net assets with donor restrictions .....	89,237,151.	<b>28</b>	106,669,158.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	124,622,229.	<b>32</b>	134,496,958.
<b>33</b> Total liabilities and net assets/fund balances .....	131,397,199.	<b>33</b>	141,116,541.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	72,055,831.
2	Total expenses (must equal Part IX, column (A), line 25)	2	53,750,144.
3	Revenue less expenses. Subtract line 2 from line 1	3	18,305,687.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	124,622,229.
5	Net unrealized gains (losses) on investments	5	-7,845,019.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-585,939.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	134,496,958.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? .....
- 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 .....

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		



**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2022**

Open to Public Inspection

<b>Name of the organization</b> GREATER TWIN CITIES UNITED WAY	<b>Employer identification number</b> 41-1973442
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	63869250.	56545814.	55071585.	49174153.	70104640.	294765442
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	63869250.	56545814.	55071585.	49174153.	70104640.	294765442
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						21455521.
<b>6 Public support.</b> Subtract line 5 from line 4.						273309921

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
<b>7</b> Amounts from line 4 .....	63869250.	56545814.	55071585.	49174153.	70104640.	294765442
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	1122358.	1307036.	967,130.	1199780.	913,155.	5509459.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	33,809.	35,818.	165,259.	279,634.	40,547.	555,067.
<b>11 Total support.</b> Add lines 7 through 10						300829968
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	2,763,892.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	90.85 %
<b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....	<b>15</b>	97.56 %
<b>16a 33 1/3% support test - 2022.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2021.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2018, (b) 2019, (c) 2020, (d) 2021, (e) 2022, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2021 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2021 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2022. 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 - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

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

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
<b>2</b> Activities Test. Answer lines 2a and 2b below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

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

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

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

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

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

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

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2022 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2022</b>	<b>(iii) Distributable Amount for 2022</b>
<b>1</b> Distributable amount for 2022 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2022			
<b>a</b> From 2017			
<b>b</b> From 2018			
<b>c</b> From 2019			
<b>d</b> From 2020			
<b>e</b> From 2021			
<b>f</b> <b>Total</b> of lines 3a through 3e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2022 distributable amount			
<b>i</b> Carryover from 2017 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2022 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2022 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7</b> <b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2018			
<b>b</b> Excess from 2019			
<b>c</b> Excess from 2020			
<b>d</b> Excess from 2021			
<b>e</b> Excess from 2022			

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



**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990 or Form 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Name of the organization

GREATER TWIN CITIES UNITED WAY

Employer identification number

41-1973442

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

Name of organization  <b>GREATER TWIN CITIES UNITED WAY</b>	Employer identification number  <b>41-1973442</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>2,763,212.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>1,597,938.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>25,781,717.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>GREATER TWIN CITIES UNITED WAY</b>	Employer identification number  <b>41-1973442</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____
	<div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div> <div style="border-bottom: 1px solid black; margin-bottom: 2px;"> </div>	\$ _____	_____

Name of organization  <b>GREATER TWIN CITIES UNITED WAY</b>	Employer identification number  <b>41-1973442</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2022**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527  
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

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

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization <b>GREATER TWIN CITIES UNITED WAY</b>	Employer identification number <b>41-1973442</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ..... \$ \_\_\_\_\_
- 3 Volunteer hours for political campaign activities ..... \_\_\_\_\_

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

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

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ..... \$ \_\_\_\_\_
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ..... \$ \_\_\_\_\_
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ..... \$ \_\_\_\_\_
- 4 Did the filing organization file Form 1120-POL for this year? .....  Yes  No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

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

Schedule C (Form 990) 2022

LHA

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

- A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) .....	1,750.													
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) .....	208,400.													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) .....	210,150.													
<b>d</b>	Other exempt purpose expenditures .....	41,824,944.													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) .....	42,035,094.													
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) .....	250,000.													
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- .....	0.													
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- .....	0.													
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? .....		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under Section 501(h)**  
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
<b>c</b> Total lobbying expenditures	128,000.	101,442.	115,833.	210,150.	555,425.
<b>d</b> Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
<b>f</b> Grassroots lobbying expenditures	25,500.	860.	1,250.	1,750.	29,360.

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

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

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

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

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

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

**Part IV Supplemental Information**

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

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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.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization GREATER TWIN CITIES UNITED WAY Employer identification number 41-1973442

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring expenses.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include whether art collections are reported and amounts of revenue and assets included.



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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	69,768,213.	61,047,267.	59,250,373.	54,230,980.	58,607,879.
b Contributions	16,960,380.	1,233,255.	57,214.	332,530.	1,064,522.
c Net investment earnings, gains, and losses	-5,944,729.	10,180,312.	4,781,614.	7,058,432.	-3,609,679.
d Grants or scholarships	2,121,646.	2,692,621.	3,041,934.	2,371,569.	1,831,742.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	78,662,218.	69,768,213.	61,047,267.	59,250,373.	54,230,980.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 25.0000 %
  - b Permanent endowment 41.0000 %
  - c Term endowment 34.0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| (i) Unrelated organizations   | X   |    |
| (ii) Related organizations  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b  |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		33,083.		33,083.
b Buildings		7,992,259.	6,459,748.	1,532,511.
c Leasehold improvements				
d Equipment		2,815,586.	2,360,244.	455,342.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				<b>2,020,936.</b>

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....	5,636,540.	END-OF-YEAR MARKET VALUE
(3) Other		
(A) POOLED INVESTMENT FUNDS		
(B) HELD	51,018,559.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	56,655,099.	

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.)	

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	58,817,331.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	-448,770.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	674,686.
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	779,269.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	1,005,185.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	57,812,146.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	14,243,685.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	14,243,685.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	72,055,831.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	41,139,719.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	674,686.
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	674,686.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	40,465,033.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	13,285,111.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	13,285,111.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	53,750,144.

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4:**

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

**PART X, LINE 2:**

UNITED WAY IS CLASSIFIED AS A TAX-EXEMPT ORGANIZATION UNDER MINNESOTA STATUTE 290.05 AND SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM PRIVATE FOUNDATION STATUS UNDER SECTION 509(A)(1) OF THE INTERNAL REVENUE CODE AND, AS SUCH, IS SUBJECT TO INCOME TAXES ONLY ON NET UNRELATED BUSINESS INCOME. UNITED WAY DID NOT HAVE ANY UNRELATED BUSINESS INCOME FOR THE YEAR ENDED DECEMBER 31, 2022. UNITED WAY'S ACCOUNTING POLICY PROVIDES THAT A TAX EXPENSE/BENEFIT FROM AN UNCERTAIN TAX POSITION

**Part XIII** Supplemental Information (continued)

MAY BE RECOGNIZED WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION, INCLUDING RESOLUTIONS OF ANY RELATED APPEALS OR LITIGATION PROCESSES, BASED ON THE TECHNICAL MERITS. UNITED WAY HAS NO UNCERTAIN TAX POSITIONS RESULTING IN AN ACCRUAL OF TAX EXPENSE OR BENEFIT.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

APPROPRIATION OF UNDESIGNATED ENDOWMENT ASSETS 779,269.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED CONTRIBUTIONS FOR OTHER NON-PROFITS 13,285,111.

INVESTMENT INCOME RECORDED IN OTHER CHANGES IN NET ASSETS 958,574.

TOTAL TO SCHEDULE D, PART XI, LINE 4B 14,243,685.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED CONTRIBUTIONS FOR OTHER NON-PROFITS 13,285,111.

**SCHEDULE G  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2022**

Open to Public Inspection

Name of the organization **GREATER TWIN CITIES UNITED WAY** Employer identification number **41-1973442**

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

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a  Mail solicitations
  - b  Internet and email solicitations
  - c  Phone solicitations
  - d  In-person solicitations
  - e  Solicitation of non-government grants
  - f  Solicitation of government grants
  - g  Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
AMPLIFYDMC, LLC - 1375 ST. ANTHONY AVE., ST. PAUL, MN	GRANT WRITING		X	500,000.	45,000.	455,000.
JOHNSON, GROSSNICKLE, AND ASSOCIATES - 29 SOUTH PARK	CONSULTING		X	0.	77,744.	-77,744.
<b>Total</b>				500,000.	122,744.	377,256.

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

MN

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts .....				
	<b>2</b> Less: Contributions .....				
	<b>3</b> Gross income (line 1 minus line 2) .....				
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....				
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				
<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) .....					

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

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

**9** Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name \_\_\_\_\_

Address \_\_\_\_\_

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name \_\_\_\_\_

Address \_\_\_\_\_

16 Gaming manager information:

Name \_\_\_\_\_

Gaming manager compensation \$ \_\_\_\_\_

Description of services provided \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ \_\_\_\_\_

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

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

(I) NAME OF FUNDRAISER: AMPLIFYDMC, LLC

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

(I) NAME OF FUNDRAISER: JOHNSON, GROSSNICKLE, AND ASSOCIATES

(I) ADDRESS OF FUNDRAISER: 29 SOUTH PARK BLVD, GREENWOOD, IN 46143





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

OMB No. 1545-0047

**2022**

**Open to Public  
Inspection**

Name of the organization **GREATER TWIN CITIES UNITED WAY** Employer identification number **41-1973442**

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

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

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
30,000 FEET 2355 HIGHWAY 36 WEST, SUITE 400 ROSEVILLE, MN 55113	47-3224688	501(C)(3)	48,500.	596.	BOOK	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
360 COMMUNITIES 501 E. HWY. 13, STE. 112 BURNSVILLE, MN 55337-2877	41-0987708	501(C)(3)	25,000.	14,780.	BOOK	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
AFRICAN DEVELOPMENT CENTER 1931 S. 5TH STREET MINNEAPOLIS, MN 55454	20-0553370	501(C)(3)	37,500.	5,011.	BOOK	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
AFRICAN ECONOMIC DEVELOPMENT SOLUTIONS - 1821 UNIVERSITY AVE W SUITE S-145 - ST.PAUL, MN 55104	80-0345712	501(C)(3)	37,500.	0.			PROGRAM COSTS
AIN DAH YUNG "OUR HOME" CENTER 1089 PORTLAND AVENUE ST. PAUL, MN 55104	41-1697692	501(C)(3)	128,500.	5,821.	BOOK	BACKPACKS, SCHOOL SUPPLIES AND HOUSE SUPPLIES	PROGRAM COSTS
ALIGHT 1325 QUINCY STREET NE SUITE A1 MINNEAPOLIS, MN 55413-1540	36-3241033	501(C)(3)	15,000.	0.			PROGRAM COSTS

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... **150.**

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

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

Schedule I (Form 990) 2022

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AI-MAA'UUN 1729 LYNDAL AVE N MINNEAPOLIS, MN 55411	27-1893708	501(C)(3)	62,500.	7,884.	BOOK	HOUSE SUPPLIES	PROGRAM COSTS
AMERICAN INDIAN COMMUNITY DEVELOPMENT CORP - 1508 E FRANKLIN AVE #200 - MINNEAPOLIS, MN 55404	41-1716667	501(C)(3)	37,500.	3,942.	BOOK	HOUSE SUPPLIES	PROGRAM COSTS
AMERICAN INDIAN FAMILY CENTER 579 WELLS ST. ST. PAUL, MN 55101	41-1841352	501(C)(3)	50,000.	7,574.	BOOK	BACKPACKS, SCHOOL SUPPLIES AND HOUSE SUPPLIES	PROGRAM COSTS
AMERICAN INDIAN OIC INC 1845 EAST FRANKLIN AVE. MINNEAPOLIS, MN 55404-4062	41-1365561	501(C)(3)	215,550.	0.			PROGRAM COSTS
AMHERST H. WILDER FOUNDATION 451 LEXINGTON PKWY. N ST. PAUL, MN 55104	41-0693889	501(C)(3)	396,538.	20,630.	BOOK	BACKPACKS, SCHOOL SUPPLIES AND HOUSE SUPPLIES	PROGRAM COSTS
ANOKA-HENNEPIN SCHOOLS ISD 11 2727 N FERRY ST ANOKA, MN 55303	46-3539175	GOVERNMENT	0.	27,661.	BOOK	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
APPETITE FOR CHANGE 1200 WEST BROADWAY AVE #180 MINNEAPOLIS, MN 55411	27-5112040	501(C)(3)	70,000.	0.			PROGRAM COSTS
ASIAN ECONOMIC DEVELOPMENT ASSOCIATION - 422 UNIVERSITY AVE. W SUITE 14 - ST. PAUL, MN 55103	41-1911474	501(C)(3)	91,000.	0.			PROGRAM COSTS
ATHLETES COMMITTED TO EDUCATING STUDENTS - 1115 EAST HENNEPIN AVE. - MINNEAPOLIS, MN 55414-2321	41-1789659	501(C)(3)	28,000.	0.			PROGRAM COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AUGSBURG COLLEGE 2211 RIVERSIDE AVENUE CB 26 MINNEAPOLIS, MN 55454	41-0694721	501(C)(3)	26,250.	0.			PROGRAM COSTS
AVENUES FOR HOMELESS YOUTH 1708 OAK PARK AVE. NORTH MINNEAPOLIS, MN 55411	41-1765140	501(C)(3)	82,500.	4,336.	BOOK	HOUSE SUPPLIES	PROGRAM COSTS
AVIVO 1900 CHICAGO AVE. S MINNEAPOLIS, MN 55404-1903	41-0828779	501(C)(3)	296,900.	10,777.	BOOK	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
BABY'S SPACE: A PLACE TO GROW 2438 18TH AVE S MINNEAPOLIS, MN 55404	20-4502788	501(C)(3)	223,300.	378.	BOOK	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
BANYAN COMMUNITY 2529 13TH AVE S MINNEAPOLIS, MN 55404	41-1922813	501(C)(3)	25,315.	0.			PROGRAM COSTS
BIG BROTHERS BIG SISTERS OF GREATER TWIN CITIES - 2550 UNIVERSITY AVE. SUITE 410N - ST. PAUL, MN 55114	32-0017737	501(C)(3)	37,500.	5,662.	BOOK	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
BOLDER OPTIONS 2100 STEVENS AVE. S MINNEAPOLIS, MN 55404	41-1909408	501(C)(3)	25,000.	712.	BOOK	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
BREAKTHROUGH TWIN CITIES 2051 LARPEN TEUR AVE E ST. PAUL, MN 55109	45-3587267	501(C)(3)	95,000.	2,901.	BOOK	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
BROOKLYN CENTER SCHOOLS ISD 286 6500 HUMBOLDT AVE. NORTH BROOKLYN CENTER, MN 55430-1897	41-6009038	GOVERNMENT	0.	6,568.	BOOK	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAPI USA 3702 E LAKE ST, STE 200 MINNEAPOLIS, MN 55406	41-1417198	501(C)(3)	131,750.	1,824.	BOOK	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
CATHOLIC CHARITIES 1007 EAST 14TH STREET MINNEAPOLIS, MN 55404-1314	41-1302487	501(C)(3)	376,400.	10,325.	BOOK	BACKPACKS, SCHOOL SUPPLIES AND HOUSE SUPPLIES	PROGRAM COSTS
CENTER FOR ECONOMIC INCLUSION 370 WABASHA STREET NORTH SUITE 900 ST PAUL, MN 55102	82-3563111	501(C)(3)	74,250.	0.			PROGRAM COSTS
CENTER FOR VICTIMS OF TORTURE 2356 UNIVERSITY AVE W STE 430 ST. PAUL, MN 55114	36-3383933	501(C)(3)	50,000.	0.			PROGRAM COSTS
CENTRO TYRONE GUZMAN 1915 CHICAGO AVE. SOUTH MINNEAPOLIS, MN 55404-1904	41-1290349	501(C)(3)	345,450.	5,072.	BOOK	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
CHILDREN'S DEFENSE FUND OF MINNESOTA - 555 PARK ST SUITE 410 - ST. PAUL, MN 55103	52-0895622	501(C)(3)	62,500.	2,042.	BOOK	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
CHINESE AMERICAN CHAMBER OF COMMERCE-MN - 7901 12TH AVENUE SOUTH - BLOOMINGTON, MN 55425-1017	84-2227725	501(C)(3)	30,000.	0.			PROGRAM COSTS
CLARE HOUSING 929 CENTRAL AVENUE NE MINNEAPOLIS, MN 55413-2404	41-1794924	501(C)(3)	62,500.	0.			PROGRAM COSTS
COMMONBOND COMMUNITIES 1080 MONTREAL AVE ST. PAUL, MN 55116	41-1260469	501(C)(3)	0.	11,846.	BOOK	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY EMERGENCY ASSISTANCE PROGRAM - 7051 BROOKLYN BLVD. - BROOKLY CENTER, MN 55429	41-0990340	501(C)(3)	34,248.	35,758.	BOOK	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
COMUNIDADES LATINAS UNIDAS EN SERVICIO, INC. - 797 EAST SEVENTH ST. - ST. PAUL, MN 55106-5014	41-1386986	501(C)(3)	779,945.	27,231.	BOOK	BACKPACKS, SCHOOL SUPPLIES AND HOUSE SUPPLIES	PROGRAM COSTS
CONNECTIONS TO INDEPENDENCE 310 E 38TH STREET #300 MINNEAPOLIS, MN 55409	80-0542940	501(C)(3)	50,000.	1,380.	BOOK	HOUSE SUPPLIES	PROGRAM COSTS
CORNERSTONE ADVOCACY SERVICES 1000 EAST 80TH ST. BLOOMINGTON, MN 55420-1424	41-1476268	501(C)(3)	28,875.	5,146.	BOOK	BACKPACKS, SCHOOL SUPPLIES AND HOUSE SUPPLIES	PROGRAM COSTS
CROSS SERVICES P.O. BOX 574 ROGERS, MN 55374	41-1314577	501(C)(3)	0.	6,961.	BOOK	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
CULTURAL WELLNESS CENTER 2025 PORTLAND AVE S MINNEAPOLIS, MN 55404	41-1850859	501(C)(3)	0.	8,275.	BOOK	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
DIVISION OF INDIAN WORK 1001 EAST LAKE ST. MINNEAPOLIS, MN 55407	81-5265328	501(C)(3)	130,000.	1,133.	BOOK	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
DREAM OF WILD HEALTH 1308 FRANKLIN AVE. SUITE 203 MINNEAPOLIS, MN 55404	41-1632662	501(C)(3)	50,000.	0.			PROGRAM COSTS
EASTSIDE NEIGHBORHOOD SERVICE 1700 SECOND ST. NORTHEAST MINNEAPOLIS, MN 55413	41-0873798	501(C)(3)	93,640.	1,904.	BOOK	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS

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

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EMERGE COMMUNITY DEVELOPEMENT 1101 WEST BROADWAY AVENUE MINNEAPOLIS, MN 55411-2570	41-1277423	501(C)(3)	137,500.	0.			PROGRAM COSTS
EMMA NORTON SERVICES 670 NORTH ROBERT ST. ST. PAUL, MN 55101	41-0859485	501(C)(3)	37,500.	6,923.	BOOK	BACKPACKS, SCHOOL SUPPLIES AND HOUSE SUPPLIES	PROGRAM COSTS
ESPERANZA UNITED FKA CASA DE ESPERANZA - 540 FAIRVIEW AVENUE NORTH SUITE 200 - ST. PAUL, MN 55104	41-1414710	501(C)(3)	147,050.	2,801.	BOOK	BACKPACKS, SCHOOL SUPPLIES AND HOUSE SUPPLIES	PROGRAM COSTS
FACE TO FACE HEALTH AND COUNSELING SERVICE - 1165 ARCADE ST - ST. PAUL, MN 55106	41-0986780	501(C)(3)	0.	10,700.	BOOK	BACKPACKS, SCHOOL SUPPLIES AND HOUSE SUPPLIES	PROGRAM COSTS
FAMILY PATHWAYS 6413 OAK STREET NORTH BRANCH, MN 55056	41-1332828	501(C)(3)	25,000.	0.			PROGRAM COSTS
FAMILY VALUES FOR LIFE 1280 ARCADE ST. ST. PAUL, MN 55106	41-2006889	501(C)(3)	0.	14,134.	BOOK	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
FAMILYWISE 3036 UNIVERSITY AVE. SE MINNEAPOLIS, MN 55414	41-1343909	501(C)(3)	100,000.	1,170.	BOOK	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
FROGTOWN GARDENS 941 LAFOND AVENUE ST. PAUL, MN 55104	32-0376628	501(C)(3)	25,000.	0.			PROGRAM COSTS
FROGTOWN NEIGHBORHOOD ASSOCIATION 501 NORTH DALE SAINT PAUL, MN 55103	41-0963444	501(C)(3)	62,500.	1,090.	BOOK	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS

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GENESYS WORKS 445 MINNESOTA ST SUITE 720 ST. PAUL, MN 55101	26-2999242	501(C)(3)	50,000.	0.			PROGRAM COSTS
GOODWILL INDUSTRIES INC 553 FAIRVIEW AVE. N ST. PAUL, MN 55104-1708	41-0706171	501(C)(3)	25,000.	1,170.	BOOK	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
GREATER MINNEAPOLIS CRISIS NURSERY 4544 4TH AVE S MINNEAPOLIS, MN 55419	41-1379021	501(C)(3)	38,250.	835.	BOOK	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
GUILD INCORPORATED 130 WABASHA ST SUITE 90 ST. PAUL, MN 55107-1819	41-1669233	501(C)(3)	75,000.	7,129.	BOOK	BACKPACKS, SCHOOL SUPPLIES AND HOUSE SUPPLIES	PROGRAM COSTS
HALLIE Q BROWN COMMUNITY CENTER INC - 270 KENT ST NORTH - ST. PAUL, MN 55102-1744	41-0693846	501(C)(3)	246,275.	1,984.	BOOK	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
HEADWAY EMOTIONAL HEALTH SERVICES 6425 NICOLLET AVE. SOUTH RICHFIELD, MN 55423	41-0962511	501(C)(3)	25,000.	0.			PROGRAM COSTS
HENNEPIN COUNTY 300 SOUTH 6TH ST MINNEAPOLIS, MN 55487	41-6005801	GOVERNMENT	0.	15,897.	BOOK	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
HMONG AMERICAN FARMERS ASSOCIATION 149 THOMPSON AVENUE EAST SUITE 210 WEST ST PAUL, MN 55118	46-0928003	501(C)(3)	50,000.	0.			PROGRAM COSTS
HOPE COMMUNITY INC. 611 EAST FRANKLIN AVENUE MINNEAPOLIS, MN 55404	41-1292817	501(C)(3)	111,000.	0.			PROGRAM COSTS

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IGNITE AFTERSCHOOL 1400 VAN BUREN ST NE SUITE 200 MINNEAPOLIS, MN 55413	47-4834387	501(C)(3)	10,000.	0.			PROGRAM COSTS
INTERCONGREGATION COMMUNITIES ASSOCIATION - 12990 ST. DAVIDS RD - MINNETONKA, MN 55305	41-0979010	501(C)(3)	25,000.	0.			PROGRAM COSTS
INTERNATIONAL INSTITUTE OF MINNESOTA - 1694 COMO AVENUE - ST. PAUL, MN 55108	41-0693912	501(C)(3)	247,500.	4,928.	BOOK	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
IRREDUCIBLE GRACE 1637 WILSON AVE ST. PAUL, MN 55106	38-3895130	501(C)(3)	25,000.	2,558.	BOOK	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
ISUROON 1600 E. LAKE STREET SUITE 1 MINNEAPOLIS, MN 55407	42-1651737	501(C)(3)	50,800.	10,526.	BOOK	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
ITASCA AREA SCHOOLS COLLABORATIVE PO BOX 307 DEER RIVER, MN 56636	14-1998752	501(C)(3)	55,000.	0.			PROGRAM COSTS
JEREMIAH PROGRAM 932 CONCORDIA AVE. ST. PAUL, MN 55104	41-1801834	501(C)(3)	37,500.	0.			PROGRAM COSTS
JEWISH FAMILY & CHILDREN'S SERVICES OF MPLS - 5905 GOLDEN VALLEY ROAD - GOLDEN VALLEY, MN 55422	41-0693860	501(C)(3)	44,250.	814.	BOOK	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
JOYCE PRESCHOOL 1219 WEST 31ST STREET MINNEAPOLIS, MN 55408	81-0594016	501(C)(3)	70,000.	0.			PROGRAM COSTS



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JUXTAPOSITION INC 2007 EMERSON AVE N MINNEAPOLIS, MN 55411	41-1851915	501(C)(3)	36,000.	0.			PROGRAM COSTS
KA JOOG NONPROFIT ORGANIZATION 1420 WASHINGTON AVE. S MINNEAPOLIS, MN 55454	39-2073475	501(C)(3)	126,250.	0.			PROGRAM COSTS
KAREN ORGANIZATION OF MN 2353 RICE STREET SUITE 240 ROSEVILLE, MN 55113	30-0438142	501(C)(3)	131,500.	2,594.	BOOK	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
KEYSTONE COMMUNITY SERVICES 2000 ST. ANTHONY AVE. ST. PAUL, MN 55104-5199	41-0693924	501(C)(3)	143,000.	6,816.	BOOK	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
KWANZAA COMMUNITY CHURCH 3700 BRYANT AVE. N MINNEAPOLIS, MN 55412	20-0031853	501(C)(3)	107,500.	0.			PROGRAM COSTS
LATINO ECONOMIC DEVELOPMENT CENTER 804 MARGARET ST ST. PAUL, MN 55106	51-0467167	501(C)(3)	37,500.	0.			PROGRAM COSTS
LAUNCH MINISTRY 110 WEST 2ND STREET CHASKA, MN 55318	26-4579522	501(C)(3)	50,000.	0.			PROGRAM COSTS
LOAVES & FISHES TOO 721 KASOTA AVE SE MINNEAPOLIS, MN 55414	41-1421522	501(C)(3)	25,000.	9,561.	BOOK	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
LUTHERAN SOCIAL SERVICE OF MN 2485 COMO AVE. ST. PAUL, MN 55108	41-0872993	501(C)(3)	138,125.	12,573.	BOOK	BACKPACKS, SCHOOL SUPPLIES AND HOUSE SUPPLIES	PROGRAM COSTS

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MERRICK COMMUNITY SERVICES 1669 ARCADE STREET NORTH SUITE 4 ST. PAUL, MN 55106	41-0693851	501(C)(3)	371,735.	18,892.	BOOK	BACKPACKS, SCHOOL SUPPLIES AND HOUSE SUPPLIES	PROGRAM COSTS
MID-MINNESOTA LEGAL ASSISTANCE 111 N. 5TH ST SUITE 100 MINNEAPOLIS, MN 55403	41-1412710	501(C)(3)	180,000.	0.			PROGRAM COSTS
MINNEAPOLIS AMERICAN INDIAN CENTER 1530 FRANKLIN AVE. EAST MINNEAPOLIS, MN 55404-2136	41-0966005	501(C)(3)	67,500.	2,042.	BOOK	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
MINNEAPOLIS PUBLIC SCHOOLS 1250 WEST BROADWAY AVENUE MINNEAPOLIS, MN 55411	41-1972445	GOVERNMENT	50,000.	122,131.	BOOK	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
MINNESOTA ALLIANCE WITH YOUTH 2233 UNIVERSITY AVE W SUITE 235 ST. PAUL, MN 55114	45-3774063	501(C)(3)	37,500.	0.			PROGRAM COSTS
MINNESOTA CHILD CARE RESOURCE AND REFERRAL NETWORK - 10 RIVER PARK PLAZA, SUITE 820 - ST. PAUL, MN 55107	41-1730422	501(C)(3)	10,000.	0.			PROGRAM COSTS
MINNESOTA EDUCATION EQUITY PARTNERSHIP - 2233 UNIVERSITY AVE. W SUITE 220 - ST. PAUL, MN 55114	41-1699505	501(C)(3)	10,000.	0.			PROGRAM COSTS
MINNESOTA INDIAN WOMEN'S RESOURCE CENTER - 2300 15TH AVE. SOUTH - MINNEAPOLIS, MN 55404-3935	41-1500950	501(C)(3)	85,000.	952.	BOOK	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
MINNESOTA TEAMSTERS SERVICE BUREAU 2829 UNIVERSITY AVE. SE STE. 100 MINNEAPOLIS, MN 55414	41-1513000	501(C)(3)	102,382.	0.			PROGRAM COSTS

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MODEL CITIES OF ST. PAUL INC 839 UNIVERSITY AVE W ST. PAUL, MN 55104	41-1687873	501(C)(3)	155,510.	4,827.	BOOK	BACKPACKS, SCHOOL SUPPLIES AND HOUSE SUPPLIES	PROGRAM COSTS
MUSLIM AMERICAN SOCIETY OF MINNESOTA - 4100 66TH ST. EAST - INVER GROVE, MN 55076	47-0907353	501(C)(3)	37,500.	6,310.	BOOK	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
NEIGHBORHOOD HOUSE 179 ROBIE ST. EAST ST. PAUL, MN 55107-2360	41-0693916	501(C)(3)	152,500.	19,884.	BOOK	BACKPACKS, SCHOOL SUPPLIES AND HOUSE SUPPLIES	PROGRAM COSTS
NEON, NORTHSIDE ECONOMIC OPPORTUNITY NETWORK - 1007 W. BROADWAY AVE. N SUITE 100 - MINNEAPOLIS, MN 55411	80-0163521	501(C)(3)	75,000.	0.			PROGRAM COSTS
NETWORK FOR THE DEVELOPMENT OF CHILDREN OF AFRICAN DESCENT - 3255 SPRING ST NE STE 100 - MINNEAPOLIS, MN 55413	41-1936394	501(C)(3)	70,800.	734.	BOOK	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
NEW VISION FOUNDATION 860 VANDALIA STREET ST PAUL, MN 55114	81-2114563	501(C)(3)	95,000.	1,036.	BOOK	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
NEXUS COMMUNITY PARTNERS 2314 UNIVERSITY AVE W #18 ST PAUL, MN 55413	30-0658898	501(C)(3)	40,000.	0.			PROGRAM COSTS
NORTHPOINT HEALTH & WELLNESS CENTER, INC. - 1315 PENN AVE N - MINNEAPOLIS, MN 55411-3047	20-0898277	501(C)(3)	112,500.	1,090.	BOOK	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
NORTHSIDE ACHIEVEMENT ZONE 2123 W BROADWAY AVE SUITE 100 MINNEAPOLIS, MN 55411	30-0238807	501(C)(3)	73,750.	0.			PROGRAM COSTS

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OASIS FOR YOUTH 2200 W OLD SHAKOPEE RD BLOOMINGTON, MN 55431	45-3683785	501(C)(3)	0.	7,136.	BOOK	BACKPACKS, SCHOOL SUPPLIES AND HOUSE SUPPLIES	PROGRAM COSTS
PARTNERSHIP IN PROPERTY COMMERCIAL LAND TRUST - 1819 LOWRY AVENUE NORTH - MINNEAPOLIS, MN 55411	87-1177063	501(C)(3)	25,000.	0.			PROGRAM COSTS
PEOPLE REACHING OUT TO OTHER PEOPLE - 14700 MARTIN DRIVE - EDEN PRAIRIE, MN 55344	41-1430172	501(C)(3)	25,000.	0.			PROGRAM COSTS
PEOPLE SERVING PEOPLE 614 SOUTH THIRD ST. MINNEAPOLIS, MN 55415	41-1965067	501(C)(3)	165,000.	2,957.	BOOK	HOUSE SUPPLIES	PROGRAM COSTS
PHUMULANI MN AFRICAN WOMEN AGAINST VIOLENCE - 121 WASHINGTON AVENUE NORTH, FI4 - MINNEAPOLIS, MN 55401	81-3885346	501(C)(3)	10,000.	0.			PROGRAM COSTS
PHYLLIS WHEATLEY COMMUNITY CENTER 1301 TENTH AVE. N MINNEAPOLIS, MN 55411	41-0706132	501(C)(3)	227,050.	3,239.	BOOK	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
PILLSBURY UNITED COMMUNITIES 3650 FREMONT AVE NORTH MINNEAPOLIS, MN 55412	41-0916478	501(C)(3)	646,550.	38,122.	BOOK	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
PLANTING PEOPLE GROWING JUSTICE LEADERSHIP INST - PO BOX 131894 - ST PAUL, MN 55113	82-1476509	501(C)(3)	7,500.	0.			PROGRAM COSTS
PREPARE + PROSPER 2610 UNIVERSITY AVE. W SUITE 450 ST. PAUL, MN 55114	23-7131829	501(C)(3)	25,000.	0.			PROGRAM COSTS

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PROJECT FOR PRIDE IN LIVING, INC. 1035 EAST FRANKLIN AVE. MINNEAPOLIS, MN 55404-2920	23-7232208	501(C)(3)	484,515.	12,119.	BOOK	BACKPACKS, SCHOOL SUPPLIES AND HOUSE SUPPLIES	PROGRAM COSTS
PROJECT SUCCESS 1 GROVELAND TER #300 MINNEAPOLIS, MN 55403	41-1837278	501(C)(3)	59,500.	0.			PROGRAM COSTS
REVE ACADEMY 807 BROADWAY STREET NE SUITE 160 MINNEAPOLIS, MN 55413	27-4148333	501(C)(3)	30,000.	0.			PROGRAM COSTS
SABATHANI COMMUNITY CENTER INC 310 EAST 38TH ST. MINNEAPOLIS, MN 55409-1300	41-0984859	501(C)(3)	37,500.	3,531.	BOOK	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
SCIENCE MUSEUM OF MINNESOTA 120 W KELLOGG BLVD. ST. PAUL, MN 55102	41-0706172	501(C)(3)	37,500.	0.			PROGRAM COSTS
SCOTT-CARVER-DAKOTA CAP AGENCY INC 738 1ST AVENUE EAST SHAKOPEE, MN 55379	41-0903890	501(C)(3)	50,000.	16,409.	BOOK	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
SHAKOPEE MDEWAKANTON SIOUX COMMUNITY - 2330 SIOUX TRL NW - PRIOR LAKE, MN 55372	41-1690380	501(C)(3)	0.	15,859.	BOOK	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
SIMPSON HOUSING SERVICES INC 2100 PILLSBURY AVE S MINNEAPOLIS, MN 55404	41-1759477	501(C)(3)	62,500.	9,856.	BOOK	HOUSE SUPPLIES	PROGRAM COSTS
SOLID GROUND 3521 CENTURY AVENUE NORTH WHITE BEAR LAKE, MN 55110-5689	36-3578158	501(C)(3)	100,000.	4,495.	BOOK	BACKPACKS, SCHOOL SUPPLIES AND HOUSE SUPPLIES	PROGRAM COSTS

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SOMALI SUCCESS SCHOOL 2812 EAST 26TH STREET MINNEAPOLIS, MN 55406	20-3021208	501(C)(3)	93,440.	0.			PROGRAM COSTS
SOUTHEAST ASIAN REFUGE CMTY HOME 1113 E FRANKLIN AVE., STE. 212 MINNEAPOLIS, MN 55404-2922	41-1729008	501(C)(3)	25,500.	0.			PROGRAM COSTS
SOUTHERN MN REGIONAL LEGAL SVC, INC - 55 E. 5TH ST. STE 800 - ST. PAUL, MN 55101	41-1316151	501(C)(3)	128,145.	0.			PROGRAM COSTS
SOUTHSIDE FAMILY NURTURING CENTER 2448 SOUTH 18TH ST. MINNEAPOLIS, MN 55404-4048	41-1274177	501(C)(3)	94,500.	0.			PROGRAM COSTS
SPRINGBOARD FOR THE ARTS 262 UNIVERSITY AVE W ST. PAUL, MN 55103	41-1690483	501(C)(3)	55,000.	0.			PROGRAM COSTS
ST. DAVID'S SCHOOL FOR CHILD DEVELOPMENT - 3395 PLYMOUTH ROAD - MINNETONKA, MN 55305	41-1429208	501(C)(3)	35,000.	995.	BOOK	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
ST. LOUIS PARK SCHOOLS ISD 283 6425 33RD STREET WEST ST. LOUIS PARK, MN 55426	20-5186292	GOVERNMENT	50,000.	0.			PROGRAM COSTS
ST. PAUL LABOR STUDIES & RESOURCE CENTER - 353 WEST SEVENTH STREET SUITE 201 - ST. PAUL, MN 55102	36-3569973	501(C)(3)	158,850.	0.			PROGRAM COSTS
ST. PAUL PUBLIC SCHOOLS ISD 625 360 COLBORNE STREET ST. PAUL, MN 55102	41-0901311	GOVERNMENT	0.	36,076.	BOOK	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS

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ST. PAUL YOUTH SERVICES PO BOX 6486 ST. PAUL, MN 55106-6486	41-1316444	501(C)(3)	63,750.	1,934.	BOOK	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
ST. STEPHEN'S HUMAN SERVICES, INC. 2309 NICOLLET AVE. S MINNEAPOLIS, MN 55404	01-0639118	501(C)(3)	50,500.	9,202.	BOOK	BACKPACKS, SCHOOL SUPPLIES AND HOUSE SUPPLIES	PROGRAM COSTS
SUMMIT ACADEMY OIC 935 OLSON MEMORIAL HIGHWAY MINNEAPOLIS, MN 55405-1360	41-0908458	501(C)(3)	120,815.	0.			PROGRAM COSTS
THE ALIVENESS PROJECT 3808 NICOLLET AVE S MINNEAPOLIS, MN 55409	41-1593900	501(C)(3)	0.	6,899.	BOOK	HOUSE SUPPLIES	PROGRAM COSTS
THE BRIDGE FOR YOUTH 1111 WEST 22ND STREET MINNEAPOLIS, MN 55405	41-0983062	501(C)(3)	168,925.	5,170.	BOOK	BACKPACKS, SCHOOL SUPPLIES AND HOUSE SUPPLIES	PROGRAM COSTS
THE FAMILY PARTNERSHIP 414 SOUTH EIGHTH ST. MINNEAPOLIS, MN 55404-1081	41-0693858	501(C)(3)	432,850.	1,191.	BOOK	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
THE LINK 1210 GLENWOOD AVE MINNEAPOLIS, MN 55405	41-1920649	501(C)(3)	154,325.	7,814.	BOOK	BACKPACKS, SCHOOL SUPPLIES AND HOUSE SUPPLIES	PROGRAM COSTS
THE NETWORK FOR BETTER FUTURES 2620 MINNEHAHA AVE. S MINNEAPOLIS, MN 55406	45-0550557	501(C)(3)	98,000.	0.			PROGRAM COSTS
THE SALVATION ARMY 2445 PRIOR AVE. NORTH ROSEVILLE, MN 55113-2714	41-0698597	501(C)(3)	120,865.	30,097.	BOOK	BACKPACKS, SCHOOL SUPPLIES AND HOUSE SUPPLIES	PROGRAM COSTS

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THE SANNEH FOUNDATION 2090 CONWAY STREET ST. PAUL, MN 55119	56-2332269	501(C)(3)	0.	9,580.	BOOK	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
TOUCHSTONE MENTAL HEALTH 2312 SNELLING AVE MINNEAPOLIS, MN 55404	41-1920740	501(C)(3)	34,650.	436.	BOOK	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
TUBMAN FAMILY ALLIANCE & CHRYSALIS 4432 CHICAGO AVE S MINNEAPOLIS, MN 55407	41-1240048	501(C)(3)	181,055.	6,705.	BOOK	BACKPACKS, SCHOOL SUPPLIES AND HOUSE SUPPLIES	PROGRAM COSTS
TWIN CITIES RISE! 1301 BRYANT AVE. N MINNEAPOLIS, MN 55411	41-1761118	501(C)(3)	80,000.	654.	BOOK	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
UJAMAA PLACE 1821 UNIVERSITY AVE. W N257 ST. PAUL, MN 55104	27-1216065	501(C)(3)	147,865.	3,393.	BOOK	BACKPACKS, SCHOOL SUPPLIES AND HOUSE SUPPLIES	PROGRAM COSTS
UNITED CAMBODIAN ASSOCIATION OF MN 1385 MENDOTA HEIGHTS RD. INVER GROVE HEIGHTS, MN 55120	41-1631017	501(C)(3)	80,000.	0.			PROGRAM COSTS
URBAN ROOTS MN 463 MARIA AVENUE SUITE 207 ST PAUL, MN 55106	41-0975429	501(C)(3)	37,500.	2,042.	BOOK	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
URBAN STRATEGIES 1000 OLSON MEMORIAL HWY. MINNEAPOLIS, MN 55411	43-1141027	501(C)(3)	85,000.	1,133.	BOOK	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
WAY TO GROW 201 IRVING AVENUE NORTH SUITE 100 MINNEAPOLIS, MN 55405	71-0956749	501(C)(3)	123,300.	2,794.	BOOK	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS

Schedule I (Form 990)



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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAYSIDE HOUSE 1600 UNIVERSITY AVENUE WEST SUITE 5 ST PAUL, MN 55104	41-0873104	501(C)(3)	37,500.	160.	BOOK	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
WELLSHARE INTERNATIONAL 122 WEST FRANKLIN AVENUE SUITE 510 MINNEAPOLIS, MN 55404	41-1397062	501(C)(3)	81,815.	857.	BOOK	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
WOMEN'S ADVOCATES INC 588 GRAND AVE. ST. PAUL, MN 55102	23-7310701	501(C)(3)	25,000.	2,407.	BOOK	BACKPACKS, SCHOOL SUPPLIES AND HOUSE SUPPLIES	PROGRAM COSTS
WORKING PARTNERSHIPS, INC. 312 CENTRAL AVE. SE SUITE 524 MINNEAPLOIS, MN 55414	20-3244371	501(C)(3)	131,177.	0.			PROGRAM COSTS
YMCA OF THE NORTH 651 NICOLLET MALL SUITE 500 MINNEAPOLIS, MN 55402	45-2563299	501(C)(3)	350,075.	10,111.	BOOK	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
YOUTHLINK 41 NORTH 12TH ST. MINNEAPOLIS, MN 55403	41-1341773	501(C)(3)	365,600.	5,480.	BOOK	BACKPACKS, SCHOOL SUPPLIES AND HOUSE SUPPLIES	PROGRAM COSTS
YOUTHRISE 3001 BROADWAY STREET NE SUITE 330 MINNEAPOLIS, MN 55413	27-4126970	501(C)(3)	40,000.	0.			PROGRAM COSTS
YWCA OF MINNEAPOLIS 1130 NICOLLET MALL MINNEAPOLIS, MN 55403-2405	41-0693891	501(C)(3)	503,050.	4,643.	BOOK	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
YWCA OF ST. PAUL 375 SELBY AVE. ST. PAUL, MN 55102-1790	41-0693892	501(C)(3)	280,320.	240.	BOOK	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS

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

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

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

PART I, LINE 2:

UNITED WAY RUNS AN OPEN AND COMPETITIVE GRANT-MAKING PROCESS THAT IS OVERSEEN AND IMPLEMENTED BY UNITED WAY STAFF. UNITED WAY DOES NOT MAKE GRANTS FOR LOBBYING OR PUBLIC POLICY. ALL GRANTS ARE AWARDED TO DIRECT-SERVICE PROGRAMS. NON-PROFITS MUST PROVIDE ANNUAL REPORTS ON USE OF FUNDS AND MUST BE IN COMPLIANCE WITH AGREED UPON TERMS AND CONDITIONS OF FUNDING AGREEMENT. THE UNITED WAY BOARD OF DIRECTORS AND ITS COMMUNITY IMPACT COMMITTEE APPROVE THE GRANT MAKING PROCESS, RFP PROCESS AND APPROVE FINAL DECISIONS ON GRANT AWARDS.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

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

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

**GREATER TWIN CITIES UNITED WAY**

Employer identification number

**41-1973442**

**Part I Questions Regarding Compensation**

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

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

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

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

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

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                                |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- 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:

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

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

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

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

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

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

	Yes	No
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>	X	
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JOHN WILGERS PRESIDENT AND CEO	(i)	356,125.	44,750.	2,735.	21,350.	23,391.	448,351.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ATHENA MIHAS CHIEF FINANCIAL OFFICER	(i)	179,659.	0.	15,665.	12,598.	10,186.	218,108.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ACOOA ELLIS SVP COMMUNITY IMPACT	(i)	199,109.	130,000.	29,922.	11,895.	29,428.	400,354.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) COLLEEN FAHEY SVP INDIVIDUAL GIVING	(i)	3,791.	0.	165,240.	131.	554.	169,716.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) KRISTINA SALKOWSKI VP CORPORATE RELATIONS	(i)	163,365.	0.	398.	11,343.	0.	175,106.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MALA THAO VP INDIVIDUAL PHILANTHROPY	(i)	144,169.	12,277.	439.	7,424.	23,456.	187,765.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) KELLY PUSPOKI VP MARKETING & COMMUNICATIONS	(i)	152,433.	0.	451.	11,130.	24,054.	188,068.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JOSEPH MUNNICH MANAGING DIRECTOR GEN NEXT	(i)	141,711.	0.	416.	9,784.	0.	151,911.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) STEPHANNIE LEWIS ASSOCIATE VP COMMUNITY IMPACT	(i)	137,587.	3,500.	388.	6,335.	9,001.	156,811.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

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

PART I, LINE 4A:

COLLEEN FAHEY RECEIVED A SEVERANCE PAYMENT OF \$131,192.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2022**

Open to Public Inspection

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

Department of the Treasury  
Internal Revenue Service

Name of the organization: **GREATER TWIN CITIES UNITED WAY**  
Employer identification number: **41-1973442**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		116,780.	FAIR VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	70	2,085,626.	QUOTED MARKET PRICES
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( <u>SPORT TICKETS/E</u> )	X	10	30,409.	FAIR VALUE
26 Other ( _____ )				
27 Other ( _____ )				
28 Other ( _____ )				

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

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? .....

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2022



**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

GREATER TWIN CITIES UNITED WAY

Employer identification number

41-1973442

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

SOCIAL GOOD AND DEVELOPING SOLUTIONS TO ADDRESS THE CHALLENGES NO ONE  
CAN SOLVE ALONE.

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

FOCUSED ON DISMANTLING SYSTEMIC RACISM AND OPPRESSION AND THE RESULTING  
DISPARITIES AMONG PEOPLE EXPERIENCING POVERTY AND PEOPLE OF COLOR,  
UNITED WAY'S MISSION IS TO UNITE CHANGEMAKERS, ADVOCATE FOR SOCIAL GOOD  
AND DEVELOP SOLUTIONS TO ADDRESS THE CHALLENGES NO ONE CAN SOLVE ALONE.

WITH A VISION OF A COMMUNITY WHERE ALL PEOPLE THRIVE, REGARDLESS OF  
INCOME, RACE OR PLACE, UNITED WAY CREATES LASTING CHANGE BY COUPLING  
STRATEGY AND DATA WITH COMPASSION AND INCLUSION. THE ORGANIZATION  
SUPPORTS THE COMMUNITY IN FIVE KEY AREAS WITH EQUITY AT THE CENTER OF  
ITS WORK INCLUDING THE GREATER TWIN CITIES UNITED WAY'S 211 RESOURCE  
HELPLINE/988 SUICIDE AND CRISIS LIFELINE, NONPROFIT PARTNERSHIPS,  
BUSINESS PARTNERSHIPS, INNOVATION INITIATIVES AND ADVOCACY EFFORTS WITH  
LEGISLATORS.

AS THE LARGEST NON-GOVERNMENTAL INVESTOR IN HEALTH AND HUMAN SERVICES  
IN THE STATE, UNITED WAY TOUCHES THE LIVES OF OVER 500,000 PEOPLE EACH  
YEAR ACROSS THE TWIN CITIES. OVER THE PAST CENTURY, UNITED WAY HAS  
INVESTED MORE THAN \$2 BILLION TO SUPPORT HUMAN SERVICES IN THE  
NINE-COUNTY REGION OF ANOKA, CARVER, CHISAGO, DAKOTA, HENNEPIN, ISANTI,  
RAMSEY, SCOTT, AND WESTERN WASHINGTON COUNTIES.



Name of the organization GREATER TWIN CITIES UNITED WAY	Employer identification number 41-1973442
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## FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

ECONOMIC OPPORTUNITY: GTUCW'S VISION - ALL ADULTS HAVE THE OPPORTUNITY TO PARTICIPATE IN THE WORKFORCE AND ADVANCE TOWARD FAMILY SUSTAINING WAGES. GTCUW AND ITS PARTNERS ARE FOCUSED ON COMMUNITY WEALTH-BUILDING APPROACHES, SUCH AS PROVIDING CAREER PATHWAY TRAINING THAT LEADS TO JOB PLACEMENT AND ADVANCEMENT; INCREASING ACCESS TO FINANCIAL SERVICES; AND SUPPORTING ENTREPRENEURSHIP. IN 2022, 18,885 PEOPLE RECEIVED SERVICES THROUGH OUR HOLISTIC GRANTMAKING SERVICES INCLUDING FINANCIAL STABILITY GRANTS AND WOMEN UNITED.

UNITED WAY'S 211 RESOURCE HELPLINE: UNITED WAY'S 211 CALL SPECIALISTS PROVIDE INFORMATION AND REFERRALS TO STATEWIDE RESOURCES AND SERVICES TO HELP PEOPLE MEET THEIR BASIC NEEDS, INCLUDING RENTAL ASSISTANCE, FOOD PROGRAMS, CHILDCARE, EMPLOYMENT AND MORE. IN 2022 GREATER TWIN CITIES UNITED WAY ALSO PARTNERED WITH THE STATE OF MINNESOTA TO HELP PEOPLE ACCESS RENTHELPMN. IN 2022, RENTHELPMN AND 211 FULFILLED ABOUT 468,000 REQUESTS FOR RESOURCES. RENTHELPMN HELPED MN ACHIEVE 101,677 SUBMITTED APPLICATIONS FOR RENTAL SUPPORT AND OVER \$449.1 MILLION IN ASSISTANCE HAS BEEN PAID OUT TO MINNESOTAN'S ACROSS THE STATE. ADDITIONALLY, THE DATA UNITED WAY SECURES THROUGH 211 ABOUT COMMUNITY NEEDS INFORMS ITS GRANT INVESTMENTS IN HOUSING, FOOD, EDUCATION AND EMPLOYMENT AS WELL AS ITS ADVOCACY STRATEGIES IN ADVANCING EQUITABLE POLICIES AND STATE FUNDING TO SUPPORT PEOPLE EXPERIENCING POVERTY.

SUICIDE PREVENTION LIFELINE: IN 2022, GREATER TWIN CITIES UNITED WAY CONTINUES AS A MINNESOTA-BASED PROVIDER OF THE NATIONAL SUICIDE PREVENTION LIFELINE OFFERING SUPPORT THROUGH THE 988 SUICIDE AND CRISIS LIFELINE. ACTING AS A BRIDGE INTO THE MENTAL HEALTH CRISIS CARE

Name of the organization

GREATER TWIN CITIES UNITED WAY

Employer identification number

41-1973442

RESPONSE SYSTEM, UNITED WAY SPECIALISTS COMPASSIONATELY SUPPORT PEOPLE AND CONNECT THEM TO COMMUNITY-BASED PROVIDERS WHO DELIVER A BROAD RANGE OF DIRECT SERVICES. IN 2022, UNITED WAY ANSWERED 17,740 CALLS AND PROVIDED SAFETY PLANS AND RESOURCE REFERRALS, LETTING PEOPLE KNOW THAT RECOVERY IS POSSIBLE AND THEY ARE NOT ALONE. 988 ANSWERED CALLS FROM 58 MINNESOTA CALLERS AND 39 OTHER STATES.

ADVOCACY: UNITED WAY INFLUENCES GOVERNMENT DECISION-MAKERS TO PASS AND EFFECTIVELY IMPLEMENT POLICY AND FUNDING TO SUPPORT IMMEDIATE NEEDS AND CHANGES IN THE HOUSING, FOOD, EDUCATION AND WORKFORCE SYSTEMS. ALONGSIDE COALITIONS, UNITED WAY LEVERAGES RESEARCH AND DATA TO AMPLIFY THE VOICES OF THOSE WITH LIVED EXPERIENCE; EDUCATES GOVERNMENT OFFICIALS AND LAWMAKERS ON SYSTEMS-LEVEL ISSUES AND OPPORTUNITIES; AND DEVELOPS SOLUTIONS IN PARTNERSHIP WITH THE PUBLIC, PRIVATE AND NONPROFIT SECTORS. IN 2022 UNITED WAY UTILIZED COMMUNITY SURVEY RESULTS TO DEVELOP AN ADVOCACY AGENDA TO CAPTURE THE NEEDS AND PRIORITIES OF COMMUNITY MEMBERS ACROSS THE TWIN CITIES REGION. THE ADVOCACY NETWORK GREW TO 595 PARTICIPANTS AND THE FIVE EVENTS HOSTED BY UNITED WAY IN 2022 HAD ABOUT 450 ATTENDEES.

NONPROFIT PARTNERSHIPS: UNITED WAY AMPLIFIES THE REGION'S NONPROFIT SECTOR BY INVESTING IN NONPROFIT LEADERS AND ORGANIZATIONS ON THE FRONTLINES OF COMMUNITY-LED CHANGE VIA FUNDING, LEADERSHIP AND STAFF SUPPORT, AND OPPORTUNITIES TO CONNECT WITH AND LEARN FROM ONE ANOTHER. IN 2022, UNITED WAY AWARDED GRANTS TO 138 NONPROFITS, 120 OF WHICH ARE FUNDED NONPROFIT PARTNERS. OF OUR FUNDED PARTNERS, 74% IDENTIFY AS BIPOC-LED ORGANIZATIONS.

Name of the organization GREATER TWIN CITIES UNITED WAY	Employer identification number 41-1973442
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INNOVATION INITIATIVES: THROUGH THOUGHTFUL COLLABORATION WITH PARTNERS, UNITED WAY CO-CREATES AND DELIVERS SCALABLE AND INNOVATIVE SOLUTIONS TO GAPS IN COMMUNITY SUPPORT TO DISRUPT INEQUITIES AND FUEL LASTING, SYSTEMS-LEVEL CHANGE. 1) CAREER ACADEMIES: UNITED WAY AND PARTNERS ENGAGED 6,000 HIGH SCHOOL STUDENTS IN CAREER PATHWAYS DURING THE 2021-2022 SCHOOL YEAR AND PROVIDED 350 HOURS OF PARTNER ASSISTANCE. 2) 80X3 RESILIENT FROM THE START: IN 2022, UNITED WAY STARTED PHASE 1 OF THE 80X3 INITIATIVES AND FUNDED 9 PARTNERS, SERVED 402 FAMILIES IN ITS FIRST YEAR. 3) PATHWAYS HOME: IN 2022, UNITED WAY RAISED FUNDS FOR PREVENTING HOUSING INSTABILITY FOR PEOPLE INVOLVED IN THE JUSTICE SYSTEM AND YOUTH EXITING FOSTER CARE. 4) FULL LIVES: IN 2022 THE GRANT PERIOD FOR FULL LIVES WAS NOT ACTIVE AND WILL PLAN TO RESUME BY 2024. ACROSS ALL INNOVATION INITIATIVES GREATER TWIN CITIES UNITED WAY FUNDED 41 ORGANIZATIONS IN 2022.

BUSINESS AND INDIVIDUAL PARTNERSHIPS: UNITED WAY PARTNERS WITH COMPANIES AND FOUNDATIONS TO HELP THEM MEET THEIR CORPORATE SOCIAL RESPONSIBILITY GOALS AND ENGAGE THEIR EMPLOYEES IN ADDRESSING COMMUNITY NEEDS. UNITED WAY ALSO CONNECTS PEOPLE WHO SHARE SIMILAR PASSIONS FOR DEVELOPING SOLUTIONS TOGETHER AND COLLABORATES TO HELP INDIVIDUALS AND FAMILIES ACHIEVE THEIR PHILANTHROPIC GOALS WHILE CREATING A MEANINGFUL LEGACY. IN 2022, UNITED WAY PARTNERED WITH 645 COMPANIES, 38 FOUNDATIONS AND 60,000 INDIVIDUALS IN COMMUNITY-LED CHANGE. EXPENSES \$ 14,051,316. INCL GRANTS OF \$ 3,026,999. REVENUE \$ 648,904.

FORM 990, PART VI, SECTION A, LINE 2:

SHARON KENNEDY VICKERS AND SUMMRA SHARIFF - BUSINESS RELATIONSHIP

CHERYL HADAWAY AND LISA SHANNON - BUSINESS RELATIONSHIP

Name of the organization

GREATER TWIN CITIES UNITED WAY

Employer identification number

41-1973442

KAYLN HOVE AND ERIN DADY - BUSINESS RELATIONSHIP

COLLIN BRINKMAN AND MATT MARSH - BUSINESS RELATIONSHIP

PETER FROSCH AND MIKE O'LEARY - BUSINESS RELATIONSHIP

KAREN HIMLE AND JOHN LINDAHL - BUSINESS RELATIONSHIP

ERICK CHI AND BETH SIMERMEYER - BUSINESS RELATIONSHIP

DOROTHY BRIDGES AND JOHN LINDAHL - BUSINESS RELATIONSHIP

DOROTHY BRIDGES AND REBA DOMINSKI - BUSINESS RELATIONSHIP

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

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

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

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

FORM 990, PART VI, SECTION B, LINE 15:

THE CHAIR OF THE BOARD, CHAIR OF THE FINANCE AND HUMAN CAPITAL COMMITTEE

Name of the organization

GREATER TWIN CITIES UNITED WAY

Employer identification number

41-1973442

AND A DESIGNATED EXECUTIVE COMMITTEE BOARD MEMBER SERVE AS THE EXECUTIVE COMMITTEE COMPENSATION TASK FORCE. TOGETHER THEY WORK WITH THE ORGANIZATION'S HUMAN RESOURCES EXECUTIVE TO FACILITATE THE CEO'S PERFORMANCE REVIEW ANNUALLY SOLICITING FEEDBACK RELATIVE TO THE CEO'S PERFORMANCE RESULTS AGAINST THE UNITED WAY'S ANNUAL STRATEGIC DIRECTIONS AND MEASURES OF SUCCESS, AS WELL AS INDIVIDUAL PERFORMANCE GOALS PREVIOUSLY AGREED UPON BY THE CHAIR OF THE BOARD AND CEO. THE EXECUTIVE COMMITTEE COMPENSATION TASK FORCE GATHERS FEEDBACK FROM EACH MEMBER OF THE BOARD OF DIRECTORS AND PROVIDES A RECOMMENDATION FOR THE CEO'S COMPENSATION AND BONUS TO THE EXECUTIVE COMMITTEE OF THE BOARD FOR APPROVAL AFTER AGGREGATING AND COMMUNICATING PERFORMANCE RESULTS. MARKET COMPARABILITY DATA IS COLLECTED FROM AN OUTSIDE CONSULTING FIRM AND IS SUPPLEMENTED BY OTHER DATA COLLECTED BY INTERNAL HUMAN RESOURCES STAFF. MARKET COMPARABILITY DATA INCLUDES COMPENSATION RANGES AND SUPPLEMENTAL BENEFITS ESTABLISHED FOR THE CEO AND KEY EXECUTIVES - CHIEF FINANCIAL OFFICER, SR. VICE PRESIDENT OF COMMUNITY IMPACT, VP OF MARKETING AND COMMUNICATION, SR. VICE PRESIDENT OF INDIVIDUAL GIVING, VP OF DIVERSITY, EQUITY & INCLUSION, AND VP OF CORPORATE RELATIONS. MARKET COMPARABILITY DATA IS PROVIDED TO THE EXECUTIVE COMPENSATION TASK FORCE PRIOR TO MAKING RECOMMENDATIONS AND/OR APPROVING PAY AND BENEFITS DECISIONS. THE EXECUTIVE COMPENSATION TASK FORCE DETERMINES AND RECOMMENDS TO THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS APPROVAL OF THE FOLLOWING:

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

THE CHAIR OF THE EXECUTIVE COMPENSATION TASK FORCE REPORTS TO THE BOARD OF DIRECTORS AT THE SUBSEQUENT MEETING THE ACTIONS REPORTED AND

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RECOMMENDATIONS APPROVED BY THE EXECUTIVE COMMITTEE AND EXECUTIVE COMPENSATION TASK FORCE. THE EXECUTIVE COMPENSATION TASK FORCE DOCUMENTS THE BASIS FOR MAKING ITS DETERMINATION CONCURRENTLY WITH MAKING ITS DECISION. THE EXECUTIVE COMPENSATION TASK FORCE REVIEWS AND DISCUSSES KEY EXECUTIVES' COMPENSATION AND BENEFITS BASED ON THE CEO'S PERFORMANCE EVALUATION AND RECOMMENDATIONS FOR THESE EXECUTIVES. THE RECOMMENDATIONS ARE THEN REVIEWED WITH THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS.

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

THE UNITED WAY MAKES ITS FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON ITS WEBSITE AS WELL AS UPON REQUEST. GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC:

ACOOA ELLIS - 1000 MONTANA AVE W, SAINT PAUL, MN 55117

COLLEEN FAHEY - 601 MARQUETTE, APT 307, MINNEAPOLIS, MN 55402

KELLY PUSPOKI - 5708 CEDAR LN, MINNETONKA, MN 55345

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

CHANGE IN FAIR VALUE OF BENEFICIAL INTEREST IN CHARITABLE

TRUSTS

-585,939.