GREATER TWIN CITIES UNITED WAY

990 Return - Public Inspection Copy

For the Year Ended December 31, 2023



600 INWOOD AVENUE NORTH SUITE 160 OAKDALE, MN 55128 TEL: (651) 636-3806 FAX: (651) 636-1136 www.akinshenke.com

Form 990)
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Department of the Treasury Internal Revenue Service

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** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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



Α	For t	ne 2023 calendar year, or tax year beginning and	ending					
В	Check i applica	f C Name of organization		D Employer identified	cation number			
	Add chai	GREATER TWIN CITIES UNITED WAY						
	Nan	lige Doing business as		41-19734	42			
	Initia	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r			
	Fina Fina	n/ 404 D. EIGHIH DIKEEI		(612)340	-7400			
	term atec	ⁱⁿ⁻ City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	52,015,548.			
	retu			H(a) Is this a group re				
	App tion pend	F Name and address of principal officer: JOHN WILGERS		for subordinates	? Yes X No			
		SAME AS C ABOVE		H(b) Are all subordinates ir				
		xempt status: $X = 501(c)(3) = 501(c) () (insert no.) = 4947(a)(1) (a)(1) (a)$	or 527	1	list. See instructions			
	Webs			H(c) Group exemptio				
		of organization: X Corporation Trust Association Other	L Year	of formation: 2001 N	State of legal domicile: MN			
F	art I	5	MTGGTO					
e	1	Briefly describe the organization's mission or most significant activities: OUR 1 CHANGEMAKERS, ADVOCATE FOR SOCIAL GOOD AN						
and	2	Check this box if the organization discontinued its operations or disposed						
/err	2				56 States			
<u></u>	4	Number of independent voting members of the governing body (Part VI, line 1a)			56			
×	5	Total number of individuals employed in calendar year 2023 (Part V, line 13)	·····	216				
ities	6	Total number of volunteers (estimate if necessary)		9842				
Activities & Governance	7		otal unrelated business revenue from Part VIII, column (C), line 12					
Ă		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.			
				Prior Year	Current Year			
đ	8	Contributions and grants (Part VIII, line 1h)		70,104,640.	48,032,351.			
Revenue	9	Program service revenue (Part VIII, line 2g)		648,904.	945,421.			
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,048,203.	1,770,717.			
Ξ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		254,084.	179,260.			
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		72,055,831.	50,927,749.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		29,165,387.	25,074,002.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		19,181,881.	18,017,560.			
Expenses	16	Professional fundraising fees (Part IX, column (A), line 11e)		122,744.	120,320.			
ă		Total fundraising expenses (Part IX, column (D), line 25) 7,390,69		5,280,132.	6 400 267			
-	1 ''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		<u>5,280,132</u> . 53,750,144.	6,400,267. 49,612,149.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		<u>18,305,687</u> .	1,315,600.			
	19 a	Revenue less expenses. Subtract line 18 from line 12		ginning of Current Year	End of Year			
its or		Total accets (Part X, line 16)	1	41,122,455.	147,178,139.			
Assets	20	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		6,625,497.	5,792,940.			
Net /	21	Net assets or fund balances. Subtract line 21 from line 20	4	34,496,958.	141,385,199.			
	art I		······ · ·					

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

Sign	Signature of officer			Date						
Here	JOHN WILGERS, PRESIDENT A	ND CEO								
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date	Check	PTIN					
Paid	CHRIS J. HENKE	CHRIS J. HENKE	08/26	/24 self-employed	P01008921					
Preparer	Firm's name AKINS HENKE AND C	OMPANY		Firm's EIN 46-	3220328					
Use Only	Firm's address 600 INWOOD AVENUE	NORTH, SUITE 160								
	OAKDALE, MN 55128 Phone no.651-636-3806									
May the IF	May the IRS discuss this return with the preparer shown above? See instructions									
LHA For	LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)									

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2023) GREATER TWIN CITIES UNITED WAY	41-1973442	Page 2
Par	t 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 109 YEARS, GREATER TWIN CITIES UNITED WAY (UNITED WA	V) A	
	NOT-FOR-PROFIT ORGANIZATION, HAS CONTINUALLY EVOLVED TO		
	MOST PRESSING NEEDS FACING THE GREATER TWIN CITIES REGIO		<u>. </u>
	(CONTINUED ON SCHEDULE O)	11.	
2	Did the organization undertake any significant program services during the year which were not listed on the		
2		Vec	XNo
	prior Form 990 or 990-EZ? 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?	Vac	XNo
3	If "Yes," describe these changes on Schedule O.		21 NU
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses	
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe		Ч
	revenue, if any, for each program service reported.		u
42	(Code:) (Expenses \$ 6,474,996. including grants of \$ 5,916,587.) (Rever)
чa	HOUSEHOLD STABILITY: UNITED WAY'S VISION - EPISODES OF H		
	HUNGER ARE RARE, BRIEF AND NONRECURRING. UNITED WAY MEET		
	BY SUPPORTING NONPROFITS DOING IMPACTFUL WORK IN THE ARE		
	AND FOOD AND BY CONNECTING CALLERS TO FOOD AND SHELTER R		<u> </u>
	ITS 211 RESOURCE HELPLINE. UNITED WAY ALSO MAKES LASTING		
	IMPROVE HOUSING AND FOOD SYSTEMS BY LEADING THE PATHWAYS		
	INITIATIVE FOCUSED ON CREATING PATHWAYS TO STABLE HOUSIN		
	PEOPLE, WORKING WITH LOCAL PARTNERS TO EXPAND ACCESS TO		
	CULTURALLY RELEVANT FOOD, AND ADVOCACY EFFORTS THAT SUPP		
	STABILITY AND FOOD SECURITY. IN 2023, UNITED WAY AND ITS		
	WORKING IN HOUSING SUPPORTED OVER 104,000 PEOPLE, AND TH		
	ORGANIZATION'S COALITION ADVOCACY EFFORTS RESULTED IN MO		
4b	(Code:) (Expenses \$ 7,857,916. including grants of \$ 5,379,643.) (Rever)
	EDUCATIONAL SUCCESS: UNITED WAY'S VISION - ALL YOUNG CHI		EIR
	FAMILIES ENTER KINDERGARTEN READY TO LEARN AND THRIVE, A		
	HAVE THE SKILLS, RELATIONSHIPS AND MINDSETS TO CHOOSE AN		
	FUTURES. UNITED WAY MEETS URGENT NEEDS BY SUPPORTING NON	PROFITS DOINC	3
	IMPACTFUL WORK IN EARLY CHILDHOOD EDUCATION AND CAREER A	ND FUTURE	
	READINESS, AND BY CONNECTING CALLERS TO EDUCATION RESOUR	<u>CES VIA ITS 2</u>	211
	RESOURCE HELPLINE. UNITED WAY ALSO MAKES LASTING CHANGE	TO IMPROVE TH	ΙE
	EDUCATION SYSTEM THROUGH ITS 80X3 INITIATIVE, WHICH IS F	OCUSED ON	
	EXPANDING EARLY CHILDHOOD TRAUMA-INFORMED CARE; CAREER A	CADEMIES	
	INITIATIVE, FOCUSED ON EXPANDING ACCESS TO WEALTH-BUILDI	NG CAREERS FO)R
	YOUTH; AND ADVOCACY EFFORTS THAT SUPPORT QUALITY CHILDCA	RE AND YOUNG	
	PEOPLE'S CAREER READINESS. IN 2023, UNITED WAY AND ITS P		
4c	(Code:) (Expenses \$ 11,185,453. including grants of \$ 11,185,453.) (Rever	nue\$ 77,4	119.)
	DONOR DESIGNATIONS - GTCUW FUNDRAISING RESULTS ALSO INCL		/
	CONTRIBUTIONS TO UNITED WAY THAT DONORS DIRECT TO SPECIF		<u>г</u>
	ORGANIZATIONS. THERE WERE 5,654 DONOR DESIGNATIONS TO 1,		
	2023.		
A -!	Other program comission (Decerities on Selecture O)		
40	Other program services (Describe on Schedule O.)	945,421.)	
		<u>94</u> J,441•)	
4e	Total program service expenses 38,898,810.		
			90 (2023)
332002	12-21-23 SEE SCHEDULE O FOR CONTINUATION (S) /	

Form	990	(2023)

 Form 990 (2023)
 GREATER
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 CITIES
 UNITED
 WAY

 Part IV
 Checklist of Required Schedules
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			Yes	No		
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?					
	If "Yes," complete Schedule A	1	Х			
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х			
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for					
	public office? If "Yes," complete Schedule C, Part I	3		X		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect					
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х			
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or					
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to					
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,					
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete					
	Schedule D, Part III	8		X		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for					
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?					
	If "Yes," complete Schedule D, Part IV	9		X		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		х			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V					
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,					
	as applicable.					
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,					
	Part VI	<u>11a</u>	Х			
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total		37			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X			
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			v		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X		
a	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			x		
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X		
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e				
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	4 4 4	х			
100	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	~			
IZd		12a	х			
h	Schedule D, Parts XI and XII	120				
D	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12h		x		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	120		X		
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,					
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000					
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any					
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to					
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,					
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х			
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines					
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes,"					
	complete Schedule G, Part III	19		X		
20a		20a		X		
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b				
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or					
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х			

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Form	990	(2023)
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GREATER TWIN CITIES UNITED WAY Part IV Checklist of Required Schedules (continued)

			Yes	No			
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on						
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current						
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes, " complete						
	Schedule J	23	Х				
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the						
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete						
	Schedule K. If "No," go to line 25a	24a		x			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b					
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease						
	any tax-exempt bonds?	24c					
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d					
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit						
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x			
b	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and						
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete						
	Schedule L. Part I	25b		x			
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current						
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%						
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x			
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,						
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled						
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x			
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,						
20	instructions for applicable filing thresholds, conditions, and exceptions):						
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>						
	"Yes," complete Schedule L, Part IV	28a		x			
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x			
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>						
-	"Yes," complete Schedule L, Part IV	28c		x			
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	<u> </u>			
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation						
	contributions? If "Yes," complete Schedule M	30		x			
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X			
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>					
0L	Schedule N, Part II	32		x			
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			<u> </u>			
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x			
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and						
01	Part V, line 1	34		x			
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x			
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	000		<u> </u>			
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b					
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	000					
50		36		x			
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	- 50					
57	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x			
38							
30	Notes All Form 2020 Class and an include control to Ocheck to O	38	х				
Pa		<u> </u>	17	<u> </u>			
	Check if Schedule O contains a response or note to any line in this Part V						
		<u></u>	Vac				
4	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 98		Yes	No			
a	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	-					

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

Form	990 (2023) GREATER TWIN CITIES UNITED WAY 41-1973	442	P	_{age} 5				
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)							
			Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return 2a 216							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х				
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b						
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х				
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х				
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c						
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit							
	any contributions that were not tax deductible as charitable contributions?	6a		Х				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?	7c		Х				
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х				
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
	sponsoring organization have excess business holdings at any time during the year?							
9	9 Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12 10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b							
11	Section 501(c)(12) organizations. Enter:							
	Gross income from members or shareholders 11a							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?	<u>13a</u>						
	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans	-						
С	Enter the amount of reserves on hand			37				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b						
15								
	excess parachute payment(s) during the year?							
	If "Yes," see the instructions and file Form 4720, Schedule N.							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х				
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17						
	If "Yes," complete Form 6069.							

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Form 990 (2023)

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

X

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.

Sec	tion A. Governing Body and Management						
						Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		56			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		56			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with	any other				
	officer, director, trustee, or key employee?		-		2	Х	
3	Did the organization delegate control over management duties customarily performed by or under th						
					3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form S				4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as			r	5		Х
6	Did the organization have members or stockholders?				6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a						
	more members of the governing body?				7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s						
	persons other than the governing body?				7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye			···· [
а	The governing body?		-		8a	Х	
b	Each committee with authority to act on behalf of the governing body?				8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea						
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O				9	Х	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)				
						Yes	No
10a	Did the organization have local chapters, branches, or affiliates?				10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such ch						
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	ly befo	re filing the form	1?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			I	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? // "	Yes," c	lescribe				
	on Schedule O how this was done				12c	Х	
13	Did the organization have a written whistleblower policy?				13	Х	
14	Did the organization have a written document retention and destruction policy?				14	Х	
15	Did the process for determining compensation of the following persons include a review and approva	al by ir	Idependent				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?						
а	The organization's CEO, Executive Director, or top management official				15a	Х	
b	Other officers or key employees of the organization				15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment v	vith a				
	taxable entity during the year?				16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	ite its p	participation				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nizatio	n's				
	exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	ind 990	D-T (section 501)	(c)(3)s	only)	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website Another's website X Upon request Other (explain	n on S	chedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict	of interest policy	/, and	financ	cial	
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks an	d 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 al of the organization of current key employees, if any, see the instructions for definition of Key employees.

• 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)	(B)		(C)		(D)	(E)	(F)			
Name and title	Average	(do		Pos		۱ than e	ane	Reportable Reportable		Estimated
	hours per	box	, unle	ss pei	rson i	on is both an ector/trustee)		compensation	compensation	amount of
	week		cer ar		recio	n/trus	lee)	from	from related	other
	(list any	ndividual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	ruste	nstitutional trustee		/ee	mpen		1099-NEC)	1033-NEO)	and related
	below	dual t	utiona	-	ƙey employee	st co	L.			organizations
	line)	Indivi	Institu	Officer	Key e	Highest compensated employee	Former			5
JIM ZAPPA	1.00									
BOARD CHAIR		Х		Х				0.	0.	0.
TROY ZIERDEN	1.00									
TREASURER		Х		Х				0.	0.	0.
MIQUEL MCMOORE	1.00									
SECRETARY		Х		Х				0.	0.	0.
BRIAN ALLINGHAM	1.00									
BOARD MEMBER		Х						0.	0.	0.
LAMAR ANDERSON	1.00									
BOARD MEMBER		Х						0.	0.	0.
STACY BOGART	1.00									
BOARD MEMBER		Х						0.	0.	0.
SHIRLEY BOYD	1.00									
BOARD MEMBER		Х						0.	0.	0.
COLLIN BRINKMAN	1.00									
BOARD MEMBER		Х						0.	0.	0.
SUZANNE FULLER BURKS	1.00									
BOARD MEMBER		Х						0.	0.	0.
JUSTIN BUTLER	1.00									
BOARD MEMBER		Х						0.	0.	0.
PAMELA CANNON	1.00									
BOARD MEMBER		Х						0.	0.	0.
ERICK CHI	1.00									
BOARD MEMBER		Х						0.	0.	0.
ANU CODATY	1.00									
BOARD MEMBER		Х						0.	0.	0.
PATRICIA CORREA	1.00									
BOARD MEMBER		Х						0.	0.	0.
DEREK CUNZ	1.00									
BOARD MEMBER		Х						0.	0.	0.
ERIN DADY	1.00									
BOARD MEMBER		Х						0.	0.	0.
AMY DAHL	1.00									_
BOARD MEMBER		Х						0.	0.	0.

Form 990 (2023) GREATER 1									41-19	734	442	Pa	.ge 8
Part VII Section A. Officers, Directors, Trust		ploy	ees,			ghes	t Co		· ,	— <u> </u>		<u> </u>	
(A) Name and title	(B) Average hours per week	box	not cl , unles	(C Posi heck r ss pers id a dii	nore f	than o s both	an	(D) Reportable compensation from	(E) Reportable compensatior from related	ı	Estir amo	(F) mateo ount c ther	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS(1099-NEC)		compe fror orgar	ensat m the nizatio relate	e on ed
LATANYA DANIELS BOARD MEMBER	1.00	х						0.		0.			0.
LISA DEVERELL	1.00												
BOARD MEMBER		Х						0.		0.			0.
CHRIS DOLAN BOARD MEMBER	1.00	х						0.		0.			0.
KWEILIN ELLINGRUD	1.00												_
BOARD MEMBER		Х						0.		0.			0.
KIERA FERNANDEZ BOARD MEMBER	1.00	х						0.		ο.			0.
PETER FROSCH	1.00												
BOARD MEMBER	1 0 0	Х						0.		0.			0.
DIEGO ARIAS GARCIA BOARD MEMBER	1.00	x						0					Ο.
CHERYL HADAWAY	1.00	Λ						0.		0.			0.
BOARD MEMBER	1.00	х						0.		0.			Ο.
ROBIN HICKMAN-WINFIELD	1.00												••
BOARD MEMBER		х						0.		0.			Ο.
1b Subtotal								0.		0.			0.
c Total from continuation sheets to Part VI	, Section A							2,142,572.		0.	260		
d Total (add lines 1b and 1c)								2,142,572.		0.	260	,92	28.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove)) who	o re	ceived more than \$100,	000 of reportable				<u></u>
compensation from the organization												/es	33 No
2 Did the exception list on former officer	director truct						hia	hast componented amp		ſ	T	res	NO
3 Did the organization list any former officer,	-		•	•	•		Ŭ	• •	•		3		Х
line 1a? If "Yes," complete Schedule J for stFor any individual listed on line 1a, is the su													
and related organizations greater than \$150	-								-		4	x	
5 Did any person listed on line 1a receive or a	,												
rendered to the organization? If "Yes," com	plete Schedule	e J fo	or su	ich p	berso	on .					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest cor	-	-								ensat	ion from	n	
the organization. Report compensation for t	he calendar ye	ear e	endin	ig wi	ith o	or wit	hin I		ear.				
(A) Name and business	address							(B) Description of s	ervices	С	(C) ompens		ı
HYLDEN ADVOCACY & LAW, 31		VE	•	s.				ADVOCACY CON					
SUITE 9200, MINNEAPOLIS, MN 55415 SERVICES									226	,50	0.		
KA NICHOLAS CONSULTING LL	С						I	BREAKTHROUGH				-	
1221 BLAIR AVENUE, ST. PA	UL, MN	55	10	4			_(CONSULTING S	ERVICES		149	,23	88.
							-						
							+						
										_			

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

	ER TWIN CIT							Compensated Employe	41-197	
(A)	(B)		<u>,</u>	(C				(D)	(E)	(F)
Name and title	Average			Posi				Reportable	Reportable	Estimated
	hours	(cl		all t			y)	compensation	compensation	amount of
	per						-	from	from related	other
	week	_				oyee		the	organizations	compensatior
	(list any	irecto				em pl		organization	(W-2/1099-MISC)	from the
	hours for related	e or d	tee			sated		(W-2/1099-MISC)		organization and related
	organizations	truste	al trus		yee	m pen				organizations
	below	Individual trustee or director	Institutional trustee	ы.	Key employee	Highest compensated employee	er			- gain_aaiono
	line)	Indiv	Instit	Officer	Key (High	Former			
KAREN HIMLE	1.00									
BOARD MEMBER		Х						0.	0.	0
ALYN HOVE	1.00									
BOARD MEMBER		Х						0.	0.	0
AY JONCAS	1.00									
BOARD MEMBER		Х						0.	0.	0
SEITU JONES	1.00									
BOARD MEMBER		х						0.	0.	0
AM KERMISCH	1.00									
BOARD MEMBER		Х						0.	0.	0
MATT KUCHARSKI	1.00									
BOARD MEMBER		Х						0.	0.	0
JOHN LINDAHL	1.00									
BOARD MEMBER		Х						0.	0.	0
DARIN LYNCH	1.00									
BOARD MEMBER		Х						0.	0.	0
IIKE MAESER	1.00								•	
BOARD MEMBER	1.00	Х						0.	0.	0
MATT MARSH	1.00								0	
SOARD MEMBER	1 0 0	Х						0.	0.	0
CODD MARSHALL	1.00								0	
SOARD MEMBER	1 0 0	Х						0.	0.	0
AL MCFARLANE	1.00								0	
BOARD MEMBER	1 0 0	Х						0.	0.	0
ERIN HORNE MCKINNEY	1.00								0	
SOARD MEMBER	1 00	Х						0.	0.	0
INA MURRAY	1.00	v						0	0	
SOARD MEMBER	1 00	X						0.	0.	0
KARIN NELSEN BOARD MEMBER	1.00	x						0.	0.	
IIKE O'LEARY	1.00	^	-					0.	0.	0
BOARD MEMBER	1.00	x						0.	0.	0
KERA PETERSON	1.00							0.	0.	
BOARD MEMBER	1.00	x						0.	0.	0
CHAD POITRA	1.00							U•	0.	
BOARD MEMBER	1.00	x						0.	0.	0
JOHN POTTER	1.00	<u></u>	-						0.	0
BOARD MEMBER	1.00	x						0.	0.	0
AURI ROBERTS	1.00	<u></u>	-						0.	
BOARD MEMBER	1.00	x						0.	0.	0
		Δ	1					0.	0.	<u> </u>

(B) Average hours per week (list any hours for related organizations below line) 1.00			(C Posit all t	;) tion hat a			Compensated Employe (D) Reportable compensation from	(E) Reportable compensation	(F) Estimated amount of
Average hours per week (list any hours for related organizations below line) 1.00		heck	Positi all t	tion hat a		y)	Reportable compensation	Reportable compensation	Estimated amount of
hours per week (list any hours for related organizations below line) 1.00		heck	all t	hat a		y)	compensation	compensation	amount of
per week (list any hours for related organizations below line) 1.00						у)		•	
week (list any hours for related organizations below line) 1.00	Individual trustee or director	stitutional trustee	Ŀ		nployee		from	ا - ا - ا - بر ممر میر	
(list any hours for related organizations below line) 1.00	Individual trustee or director	stitutional trustee			n plo yee			from related	other
hours for related organizations below line) 1.00	Individual trustee or direct	stitutional trustee			Ē		the organization	organizations (W-2/1099-MISC)	compensation from the
related organizations below line) 1.00	Individual trustee or	stitutional trustee			d er		(W-2/1099-MISC)	(00-2/1099-101130)	organization
below line) 1.00	Individual trust	stitutional tru			nsate				and related
line) 1.00	Individua	stitutio	<u> </u>	oyee	ompe				organizations
1.00	Indi	ST I	Ce	Key employee	hest c	Former			
		-	Officer	Key	Hig	For			
								0	•
1 00	Х			_			0.	0.	0.
1.00	37						0	0	0
1 0 0	X			_			0.	0.	0.
1.00	v						0	0	0.
1 00	Δ			_			0.	0.	0.
1.00	v						n	0	0.
1.00	Δ						0.	0.	0.
1.00	x						0.	0.	0.
1.00									
	х						0.	0.	0.
1.00									
	х						0.	0.	0.
1.00									
	Х						0.	0.	0.
1.00									
1 00	Х						0.	0.	0.
1.00							0	0	0
40.00	X			_			0.	0.	0.
40.00			v				450 010	0	16 200
10 00			Δ	_			450,912.	0.	46,398.
40.00			v				197 595	0	24,171.
10 00			^	-			107,505.	0.	24,1/1.
40.00				v			173 5/3	0	11,949.
40,00							1/3,545.		11,949.
				x			171.743.	0.	11,766.
40.00							1/1//100		
				x			159,948.	0.	34,461.
40.00							,		
				x			151,296.	0.	17,864.
40.00									
				x			152,267.	0.	9,744.
40.00				T					
					х		144,747.	0.	15,549.
40.00									
					Х		141,222.	0.	36,338.
40.00								<u>,</u>	
					Х		138,703.	0.	20,092.
	$ \begin{array}{c} 1.00\\ 1.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.00\\ 40.$	1.00 X 1.00 X 1.00 X 1.00 X 1.00 X 1.00 X 1.00 X 1.00 X 1.00 X 1.00 40.00 40.00 40.00 40.00 40.00 40.00	1.00 X 1.00 X 40.00 X 40.00 40.00 40 40.00 40.00 40 40.00 40.00 40 40.00	$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	$\begin{array}{c cccccc} 1.00 \\ & x \\ 1.00$	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	$\begin{array}{c c c c c c c c c c c c c c c c c c c $

Form 990 GREATER									41-197	3442
Part VII Section A. Officers, Directors, Tru		nplo	yee			ligh	est (, ,	
(A) Name and title	(B) Average hours	(cl		Pos	C) itior that	n app	ly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest compensated em ployee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
CERI STEER	40.00							100 004		44 954
SENIOR DIRECTOR IT ELLIOTT ERICKSON	40.00				-	X		137,234.	0.	11,351.
ASSOCIATE VP DATA STRATEGY, CAMPAIGN	40.00					x		133,372.	0.	21,245.
		-								
		-								
		-								
Total to Part VII, Section A, line 1c								2,142,572.		260,928.

Form	990	0 (2	2023) GRE	CAT	ER T	WIN	CITIES UN	NITED WAY		41-1973	442 Page 9
Pa			Statement of Re								
			Check if Schedule O	conta	ains a re	sponse	or note to any lin	e in this Part VIII (A)	(B)		D
								(A) Total revenue	Related or exempt		Revenue excluded
S S	1	а	Federated campaigns		-	la	123,157.				
ran			Membership dues			lb					
ло С		с	Fundraising events			lc					
ar A						ld					
s, s		е	Government grants (contr	ributi	ons) -	le	2,928,979.				
risi		f	All other contributions, gifts,	grant	ts, and						
Contributions, Gifts, Grants and Other Similar Amounts			similar amounts not included	l abov		If	44,980,215.				
ndr D		g	Noncash contributions included in	lines 1	la-1f	lg \$	1,396,867.				
<u>ų p</u>		h	Total. Add lines 1a-1f					48,032,351.			
							Business Code	000.004	000.004		
ice	2		FEES FOR SERVICE				900099	906,964.			
erv ue		~	MEMBERSHIPS				900099	38,457.	38,457.		
m S Ven		C									
Program Service Revenue		d									
Pro		e f	All other program service	rovo	nuo						
_			Total. Add lines 2a-2f					945,421.			
	3		Investment income (includ								
	-			-				1,607,693.			1607693.
	4		Income from investment of								
	5		Royalties	<u></u> .							
					1	Real	(ii) Personal				
	6	а	Gross rents	6a	4	0,191.					
		b	Less: rental expenses	6b		0.					
		с	Rental income or (loss)	6c	4	0,191.					
			Net rental income or (loss) <u></u>				40,191.			40,191.
	7	а	Gross amount from sales of			curities	(ii) Other				
			assets other than inventory	7a	1,08	9,244.	161,579.				
0		b	Less: cost or other basis	_	1 00	7 700	0				
evenue		_	and sales expenses	7b 7c	1,08	1,445.					
eve			Gain or (loss) Net gain or (loss)					163,024.			163,024.
er B			Gross income from fundraisi								
Other	0	a	including \$								
Ŭ			contributions reported on								
			Part IV, line 18		-		1				
		b	Less: direct expenses								
		с	Net income or (loss) from	fund	raising e	events					
	9	а	Gross income from gamin	ng ac	tivities.	See					
			Part IV, line 19			9a	1				
			Less: direct expenses								
			Net income or (loss) from			vities					
	10	а	Gross sales of inventory, I								
			and allowances								
			Less: cost of goods sold								
		С	Net income or (loss) from	sales	s of inve	ntory .	Business Code				
sn	44	~	DESIGNATION COST REG	COVE	RY		900099	77,419.	77,419.		
oer ue	11	-	MISCELLANEOUS INCOM				900099	37,875.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		37,875.
scellaneo <u>Revenue</u>			LICENSE FEE	-			900099	23,775.			23,775.
Miscellaneous Revenue			All other revenue								
Ē			Total. Add lines 11a-11d				L	139,069.			
	10		Total revenue See instruction					50 927 749.	1 022 840.	0.	1872558.

GREATER TWIN CITIES UNITED WAY

Page **9**

41-1973442

Form 990 (2023)

GREATER TWIN CITIES UNITED WAY 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).

<u></u>	Check if Schedule O contains a respor				
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	25,074,002.	25,074,002.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	1,603,647.	702,221.	299,531.	601,895.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	13,188,094.	7,123,455.	1,674,605.	4,390,034.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	603,828.	323,240.	66,170.	214,418.
9	Other employee benefits	1,555,198.	830,504.	182,893.	541,801.
10	Payroll taxes	1,066,793.	565,773.	120,722.	380,298.
11	Fees for services (nonemployees):				
а	Management	= 1	0.445		1 0 0 7
	Legal	54,668.	2,415.	51,246.	1,007.
	Accounting	107,190.		107,190.	
	Lobbying	207,704.	207,704.		100 200
	Professional fundraising services. See Part IV, line 17	120,320.		00 107	120,320.
f	Investment management fees	99,187.		99,187.	
g		0 107 7CF	1 652 205	220 001	254 570
	column (A), amount, list line 11g expenses on Sch 0.)	2,137,765. 410,091.	1,653,305. 201,356.	<u>229,881</u> . 15,067.	<u>254,579.</u> 193,668.
12	Advertising and promotion	429,873.	378,743.	29,230.	21,900.
13	Office expenses	755,220.	445,966.	130,101.	179,153.
14	Information technology	755,220.	445,900.	130,101.	1/9,133.
15	Royalties	585,250.	340,510.	103,154.	141,586.
16 17		30,778.	17,979.	794.	12,005.
18	Travel Payments of travel or entertainment expenses	50,110.	Y, 57, 5 •	1940	12,005.
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	348,257.	242,749.	34,519.	70,989.
20	Interest				
21	Payments to affiliates	500,364.	288,213.	90,930.	121,221.
22	Depreciation, depletion, and amortization	416,888.	240,131.	75,759.	100,998.
23	Insurance		-	-	-
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	DONATED SUPPLIES AND TI	159,069.	150,651.	1,307.	7,111.
b		96,025.	96,025.		
с	MISCELLANEOUS	61,938.	13,868.	10,363.	37,707.
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	49,612,149.	38,898,810.	3,322,649.	7,390,690.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Farma 990 (0000)

GREATER I	rwin	CITIES	UNITED	WAY
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Balance Sheet		
Check if Schedule O contains a response or note to any line in this Part X		
	(A)	

		Check il Schedule O contains a response of note				
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		8,337,277.	1	14,277,104
	2	Savings and temporary cash investments		1,588,680.	2	3,051,223
	3	Pledges and grants receivable, net		51,649,818.	3	50,687,254
	4	Accounts receivable, net		176,698.	4	156,495
	5	Loans and other receivables from any current or				
	Ŭ	trustee, key employee, creator or founder, substa				
		controlled entity or family member of any of thes			5	
	6	Loans and other receivables from other disqualif			, v	
	U	under section 4958(f)(1)), and persons described			6	
	7				7	
Assets	7	Notes and loans receivable, net			8	
Ass	8	Inventories for sale or use		481,038.	0 9	481,877
`	9		 I I	401,050.	9	401,077
	10a	Land, buildings, and equipment: cost or other	10a 10,988,129.			
		basis. Complete Part VI of Schedule D		2,020,936.	40.	2,560,366
		Less: accumulated depreciation		17,940,794.	10c	12,004,106
	11	Investments - publicly traded securities		56,655,099.	11	
	12	Investments - other securities. See Part IV, line 1		50,055,099.	12	61,496,221
	13	Investments - program-related. See Part IV, line 1			13	
	14	Intangible assets			14	2 4 6 2 4 9 2
	15	Other assets. See Part IV, line 11		2,272,115.	15	2,463,493
	16	Total assets. Add lines 1 through 15 (must equa		141,122,455.	16	147,178,139
	17	Accounts payable and accrued expenses		1,806,765.	17	2,094,411
	18	Grants payable		4,528,657.	18	3,594,599
	19	Deferred revenue		290,075.	19	103,930
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete F			21	
es	22	Loans and other payables to any current or form				
Liabilities		trustee, key employee, creator or founder, substa				
iab		controlled entity or family member of any of thes			22	
-	23	Secured mortgages and notes payable to unrelate			23	
	24	Unsecured notes and loans payable to unrelated	third parties		24	
	25	Other liabilities (including federal income tax, pay				
		parties, and other liabilities not included on lines	17-24). Complete Part X			
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		6,625,497.	26	5,792,940
		Organizations that follow FASB ASC 958, chee	ck here X			
ces		and complete lines 27, 28, 32, and 33.				
lan	27	Net assets without donor restrictions		27,827,800.	27	29,237,479
Ba	28	Net assets with donor restrictions	<u></u>	106,669,158.	28	112,147,720
pur		Organizations that do not follow FASB ASC 95	58, check here			
Ē		and complete lines 29 through 33.				
o s	29	Capital stock or trust principal, or current funds			29	
set	30	Paid-in or capital surplus, or land, building, or eq	uipment fund		30	
As	31	Retained earnings, endowment, accumulated inc	come, or other funds		31	
Net Assets or Fund Balances	32	Total net assets or fund balances		134,496,958.	32	141,385,199
_	33	Total liabilities and net assets/fund balances	141,122,455.	33	147,178,139	

Form 990 (2023)
Part X Balanc

	990 (2023) GREATER TWIN CITIES UNITED WAY	41-1	L973442	Pag	_{ge} 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	50,927		
2	Total expenses (must equal Part IX, column (A), line 25)	2	49,612	2,14	<u> 19.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	1,315	5,60	00.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	134,496	5,95	<u>58.</u>
5	Net unrealized gains (losses) on investments	5	5,381	.,26	54.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	191	1,37	77.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	141,385	5,19	<u> 99.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	О.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
	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?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
с	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?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule 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?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits				
				000 /	

Form **990** (2023)

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

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

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

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

OMB No. 1545-0047
2023
Open to Public Inspection

Name of the organization

Name	lame of the organization Employer identification number								
				ITIES UNITED					1-1973442
Part	I	Reason for Public (Charity Status.	All organizations must c	complete th	nis part.) S	ee instruction	s.	
The or	gani	zation is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only o	one box.)			
1 🗋		A church, convention of chu	urches, or associatio	n of churches described	l in sectio	n 170(b)(1	l)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (/	Attach Schedule E (Forn	n 990).)				
3 🗌		A hospital or a cooperative	hospital service orga	nization described in s	ection 170	(b)(1)(A)(ii	i).		
4		A medical research organization	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and state:							
5 🗌		An organization operated for	or the benefit of a col	lege or university owned	d or operate	ed by a go	vernmental u	nit describe	ed in
_		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6 🗌		A federal, state, or local gov	vernment or governm	nental unit described in	section 17	′0(b)(1)(A)	(v).		
7 🗋	X	An organization that norma	lly receives a substar	ntial part of its support f	rom a gove	ernmental	unit or from th	ne general j	oublic described in
_	_	section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8 _		A community trust describe	ed in section 170(b)(1)(A)(vi). (Complete Par	t II.)				
9 🗌		An agricultural research org	anization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a	land-grant	college
		or university or a non-land-g	grant college of agricu	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
	_	university:							
10 🗌		An organization that norma	• • • •					-	•
		activities related to its exem		-					-
		income and unrelated busir		(less section 511 tax) fro	om busines	ses acqui	red by the org	anization a	after June 30, 1975.
4 - E	_	See section 509(a)(2). (Con	. ,	and the stand for a shift of a	(. h 0		(-)(4)		
11 ∟ 10 □	-	An organization organized a	-	•	•				
12 🗌		An organization organized a	-	-	-			•	
		more publicly supported org lines 12a through 12d that	-						
а		Type I. A supporting orga						-	aivina
u	L	the supported organization			•	-			
		organization. You must c			i majonty o				pporting
b		Type II. A supporting org	-		tion with its	s sunnorte	d organizatio	n(s) by hay	vina
~		control or management o	-				•		•
		organization(s). You mus						ge the earpr	
с] Type III functionally inte	-		in connect	ion with. a	and functional	lv integrate	ed with.
		its supported organization						, ,	
d] Type III non-functionally		-				ted organiz	zation(s)
		that is not functionally int						-	
		requirement (see instructi	ions). You must con	nplete Part IV, Sections	A and D,	and Part	V.		
е		Check this box if the orga	anization received a v	vritten determination fro	m the IRS	that it is a	Type I, Type	II, Type III	
		functionally integrated, or	Type III non-functior	nally integrated supporti	ng organiz	ation.			
		r the number of supported o	•						
g		ide the following information			L C Martha and	- Contraction Protocol			
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) IS the orga in your governi	inization listed ng document?	(v) Amount of support (see ir	-	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see if	istructions)	support (see instructions)
Total									

GREATER TWIN CITIES UNITED WAY

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 failed to qualify under the total below, please complete Part III)

fails to qualify under the tests listed below	, please complete Part III.)
-----------------------------------------------	------------------------------

Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023	(f) Total						
1 Gifts, grants, contributions, and							
membership fees received. (Do not							
include any "unusual grants.") 56545814.55071585.49174153.70104640.48032351.27	8928543						
2 Tax revenues levied for the organ-							
ization's benefit and either paid to							
or expended on its behalf							
3 The value of services or facilities							
furnished by a governmental unit to							
the organization without charge							
4 Total. Add lines 1 through 3 56545814.55071585.49174153.70104640.48032351.27	8928543						
5 The portion of total contributions							
by each person (other than a							
governmental unit or publicly							
supported organization) included							
on line 1 that exceeds 2% of the							
amount shown on line 11,							
	822708.						
	5105835						
Section B. Total Support	5105055						
Calendar year (or fiscal year beginning in) (a) 2019 (b) 2020 (c) 2021 (d) 2022 (e) 2023	(f) Total						
7 Amounts from line 4 56545814.55071585.49174153.70104640.48032351.27							
8 Gross income from interest.	0720345						
dividends, payments received on							
securities loans, rents, royalties, and income from similar sources 1307036. 967,130. 1199780. 913,155. 1647884. 6	034985.						
	034903.						
9 Net income from unrelated business							
activities, whether or not the							
business is regularly carried on							
10 Other income. Do not include gain							
or loss from the sale of capital							
assets (Explain in Part VI.) 35,818. 165,259. 279,634. 40,547. 45,694. 5							
	5530480						
	87,123.						
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3)							
organization, check this box and stop here							
Section C. Computation of Public Support Percentage	0.24						
	9.34 %						
	0.85 %						
16a 33 1/3% support test - 2023. 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 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box							
and stop here. The organization qualifies as a publicly supported organization							
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or manual statements of the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or manual statements of the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or manual statements of the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or manual statements of the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or manual statements of the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or manual statements of the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or manual statements of the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or manual statements of the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or manual statements of the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or manual statements of the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or manual statements of the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or manual statements of the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or manual statements of the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or manual statements of the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or manual statements of the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or manual statements of the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or manual statements of the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or manual statements of the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or manual statements of th							
and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organizatio	n						
meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization							
b 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10%	or						
more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the							
organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization							
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions							

Schedule A (Form 990) 2023

Schedule A	Form 990) 2023
concauto / (0000	,

GREATER TWIN CITIES UNITED WAY 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. Fublic Support						
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 202	23 (f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to						
 or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 202	23 (f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
 c Add lines 10a and 10b 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on 						
 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.) 						
14 First 5 years. If the Form 990 is for the	L	I	fourth or fifth toy	Vear as a soction f	1 501(c)(3) or cr	I
alasali dain bay and atam baya				•		
Section C. Computation of Publ	ic Support Per					
15 Public support percentage for 2023 ((f)		15	0/
			.,,			%
16 Public support percentage from 2022 Section D. Computation of Invest					16	%
•			no 12 optimin (*)		47	
17 Investment income percentage for 20					17	%
18 Investment income percentage from						%
19a 33 1/3% support tests - 2023. If the						I line 1 / is not
more than 33 1/3%, check this box a b 33 1/3% support tests - 2022. If the	-	•				
line 18 is not more than 33 1/3%, che	-					
20 Private foundation. If the organization			-		-	

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.)

GREATER TWIN CITIES UNITED WAY

Section A. All Supporting Organizations

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

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

Yes

No

GREATER TWIN CITIES UNITED WAY Schedule A (Form 990) 2023 Part IV Supporting Organizations (continued) Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? 11a b A family member of a person described on line 11a above? 11b c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide

<u>detail in Part VI.</u> Section B. Type I Supporting Organizations

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

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

Section D. All Type III Supporting Organizations

	_	١	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

Section E. Type III Functionally Integrated Supporting Organizations

- Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). 1
- The organization satisfied the Activities Test. Complete line 2 below. а
- The organization is the parent of each of its supported organizations. Complete line 3 below. b

с		The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instruction <u>s).</u>
---	--	---------------------------------------------------	------------------------------------------------------------------------------------------------

- Activities Test. Answer lines 2a and 2b below. 2
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes." then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes." explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- Parent of Supported Organizations. Answer lines 3a and 3b below. 3
- a 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? If "Yes" or "No" provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

2a

2b

3a

Yes No

11c

7

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

instructions).

Schedule A (Form 990) 2023

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

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		

332026 12-21-23

Schedule A (Form 990) 2023

c Remainder. Subtract lines 4a and 4b from line 4. 5 Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater

than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2024. Add lines 3j

Part VI. See instructions.

and 4c. 8 Breakdown of line 7: a Excess from 2019 b Excess from 2020 c Excess from 2021 d Excess from 2022 e Excess from 2023

Sche		CITIES UNITED N		4	1-1973442 Pag
Pa	rt V Type III Non-Functionally Integrated 509((a)(3) Supporting Orga	nizations (continu	ued)	
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	าร	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				

Schedule A (Form 990) 2023

34<u>42 Page 7</u>

Schedule A	. (Form 990) 2023	GREATER	TWIN	CITIES	UNITED	WAY	41-1973442	Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1	nation. Provid 2, 3b, 3c, 4b, 4d lines 2 and 3; Pa	le the expla c, 5a, 6, 9a, rt IV, Sectio	nations requ 9b, 9c, 11a, on E, lines 1c.	ired by Part II, 11b, and 11c; , 2a, 2b, 3a, ar	line 10; Part II, line 1 ; Part IV, Section B, li nd 3b; Part V, line 1; I	7a or 17b; Part III, line 12; nes 1 and 2; Part IV, Section (Part V, Section B, line 1e; Part	5.

** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2023

Employer identification number

Schedule	В
(Form 990)	

Department of the Treasury Internal Revenue Service

Name of the organization

GREATER	TWIN	CITIES	UNITED	WAY	
---------	------	--------	--------	-----	--

41-1973442

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

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

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

General Rule

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

Special Rules

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

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

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

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).

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

GREATER TWIN CITIES UNITED WAY

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
<u> 1 </u>		\$ <u>2,105,647.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>998,391.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occupient Payroll Payroll Occupient Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll On Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

41-1973442

		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 s	
23453 12-26-23		\$	Schedule B (Form 990)

ganization		

GREATER TWIN CITIES UNITED WAY

Employer identification number

41-1973442

Part II	Noncash Property (see instructions). Use duplicate copies of Part	II it additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		_	
		—	
		_\$	

Schedule B (Form 990) (2023)

Name of org

Schedule B (F	Form 990) (2023)			Page 4
Name of orgar	nization			Employer identification number
GREATER	TWIN CITIES UNITED WA	Y		41-1973442
Part III E		s to organizations described		(c)(7), (8), or (10) that total more than \$1,000 for the year
сс	ompleting Part III, enter the total of exclusively religious, cha	aritable, etc., contributions of \$1,0	00 or less for the	e year. (Enter this info. once.) \$
(a) No.	Ise duplicate copies of Part III if additional sp 	ace is needed.		
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	1 7ID + <i>A</i>	Be	elationship of transferor to transferee
	Transferee 5 name, address, and			
-				
(a) No. from				(a) Decembran of how with in hold
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	3 ZIP + 4	Re	elationship of transferor to transferee
_				
-				
(a) No. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
Part I				
_				
—				
	I	(e) Transfer	of aift	
			5	
	Transferee's name, address, and	d ZIP + 4	Re	elationship 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	
	Turnetensels and the		-	
	Transferee's name, address, and	2 ZIP + 4	Re	elationship of transferor to transferee
_		_		

SCHEDULE C	Political Campaign and Lobbying Activities	OMB No. 1545-0047		
(Form 990)	For Organizations Exempt From Income Tax Under Section 501(c) and Section 527	2023		
Department of the Treasury Internal Revenue Service	Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.			
If the organization ans	wered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activi	ties), then:		
 Section 501(c)(3) org 	anizations: Complete Parts I-A and B. Do not complete Part I-C.			
 Section 501(c) (othe 	r 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	

Nar	ne of organization				Emplo	oyer identificatio	n number
	GREATE	R TWIN CITIES UNIT	ED WAY			41-19734	42
Pa	art I-A Complete if the or	ganization is exempt under	r section 501(c)	or is a section 52	27 org	anization.	
1 2 3	Political campaign activity expend	ization's direct and indirect political litures aign activities			-		
Pa	art I-B Complete if the or	ganization is exempt under	r section 501(c)	(3).			
1		x incurred by the organization unde	r section 4955		\$		
2	Enter the amount of any excise ta	x incurred by organization managers	s under section 4955	5	\$		
3	If the organization incurred a section	on 4955 tax, did it file Form 4720 fo	or this year?			🛄 Yes	📃 No
						Yes	No No
_	o If "Yes," describe in Part IV. art I-C Complete if the or	ganization is exempt under	r aportion $F(1/a)$	avaant agation	501(0)	(2)	
				-		(3).	
		ed by the filing organization for sect inization's funds contributed to othe			Þ.		
2					\$		
3		es. Add lines 1 and 2. Enter here and			Ψ.		
					\$		
4		n 1120-POL for this year?				Yes	No
5		employer identification number (EIN					ation
		ation listed, enter the amount paid				•	
	-	promptly and directly delivered to a s			eparate	segregated fund	or a
		f additional space is needed, provid	1				
	(a) Name	(b) Address	(c) EIN	(d) Amount paid filing organizatio funds. If none, ent	on's	(e) Amount of contributions red promptly and delivered to a political organ If none, ent	ceived and directly separate nization.

_		ER TWIN CITIES UNITED WAY		973442 Page 2
Pa		n is exempt under section 501(c)(3) and fil	ed Form 5768 (ele	ction under
	section 501(h)).			
A (Check if the filing organization belong	s to an affiliated group (and list in Part IV each affiliated	l group member's name	, address, EIN,
	expenses, and share of excess	s lobbying expenditures).		
B	Check if the filing organization check	ed box A and "limited control" provisions apply.		
	Limits on Lobb	ying Expenditures	(a) Filing organization's	(b) Affiliated group totals
	(The term "expenditures" me	eans amounts paid or incurred.)	totals	totals
1a	Total lobbying expenditures to influence publi	c opinion (grassroots lobbying)	5,405.	
b	Total lobbying expenditures to influence a leg	islative body (direct lobbying)	202,299.	
с	Total lobbying expenditures (add lines 1a and	1b)	207,704.	
d	Other exempt purpose expenditures		38,691,106.	
е	Total exempt purpose expenditures (add lines	; 1c and 1d)	38,898,810.	
f	Lobbying nontaxable amount. Enter the amou	int from the following table in both columns.	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.		
g	Grassroots nontaxable amount (enter 25% of	line 1f)	250,000.	
h	Subtract line 1g from line 1a. If zero or less, e	nter -0-	0.	
i	Subtract line 1f from line 1c. If zero or less, er		0.	
j		r line 1h or line 1i, did the organization file Form 4720	-	
				Yes No
		4-Year Averaging Period Under Section 501(h)		_
	(Some organizations that made a	a section 501(h) election do not have to complete all	of the five columns be	low.

See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period							
Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) Total		
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.		
 b Lobbying ceiling amount (150% of line 2a, column(e)) 					6,000,000.		
c Total lobbying expenditures	101,442.	115,833.	210,150.	207,704.	635,129.		
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.		
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.		
f Grassroots lobbying expenditures	860.	1,250.	1,750.	5,405.	9,265.		

Schedule C (Form 990) 2023

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

For e	ach "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description	(a)		(t)
	lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	Media advertisements?				
d	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
	Other activities?				
j	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	n 501(c)(5),	or sec	tion	
	501(c)(6).				
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?				
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the		3		
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered ' answered "Yes."				3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
b	Carryover from last year		2b		
с	Total		2c		
3			. 3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exce	ess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po	olitical			
	expenditures next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions		5		
	t IV Supplemental Information				
Drov	de the descriptions required for Part I.A. line 1: Part I.B. line 1: Part I.C. line 5: Part II.A (affiliated group	liet). Dart II-A	lines 1 a	nd 2 (cap	

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.

(Form	990)
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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.



Employer identification number 41-1973442

Department of the Treasury Internal Revenue Service Name of the organization

GREATER TWIN CITIES UNITED WAY

Par	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Com	plete if the
		(a) Donor advised funds	(b) Funds and oth	er accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advis	sed funds	
	are the organization's property, subject to the organization's e	-		Yes 🗌 No
6	Did the organization inform all grantees, donors, and donor ad			
	for charitable purposes and not for the benefit of the donor or		-	
	impermissible private benefit?			Yes 🗌 No
Par				
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreati	on or education) Preservation of	f a historically important I	and area
	Protection of natural habitat		f a certified historic struct	ture
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	of a conservation easem	ent on the last
	day of the tax year.			End of the Tax Year
а	Total number of conservation easements		2a	
	Number of conservation easements on a certified historic struct			
	Number of conservation easements included on line 2c acquir			
	on a historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, release			tax
	year	, , , , ,	5	
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the period			
	violations, and enforcement of the conservation easements it h			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h			ng the year
				0
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing conserva	ation easements during th	ie year
			C C	
8	Does each conservation easement reported on line 2d above s	satisfy the requirements of section 170(h	n)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?	•		Yes 🗌 No
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial statem	ents that describes the	
	organization's accounting for conservation easements.	-		
Par	t III Organizations Maintaining Collections of A	Art, Historical Treasures, or O	ther Similar Assets.	
	Complete if the organization answered "Yes" on Form S	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its revenue statement a	and balance sheet works	
	of art, historical treasures, or other similar assets held for publi	ic exhibition, education, or research in f	urtherance of public	
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these iten	ns.	
b	If the organization elected, as permitted under FASB ASC 958	, to report in its revenue statement and	balance sheet works of	
	art, historical treasures, or other similar assets held for public e	exhibition, education, or research in furt	herance of public service	3
	provide the following amounts relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1		\$	
2	If the organization received or held works of art, historical treas			
	the following amounts required to be reported under FASB AS			
а	Revenue included on Form 990, Part VIII, line 1	-	\$	
			^	
-	For Paperwork Reduction Act Notice, see the Instructions			D (Form 990) 2023
	09-28-23			. ,

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets _contrued) 3 Using the organization accusation, accusation, and other records, check any of the following that make significant use of its collection items (check all that apply). Callection items (check all that apply). Prever action items (check all that apply). Callection items (check all that apply). Callectio	Sche		TWIN CITIE					1-19			age 2
collection time (check all that apply). Collection time (check all that apply). Collection time (check all that apply). Collection to thuse generations: Collection to the set of the organization sciences and the organization sc	Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or O	ther S	Similar	Assets	(contin	nued)	
a Public exhibition d Lan or exchange program b Scholarly research e Other	3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that ma	ake signi	ificant u	se of its			
b Scholary research e Other c 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 solid to raise funds attent than to be maintained as part of the organization answered 'Yes' on Form 990, Part X/ line 9, or respondent an anount 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, line 21. Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. It lie c Beginning balance It lie Amount d Additions during the year It It 2a Did the organization include an amount on Form 990, Part X, line 21, for secrew or custodial account liability? Ves No b If Yes' exolan the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Part W Endowment Funds Complete if the organization answered 'Yes' on Form 990, Part X, line 21. No b If Yes' exolan the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Part Yes' exolan the arrangement in Part XIII. c Other expenditures		collection items (check all that apply).									
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered 'Yee' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization angent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Yes No b If 'Yes,'' explain the arrangement in Part XIII and complete the following table: Amount Image: Complete intermediary for contributions or other assets not included on Form 990, Part X, line 21. Image: Complete intermediary for contributions or custorial account liability? Yes No b If 'Yes,'' explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII Image: Complete intermeter intermediary for contributions of the years table (e) from yea	а	Public exhibition	d	Loan or exc	hange program						
4 Provide a description of the organization's collections and explain how they further the organization's collection? Ves No 5 During the year, did the organization's collection? Ves No Part IV Escrow and Custodial Arrangements Complete if the organization answered 'Yes' on Form 990, Part N, line 9, or reported an amount on Form 990, Part X, line 21. The second answered 'Yes' 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, line 21. Amount Ves No b If 'Yes, 'explain the arrangement in Part XIII. Oheck here if the explanation has been provided in Part XIII. Part V No Intermediation include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b If 'Yes, 'explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Part V Endowment Funds Complete if the organization answered 'Yes' on Form 900, Part X, line 10. Part V Endowment Funds Complete if the organization answered 'Yes' on Form 900, Part X, line 10. Intermediation answered 'Yes' on Form 900, Part X, line 10. Part V Endowment Funds Complete if the organization answered 'Yes' on Form 900, Part X, line 10. Intermediation answered 'Yes' on Form 900, Part X, line 10. 1a Be	b	Scholarly research	е	Other							
5 During the year, did the organization solicit or receive donations of art, historical ressures, or other similar assets to be solid to raise funds rather than to be maintained as part of the organization's collection? Yes No Part M Escrow and Oustodial 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. Yes No Is the organization an agent, fustbee, 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 1 - c Beginning balance 1d - - - - - No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. - - - No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. - No - No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. - No - - - No a Beginning of year balance [a) 60, 761, 1.5, 944, 729, 10, 160, 712, 55, 75, 724, 320, 280. No - - - - -	С	Preservation for future generations									
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 X, line 21. Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Amount c Beginning balance Interview Interview Amount d Additions during the year Interview Interview Interview Interview d Distributions during the year Interview Interview Interview Interview e Distributions during the year Interview Interview Interview Interview Interview a Bit the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No Interview Part V Endowment FundS Complete if the organization answered 'Yes' on Form 990, Part W, line 10. Interview back (e) Foury years back (f) interviewes back (e) Four years back (f) intervie	4	Provide a description of the organization's co	ellections and explain	how they further th	e organization's	exempt	t purpos	e in Part	XIII.		
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. Ia Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X (III and complete the following table: Ves No b If 'Yes," explain the arrangement in Part XIII and complete the following table: Image: Complete intermediary for contributions or other assets not included on Form 990, Part X, line 21, for escrow or custodial account tability? No b If 'Yes', "explain the arrangement in Part XIII (Deck here if the explanation has been provided in Part XIII Image: Complete intermediary for escrow or custodial account tability? No D If 'Yes', "explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Image: Complete intermediary for escrow or custodial account tability? No Part V Endowment Funds Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. Image: Complete intermediary for a for a complete intermediary for a comp	5	During the year, did the organization solicit of	r receive donations of	fart, historical treas	sures, or other si	milar as	sets		_		-
reported an amount on Form 900, Part X, line 21. 1a is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 900, Part X b if "Yes," explain the arrangement in Part XIII and complete the following table:									_		No
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: Armount 1c Armount c Beginning balance 1c 1d 1d 1d 2a Distributions during the year 1d 1d 1d 1d 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Pert V Fordowment FundS complete if the organization answered "Yes" on Form 390, Part V, line 10. 1a Beginning of year balance 78, 662, 218, 69, 768, 213, 61, 047, 267, 59, 250, 373, 54, 230, 980, 743, 230, 980, 12, 233, 255, 57, 214, 322, 530, 733, 54, 230, 980, 12, 233, 255, 57, 214, 322, 530, 733, 54, 230, 980, 12, 237, 1569, 040 regrams 1, 400, 314, 227, 78, 662, 218, 69, 768, 213, 61, 047, 267, 59, 250, 373, 54, 230, 980, 764, 213, 61, 047, 267, 59, 250, 373, 54, 230, 980, 764, 213, 61, 047, 267, 59, 250, 373, 54, 230, 980, 76, 400 regrams 1, 400, 944, 408, 394, 2, 321, 244, 62, 218, 69, 768, 213, 61, 047, 267, 59, 250, 373, 20, 373, 76, 76, 414, 230, 70, 78, 662, 218, 69, 768, 213, 61, 047, 267, 59, 250, 373, 72, 12, 78, 662, 218, 69, 768, 213, 61, 047, 267, 59, 250, 373, 72, 12, 78, 662, 218, 69, 768, 213, 61, 047, 267, 59,	Par			e if the organization	answered "Yes	on For	rm 990,	Part IV, li	ne 9, or		
on Form 990, Part X7 Yes No b If Yes, * explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year 1d e Distributions during the year 1d 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If Yes, * explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Part V Endowment Funds Complete if the organization answered 'Yes' on Form 990, Part V, line 10. Part V Endowment Funds Complete if the organization answered 'Yes' on Form 990, Part V, line 10. If Yes, * explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Part V Endowment Funds Complete if the organization answered 'Yes' on Form 990, Part V, line 10. If Yes, * 10, Part Yes', 10, Part Y, 78, 614, 72, 78, 614, 726, 733, 54, 230, 980, 22, 697, 722, 15, 944, 723, 10, 180, 312, 47, 78, 614, 7267, 59, 250, 373, 54, 230, 980, 24, 697, 768, 213, 61, 047, 267, 159, 250, 373, 24, 2371, 569, 260, 211, 5, 944, 722, 10, 180, 312, 473, 614, 798, 6132, 718, 614, 778, 614, 798, 6132, 718, 614, 778, 614, 798, 6132, 718, 614, 778, 614, 798, 6132, 718, 614, 778, 614, 798, 6132, 718, 614, 778, 614, 798, 6132, 718, 614, 798, 6132, 718, 614, 778, 614, 798, 6132, 718, 614, 778, 614, 798, 6132, 718, 6144, 798, 6132, 71		· · · · · · · · · · · · · · · · · · ·									
b If "Yes," explain the arrangement in Part XIII and complete the following table:	1a								٦	_	٦
c Beginning balance Amount d Additions during the year 1d e Distributions during the year 1d 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No Part V Endowment Funds Complete if the organization answerd 'Ves' on Form 990, Part IV, line 10. Ia Beginning of year balance 76, 662, 218, 69, 766, 213, 61, 047, 267, 59, 250, 373, 54, 230, 980, constructions Contributions 2, 699, 780, 11, 233, 255, 57, 214, 332, 353, constructions b Contributions 2, 699, 780, 11, 259, 250, 373, 54, 230, 980, constructions Constructions 2, 699, 780, 11, 233, 255, 57, 214, 332, 353, constructions c Order investment earnings, gains, and losses 6, 060, 611, -5, 944, 729, 10, 180, 312, 4, 781, 614, 7, 058, 432, constructions 2, 371, 569, constructions g End of year balance 83, 014, 227, 78, 662, 218, 69, 768, 213, 61, 047, 267, 59, 250, 373, constructions 2, 371, 569, constructions g End of year balance 83, 014, 227, 78, 662, 218, 69, 768, 213, 61, 047, 267, 59, 250, 373, cons								L	Yes		No
c Beginning balance 1c d Additions during the year 1d e Distributions during the year 1e f Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'Yes' explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Part V Endowment FundS Complete if the explanation has been provided in Part XIII Part V Endowment FundS Complete if the explanation has been provided in Part XIII 16 17.9, 59, 250, 373. 54, 230, 980. b Contributions 78, 652, 218. 69, 768, 213. 61, 047, 267. 59, 250, 373. 54, 230, 980. b Contributions 6, 060, 011. -5, 944, 729. 10, 180, 312. 4, 781, 614. 7, 058, 432. c Other expenditures for facilities 6, 060, 011. -5, 944, 729. 10, 180, 312. 4, 781, 614. 7, 058, 613. f Administrative expenses 83, 014, 227. 78, 662, 218. 69, 768, 213. 61, 047, 267. 59, 250, 373. g End of year balance 83, 014, 227.	b	If "Yes," explain the arrangement in Part XIII a	and complete the follo	owing table:					A.m.o.un	+	
d Additions during the year 1d e Distributions during the year 1e 1 1 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custocial account liability? Yes No Part V Endowment Funds Complete if the organization answered 'Yes' on Form 990, Part X, line 10. 10 10 11 10 Part V Endowment Funds Complete if the organization answered 'Yes' on Form 990, Part X, line 10. 6) For year 6) For year 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10 10		_							Amoun		
e Distributions during the year Ie f Ending balance If 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior years (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior years (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1b (d) Grants or scholarships (d) Grants or scholarships (d) Grants or scholarships (e) A four years back (e) Four years 1c Addition Sign Addition Sign Addition Sign Addition Sign Addition Sign Addition											
f Ending balance If 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If 'Yes', explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Yes No b If 'Yes', explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. (e) Four years back (for years back (for years back). 1a Beginning of year balance (f) (f, 662, 218. (f)											
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance 78, 662, 218. 69, 768, 213. 61, 047, 267. 59, 250, 373. 54, 230, 980. b Contributions 2, 699, 792. 16, 960, 930. 1, 233, 255. 57, 214. 332, 530. c Contributions 2, 699, 792. 16, 960, 930. 1, 233, 255. 57, 214. 32, 553. c Other expenditures for facilities and programs 4, 408, 394. 2, 121, 646. 2, 692, 621. 3, 041, 934. 2, 371, 569. g End of year balance 83, 014, 227. 78, 662, 218. 69, 768, 213. 61, 047, 267. 59, 250, 373. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasiendowment 24.3000 % b Permanent endowment 34.3200 % % % 3a(i) X </th <th>e 4</th> <th></th>	e 4										
b If Yes,* explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Part V Endowment Funds: Complete if the organization answered Yes" on Form 990, Part IV, line 10. Ia Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back Ia Beginning of year balance 78, 662, 218. 69, 768, 213. 61, 047, 267. 59, 250, 373. 54, 230, 980. C Net investment earnings, gains, and losses 6, 060, 611. -5, 944, 729. 10, 180, 312. 4, 781, 614. 7, 058, 432. e Other expenditures for facilities and programs 4, 408, 394. 2, 212, 646. 2, 692, 621. 3, 041, 934. 2, 371, 569. g End of year balance 83, 014, 227. 78, 662, 218. 69, 768, 213. 61, 047, 267. 59, 250, 373. g End of year balance 83, 014, 227. 78, 662, 218. 69, 768, 213. 61, 047, 267. 59, 250, 373. g End of year balance 83, 014, 227. 78, 662, 218. 69, 768, 213. 61, 047, 267. 59, 250, 373. g En	20						· · · · ·		Voc		
Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance 78, 662, 218. 69, 768, 233. 61, 047, 267. 59, 250, 373. 54, 230, 980. b Contributions 2, 699, 792. 16, 960, 380. 1, 233, 255. 57, 214. 332, 253. c Net investment earnings, gains, and losses 6, 060, 611. -5, 944, 729. 10, 180, 312. 4, 781, 614. 7, 058, 432. e Other expenditures for facilities and programs 4, 408, 394. 2, 121, 646. 2, 692, 621. 3, 041, 934. 2, 371, 569. g End of year balance 83, 014, 227. 78, 662, 218. 69, 768, 213. 61, 047, 267. 59, 250, 373. g End of year balance 24.3000 % % Pervious the assignated or quasi-endowment 24.3000 % g Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a a <th></th> <th>-</th> <th></th> <th></th> <th></th> <th>•</th> <th>•</th> <th></th> <th>_ 165</th> <th></th> <th></th>		-				•	•		_ 165		
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance 78,662,218,69,768,213,61,047,267,59,250,373,54,230,980, 2,699,792,16,960,380,1,233,255,57,214,332,530, 6,060,611,-5,5944,729,10,180,312,4,781,614,7,058,432, d) Grants or scholarships 6,060,611,-5,944,729,10,180,312,4,781,614,7,058,432, 4,408,394,2,121,646,2,692,621,3,041,934,2,371,569, d) Grants or scholarships 6,060,611,-5,944,729,10,180,312,4,781,614,7,058,432, 4,408,394,2,121,646,2,692,621,3,041,934,2,371,569, d) Grants or scholarships 78,662,218,69,768,213,61,047,267,59,250,373, d) Grants or scholarships 63,014,227,78,662,218,69,768,213,61,047,267,59,250,373, d) Grants or scholarships 61,047,267,59,250,373, g) Grad designated or quasi-endowment 24,3000 % 2 Provide the estimated percentage of the current year and balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 24,3000 % 3 Permanent endowment 41,3800 % 34,3200 % 4 Describe in Part XIII the intended uses of the organization that are held and administered for the organizations? 3a(i) X 3a(i) X 4 Describe in Part XIII the intended uses of the organization's endowment tunds. 12, 2, 639, 367, 421, 555, 147, 812, . 33, 083, . 4 Description of property (a) Cost or other (b) Cost or ot	_										
1a Beginning of year balance 78,662,218. 69,768,213. 61,047,267. 59,250,373. 54,230,980. b Contributions 2,699,792. 16,960,380. 1,233,255. 57,214. 332,530. c Net investment earnings, gains, and losses 6,060,611. -5,944,729. 10,180,312. 4,781,614. 7,058,432. d Grants or scholarships 4,408,394. 2,121,646. 2,692,621. 3,041,934. 2,371,569. e Other expenditures for facilities and programs 1 1 69,768,213. 61,047,267. 59,250,373. g End of year balance 83,014,227. 78,662,218. 69,768,213. 61,047,267. 59,250,373. g End of year balance 83,014,227. 78,662,218. 69,768,213. 61,047,267. 59,250,373. g End of year balance 83,014,227. 78,662,218. 69,768,213. 61,047,267. 59,250,373. g End of year balance 24.3000 % % % % b Permanent endowment 24.3200 % % % % g Find orga			-) Three ve	ears back	(e) Fou	r vears	back
b Contributions 2,699,792. 16,960,380. 1,233,255. 57,214. 332,530. c Net investment earnings, gains, and losses 6,060,611. -5,944,729. 10,180,312. 4,781,614. 7,058,432. d Grants or scholarships 4,408,394. 2,121,646. 2,692,621. 3,041,934. 2,371,569. e Other expenditures for facilities and programs 1 33,041,227. 78,662,218. 69,768,213. 61,047,267. 59,250,373. g End of year balance 83,014,227. 78,662,218. 69,768,213. 61,047,267. 59,250,373. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: 80ard designated or quasi-endowment 24.3000 % b Permanent endowment 41.3800 % % % % i) Inverted organizations? 34.3200 % % % % ii) Norganization by: (i) Unrelated organizations? 34.3200 % % % % ii) Related organizations? (ii) % % % % % <th>1a</th> <th>Beginning of year balance</th> <th>78,662,218.</th> <th>69,768,213.</th> <th>61,047,2</th> <th></th> <th></th> <th></th> <th></th> <th>-</th> <th></th>	1a	Beginning of year balance	78,662,218.	69,768,213.	61,047,2					-	
c Net investment earnings, gains, and losses 6,060,611. -5,944,729. 10,180,312. 4,781,614. 7,058,432. d Grants or scholarships 4,408,394. 2,121,646. 2,692,621. 3,041,934. 2,371,569. e Other expenditures for facilities and programs 9 60,060,011. -5,944,729. 10,180,312. 4,781,614. 7,058,432. g End of year balance 83,014,227. 78,662,218. 69,768,213. 61,047,267. 59,250,373. 2 Provide the estimated percentage of the current year end balance (line 1g, column (al) held as: a a a 59,250,373. 2 Provide the estimated percentage of the current year end balance (line 1g, column (al) held as: a a a fd,047,267. 59,250,373. 2 Permanent endowment 41.3800 % % fd fd <th></th>											
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e Other expenditures for facilities and programs Image: Construction of the construct	d		4,408,394.	2,121,646.			3,04	1,934.			
and programs											
f Administrative expenses 83,014,227. 78,662,218. 69,768,213. 61,047,267. 59,250,373. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 24.3000 % b Permanent endowment 41.3800 % c Term endowment 41.3800 % c Term endowment 41.3800 % c Term endowment 34.3200 % Term endowment 103.3200 % Term endowment funds not in the possession of the organization that are held and administered for the organizations? 3a(i) X (i) Unrelated organizations? 3a(ii) X 3a(ii) X (ii) Related organizations? 3a(iii) X 3a(ii) X b If "Yes" on line 3a(ii), are the related organization's endowment funds. Pecrote in Part XIII the intended uses of the organization's endowment funds. 3b 4 Part VI Land, Buildings, and Equipment Cost or other (b) Cost or other (c) Accumulated (d) Book value 1a 33,083. 33,083. 33,083.											
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b Permanent endowment 41.3800 % c Term endowment 34.3200 % 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: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (ii) Inelated organizations? (ii) 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 (other) (b) Cost or other depreciation (c) Accumulated depreciation 33,083. 33,083. 33,083. (c) Accumulated depreciation (d) Book value basis (other) (e) accumulated depreciation (f) Book value basis (other) (g) Soft or other depreciation (g) Soft or other depreciation	2	-	ent year end balance	(line 1g, column (a)) held as:						
c Term endowment 34.3200 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? 3a (ii) X 3a(ii) X 3a(ii) X 3a(ii) X 3a(ii) X 3a(ii) X 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 (other) depreciation (d) Book value basis (investment) 33,083. 569,367. 421,555. buildings 569,367. 421,555. 1,521,399. d Equipment 2,684,024. 1,825,952. 858,072. e Other 	а	Board designated or quasi-endowment	24.3000	%							
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: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (ii) Related organizations? (iii) Related organizations as the related organization is endowment funds. 2 (i) 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 (f) Buildings (f) Science (f) Accumulated for (f) Science (f) Accumulated for (f) Accum	b	Permanent endowment 41.3800	%								
3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (ii) related organizations? (iii) Cast or other organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (c) Accumulated depreciation (d) Book value (d) Book value (d) Book value (d) Book value (ii) See form 990, 367. (ii) Related improvements (iii) Related organization (iii) Related organization (iii) Related organization (iii) Related organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, lin	с	Term endowment 34.3200	%								
organization by: Yes No (i) Unrelated organizations? 3a(i) X (ii) Related organizations? 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 7 7 Part VI Land, Buildings, and Equipment (b) Cost or other (c) Accumulated (d) Book value Description of property (a) Cost or other basis (other) (c) Accumulated 33,083. 1a Land 33,083. 33,083. 33,083. b Buildings 569,367. 421,555. 147,812. c Leasehold improvements 7,701,655. 6,180,256. 1,521,399. d Equipment 2,684,024. 1,825,952. 858,072. e Other 0 0 0 0		The percentages on lines 2a, 2b, and 2c show	uld equal 100%.								
(i) Unrelated organizations? 3a(i) X (ii) Related organizations? 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b 3b Part VI Land, Buildings, and Equipment 30,083. 33,083. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other (b) Cost or other (c) Accumulated 1a Land 33,083. 33,083. b Buildings 569,367. 421,555. 147,812. c Leasehold improvements 7,701,655. 6,180,256. 1,521,399. d Equipment 2,684,024. 1,825,952. 858,072. e Other 0ther 0ther 0ther 0ther	3a	Are there endowment funds not in the posses	ssion of the organizat	ion that are held ar	d administered	for the					
(ii) Related organizations? 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b 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. (d) Book value Description of property (a) Cost or other basis (other) (c) Accumulated depreciation 1a Land 33,083. 33,083. b Buildings 569,367. 421,555. 147,812. c Leasehold improvements 7,701,655. 6,180,256. 1,521,399. d Equipment 2,684,024. 1,825,952. 858,072. e Other Description Description Description		organization by:									No
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 33,083. 33,083. b Buildings 569,367. 421,555. 147,812. c Leasehold improvements 7,701,655. 6,180,256. 1,521,399. d Equipment 2,684,024. 1,825,952. 858,072. e Other 0ther 0ther 0ther		(i) Unrelated organizations?							3a(i)	X	
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 1a Land 33,083. 33,083. b Buildings 569,367. 421,555. 147,812. c Leasehold improvements 7,701,655. 6,180,256. 1,521,399. d Equipment 2,684,024. 1,825,952. 858,072. e Other 0 0 0 0									3a(ii)		X
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. 33,083. b Buildings 569,367. 421,555. 147,812. c Leasehold improvements 7,701,655. 6,180,256. 1,521,399. d Equipment 2,684,024. 1,825,952. 858,072. e Other 0ther 0ther 0ther 0ther	b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	d on Schedule R?					3b		
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 value1a Land33,083.33,083.b Buildings569,367.421,555.147,812.c Leasehold improvements7,701,655.6,180,256.1,521,399.d Equipment2,684,024.1,825,952.858,072.e Other0000	4			ment funds.							
Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land33,083.33,083.b Buildings569,367.421,555.147,812.c Leasehold improvements7,701,655.6,180,256.1,521,399.d Equipment2,684,024.1,825,952.858,072.e Other </th <th>Par</th> <th></th>	Par										
basis (investment) basis (other) depreciation 1a Land 33,083. 33,083. b Buildings 569,367. 421,555. 147,812. c Leasehold improvements 7,701,655. 6,180,256. 1,521,399. d Equipment 2,684,024. 1,825,952. 858,072. e Other 569.367. 569.367. 1,825,952.											
b Buildings 569,367. 421,555. 147,812. c Leasehold improvements 7,701,655. 6,180,256. 1,521,399. d Equipment 2,684,024. 1,825,952. 858,072. e Other		Description of property		• • •				d			
c Leasehold improvements 7,701,655. 6,180,256. 1,521,399. d Equipment 2,684,024. 1,825,952. 858,072. e Other	1a	Land									
d Equipment 2,684,024. 1,825,952. 858,072. e Other											
e Other	с	Leasehold improvements									
	d	Equipment		2,68	4,024.	1,82	15,95	2.	85	8,0	72.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))	-								0	<u> </u>	<u> </u>
	Tota	. Add lines 1a through 1e. (Column (d) must e	<u>qual Form 990, Part X</u>	<u>, line 10c, column</u>	<u>(B))</u>	<u></u>	<u></u>		2,56	0,3	66.

Schedule D (Form 990) 2023

Schedu	le D (Form 990) 2023 GREATER TWI	N CITIES	UNITI	ED WAY	41	-1973442	Page 3
Part							
	Complete if the organization answered "Yes"	on Form 990, Pa	rt IV, line [·]				
(a) De	scription of security or category (including name of security)	(b) Book va	alue	(c) Method of valua	ion: Cost or end	d-of-year market v	alue
(1) Fina	ancial derivatives						
	sely held equity interests	7,419	<u>,230.</u>	END-OF-YEA	R MARKET	VALUE	
(3) Oth							
	POOLED INVESTMENT FUNDS						
	HELD	54,076	,991.	END-OF-YEA	R MARKET	VALUE	
(C)							
(D)							
<u>(E)</u>							
(F)							
<u>(G)</u>							
(H)		61 406	2.21				
Part	Col. (b) must equal Form 990, Part X, line 12, col. (B)) VIII Investments - Program Related.	61,496	, 441 •				
I UIT	Complete if the organization answered "Yes"	on Form 990 Pa	rt IV line '	11c. See Form 990. Part	X line 13		
	(a) Description of investment	(b) Book va		(c) Method of valua		d-of-vear market v	alue
(1)							
<u>(1)</u> (2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
	Col. (b) must equal Form 990, Part X, line 13, col. (B))						
Part	IX Other Assets						
	Complete if the organization answered "Yes"	on Form 990, Pa	rt IV, line [·]	11d. See Form 990, Part	X, line 15.		
	(a)	Description				(b) Book va	alue
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
Total. (Column (b) must equal Form 990, Part X, line 15, co X Other Liabilities	I. (B))					
Fart			rt IV line :	11. or 11f Soc Form 000	Dout V line OF		
	Complete if the organization answered "Yes"	on Form 990, Pa	rt IV, line	TTE OF TIT. See Form 990	, Part X, line 25		
<u>1.</u>	(a) Description of liability					(b) Book va	aiue
(1)	Federal income taxes						
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9) Tatal (
<u>i otal. (</u>	Column (b) must equal Form 990, Part X, line 25, co	<u>I. (B))</u>	<u></u>	<u></u>	· · · · · · · ·	l	

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

Sche	edule D (Form 990) 2023 GREATER TWIN CITIES UNITED				1973442 Pag	ge 4
Par	rt XI Reconciliation of Revenue per Audited Financial Stateme	ents Wit	h Revenue per	Return		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			1	
1	Total revenue, gains, and other support per audited financial statements			1	45,378,34	1.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	. 2a	5,381,26			
b	Donated services and use of facilities	. 2b	63,40	4.		
с	Recoveries of prior year grants	. 2c		_		
d	Other (Describe in Part XIII.)	2d	191,37	7.		
е	Add lines 2a through 2d				5,636,04	
3	Subtract line 2e from line 1			3	39,742,29	6.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b					
b	Other (Describe in Part XIII.)	. 4b	11,185,45	3.		
	Add lines 4a and 4b			4c	11,185,45	3.
с						
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	50,927,74	9.
5		ents Wi	ith Expenses p	er Retur	50,927,749 n	9.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	i ents W i a.	ith Expenses p	er Retur	'n	
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.)</i> rt XII Reconciliation of Expenses per Audited Financial Statem	i ents W i a.	ith Expenses p	er Retur	1 50,927,749 n 38,490,100	
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	i ents W i a.	ith Expenses p	er Retur	'n	
5 Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements	ents Wi	ith Expenses p	er Retur	'n	
5 Pai 1 2	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents Wi	ith Expenses p	er Retur	'n	
5 Pai 1 2	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	ents Wi	ith Expenses p	er Retur	'n	
5 Par 1 2 a b	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Total Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	a. 2a 2b 2c	ith Expenses p	er Retur	n 38,490,10	0.
5 Par 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	63,40	er Retur 1 4.	n 38,490,100 63,404	0.
5 Par 1 2 a b c d	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	63,40	er Retur 1 4. 	n 38,490,10	0.
5 Par 1 2 a b c d e	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	63,40	er Retur 1 4. 	n 38,490,100 63,404	0.
5 Par 1 2 a b c d e 3	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12,</i>) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c 2d	63,40	er Retur 1 4. 2e 3	n 38,490,100 63,404	0.
5 Pai 1 2 a b c d e 3 4	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	63,40	er Retur 1 4. 2e 3	n 38,490,10 63,40 38,426,69	<u>4.</u>
5 Pai 1 2 a b c d e 3 4 a	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d 4a 4b	63,40	er Retur <u>1</u> <u>4</u> . <u>2e</u> <u>3</u> .	n 38,490,10 63,40 38,426,69 11,185,45	<u>0.</u> <u>4.</u> <u>6.</u> 3.
5 Pai 1 2 a b c d e 3 4 a b c 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2b 2c 2d 	63,40	er Retur 1 4. 2e 3. 4c	n 38,490,10 63,40 38,426,69	<u>0.</u> <u>4.</u> <u>6.</u> 3.

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

PART V, LINE 4:

UNRESTRICTED GRANTS ARE MADE FROM THE ENDOWMENT FUND TO SUPPORT GENERAL

OPERATING COSTS, PROGRAMS, NON-PROFITS, AND INITIATIVES.

PART X, LINE 2:

UNITED WAY IS CLASSIFIED AS A TAX EXEMPT ORGANIZATION UNDER MINNESOTA

STATUTE 290.05 AND IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(A) AS AN

ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE,

EXCEPT FOR TAXES ON INCOME DETERMINED TO BE UNRELATED BUSINESS TAXABLE

INCOME. UNITED WAY DID NOT HAVE ANY UNRELATED BUSINESS INCOME FOR THE YEAR

ENDED DECEMBER 31, 2023. UNITED WAY ASSESSES UNCERTAIN TAX POSITIONS AND

HAS DETERMINED THERE WERE NO SUCH POSITIONS THAT HAVE A MATERIAL EFFECT ON
332054 09-28-23
Schedule D (Form 990) 2023

Schedule D (Form 990) 2023

TRUSTS

THE FINANCIAL STATEMENTS.

Part XIII Supplemental Information (continued)

CHANGE IN FAIR VALUE OF BENEFICIAL INTERESTS IN CHARITABLE

DONOR DESIGNATED CONTRIBUTIONS FOR OTHER NON-PROFITS

PART XI, LINE 2D - OTHER ADJUSTMENTS:

PART XI, LINE 4B - OTHER ADJUSTMENTS:

PART XII, LINE 4B - OTHER ADJUSTMENTS:

GREATER TWIN CITIES UNITED WAY

DONOR DESIGNATED CONTRIBUTIONS FOR OTHER NON-PROFITS 11,185,453.

41-1973442 Page 5

191,377.

11,185,453.

Schedule D (Form 990) 2023

SCHEDULE G	Suppleme	ental Information Regarding	Func	Iraisi	ng or Gaming A	ctivities	OMB No. 1545-0047
(Form 990)		e organization answered "Yes" on organization entered more than \$1				r 19, or if the	2023
Department of the Treasury		Attach to Form 990 of					Open to Public Inspection
Internal Revenue Service Name of the organization		to www.irs.gov/Form990 for instruct	ctions	and th	ne latest information		r identification number
Name of the organization		TWIN CITIES UNITE	ש מו	٩Y			73442
Part I Fundrais		Complete if the organization answe			n Form 990, Part IV, I		
	complete this par				,		
a X Mail solicitat b X Internet and c X Phone solici d X In-person so 2 a Did the organization	tions email solicitations tations licitations on have a written o		tion of tion of fundra (incluc	non-g gover aising d	overnment grants nment grants events ficers, directors, trus		Yes 🗌 No
b If "Yes," list the 10 compensated at le	÷ .	viduals or entities (fundraisers) pursu organization.	ant to	agreer	nents under which th	ne fundraiser is t	to be
(i) Name and addres or entity (fund		(ii) Activity	fundi have c or cor	Did raiser ustody atrol of utions?	(iv) Gross receipts from activity	(v) Amount pa to (or retained fundraiser listed in col.	by) to (or retained by)
AMPLIFYDMC, LLC - 3			Yes	No			
ANTHONY AVE., ST. 1	-	GRANT WRITING		x	1,395,000.	46,2	50. 1,348,750.
JOHNSON, GROSSNICKI ASSOCIATES - 29 SOU		CONSULTING		x	0.	74,0	7074,070.
						,	, ,
			ļ				
Total			<u></u>		1,395,000.	120,3	, ,
or licensing.	ich the organizatio	on is registered or licensed to solicit o	contrib	utions	or has been notified	it is exempt fro	m registration
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, FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

ogg (event type) (event type) (total number) col. (c) 1 Gross receipts			of fundraising event contributions and gro	oss income on Form 990	EZ, lines 1 and 6b. List e	vents with gross receipt	ts greater than \$5,000.
generative (event type) (total number) 1 Gross receipts				(a) Event #1	(b) Event #2	(c) Other events	(add col. (a) through
2 Less: Contributions				(event type)	(event type)	(total number)	- col. (c))
2 Less: Contributions	anue						
2 Less: Contributions	Jeve	1	Gross receipts				
3 Gross income (line 1 minus line 2)		~					
4 Cash prizes		2	Less: Contributions				
4 Cash prizes		3	Gross income (line 1 minus line 2)				
9900000000000000000000000000000000000			, ,				
6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expenses summary. Add lines 2 through 9 in column (d) 11 Rent/facility costs 2 Cash prizes 3 Noncash prizes 6 Volunteer labor 7 Enter the state(s) in which the organization conducts gaming activities:		4	Cash prizes				
6 Rent/facility costs 7 Food and beverages 8 Entertainment 9 Other direct expenses 10 Direct expenses summary. Add lines 2 through 9 in column (d) 11 Rent/facility costs 2 Cash prizes 3 Noncash prizes 6 Volunteer labor 7 Bother direct expenses 9 Direct expenses 9 Direct expenses 9 Direct expenses summary. Add lines 2 through 5 in column (d) 9 Enter the state(s) in which the organization conducts gaming activities:		_					
8 Entertainment	s	5	Noncash prizes				
8 Entertainment	sus	6	Rent/facility costs				
8 Entertainment	ğ	·					
8 Entertainment	ect	7	Food and beverages				
9 Other direct expenses	ä	_					
10 Direct expense summary. Add lines 4 through 9 in column (d)							
11 Net income summary. Subtract line 10 from line 3, column (d)				l in 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.							
\$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/instant bingo/progressive bingo (c) Other gaming (d) Total gaming (a col. (a) through col. 1 Gross revenue					990. Part IV. line 19. or r	eported more than	I
Image: Construction of the state(s) in which the organization conducts gaming activities: Image: Construction of the state(s) in which the organization conducts gaming activities: Image: Construction of the state(s) in which the organization conducts gaming activities: Image: Construction of the state(s) in which the organization conducts gaming activities: Image: Construction of the state(s) in which the organization conducts gaming activities: Image: Construction of the state(s) in which the organization conducts gaming activities: Image: Construction of the state(s) in which the organization conducts gaming activities: Image: Construction of the state(s) in which the organization conducts gaming activities: Image: Construction of the state(s) in which the organization conducts gaming activities: Image: Construction of the state(s) in which the organization conducts gaming activities:					, , ,		
Image: Displaying income summary. Subtract line 7 from line 1, column (d) Image: Displaying income summary. Subtract line 7 from line 1, column (d) Image: Displaying income summary. Subtract line 7 from line 1, column (d) Image: Displaying income summary. Subtract line 7 from line 1, column (d)	e			(a) Bingo		(c) Other gaming	(d) Total gaming (add
1 Gross revenue 2 Cash prizes 2 Cash prizes	enu				bingo/progressive bingo		col. (a) through col. (c))
2 Cash prizes 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d)	Rev						
3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d)	-		Gross revenue				
3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d)		2	Cash prizes				
5 Other direct expenses Yes% 6 Volunteer labor Yes% 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities:	usea						
5 Other direct expenses Yes% 6 Volunteer labor Yes% 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities:	xpe	3	Noncash prizes				
5 Other direct expenses Yes% 6 Volunteer labor Yes% 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities:	цц	_					
6 Volunteer labor Yes% Yes% Yes% 7 Direct expense summary. Add lines 2 through 5 in column (d) No No 8 Net gaming income summary. Subtract line 7 from line 1, column (d)	Dire	4	Rent/facility costs				
6 Volunteer labor Yes% Yes% Yes% 7 Direct expense summary. Add lines 2 through 5 in column (d) No No 8 Net gaming income summary. Subtract line 7 from line 1, column (d)		5	Other direct expenses				
6 Volunteer labor No No 7 Direct expense summary. Add lines 2 through 5 in column (d) No 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities:			I	Yes %	Yes %	Yes %	
 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: 		6	Volunteer labor	No	No		
 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: 							
9 Enter the state(s) in which the organization conducts gaming activities:		7	Direct expense summary. Add lines 2 through	5 in column (d)			
9 Enter the state(s) in which the organization conducts gaming activities:		8	Net gaming income summany Subtract line 7	from line 1 column (d)			
	I	0	not gaming meetre summary. Subtract life /				1
a is the organization licensed to conduct gaming activities in each of these states?	9	Ent	ter the state(s) in which the organization condu	cts gaming activities:			
	а	ls t	he organization licensed to conduct gaming ac	tivities in each of these s	states?		Yes No
b If "No," explain:	h	lf "l	No," explain:				
	D D						

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?
 Image: Constraint of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

 b If "Yes," explain:
 Image: Constraint of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

332082 09-13-23

Sch	chedule G (Form 990) 2023 GREATER TWIN CITIES UNITED WAY	41-19	973	442	Page 3
11	1 Does the organization conduct gaming activities with nonmembers?			Yes	No
12	2 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity for	ormed			
	to administer charitable gaming?			Yes	No
	3 Indicate the percentage of gaming activity conducted in:	1			
	a The organization's facility		13a		<u>%</u>
	 b An outside facility 4 Enter the name and address of the person who prepares the organization's gaming/special events books a 		13b		%
14	4 Enter the name and address of the person who prepares the organization's gaming/special events books a	na records.			
	Name				
	Address				
					<u> </u>
15a	5a Does the organization have a contract with a third party from whom the organization receives gaming rever	1ue?		Yes	No No
Ľ	 b If "Yes," enter the amount of gaming revenue received by the organization \$ ar of gaming revenue retained by the third party \$ 	nd the amount			
c	c If "Yes," enter name and address of the third party:				
	- ····, -···· ···· ···· ···· ···· ····				
	Name				
	Address				
40					
16	6 Gaming manager information:				
	Name				
	Gaming manager compensation \$				
	Description of services provided				
	Director/officer Employee Independent contractor				
17	7 Mandatory distributions:				
a	a Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?			Yes	No No
k	b Enter the amount of distributions required under state law to be distributed to other exempt organizations of	or spent in the			
Pa	organization's own exempt activities during the tax year \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (ii	ii) and (v): and Part	III lin	Q (C	b 10b
<u> </u>	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	i) and (v), and r are	,	000,0	5, 105,
SC	CHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FU	NDRAISERS	:		
/т	T NAME OF FUNDDATCED. AMDITEVDMC IIC				
<u>(</u>	I) NAME OF FUNDRAISER: AMPLIFYDMC, LLC				
(I	I) ADDRESS OF FUNDRAISER: 1375 ST. ANTHONY AVE., ST. PA	UL, MN 5!	510	4	
<u> </u>					
(I	I) NAME OF FUNDRAISER: JOHNSON, GROSSNICKLE, AND ASSOCI	ATES			
/ -		TNT 461	12		
<u>\ </u>	I) ADDRESS OF FUNDRAISER: 29 SOUTH PARK BLVD, GREENWOOD	<u>, IN 4614</u>	±Ο		

Schedule G	G (Form	990)

Part IV Supplemental Information (continued)

	Go Compl	Grants and Oth vernments, an ete if the organization Go to www.irs S UNITED WA	nd Individual n answered "Yes" Attach to Form s.gov/Form990 for	s in the Ŭn i on Form 990, Pa 1990.	ited States rt IV, line 21 or 22.		OMB No. 1545-0047 2023 Open to Public Inspection Employer identification number 41-1973442
Part I General Information on Grants 1 Does the organization maintain records criteria used to award the grants or ass 2 Describe in Part IV the organization's prime part IV the organization's part IV the organization's prime part IV the organization's part IV t	to substantiate the stance?				•		on X Yes No
Part II Grants and Other Assistance to recipient that received more than	Domestic Organiz	zations and Domestic	Governments. C	omplete if the org	anization answered "	/es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
180 DEGREES 236 CLIFTON AVE S MINNEAPOLIS, MN 55403	23-7153536	501(C)(3)	100,000.	0.			PROGRAM COSTS
30,000 FEET 2355 HIGHWAY 36 WEST, SUITE 400 ROSEVILLE, MN 55113	47-3224688	501(C)(3)	75,000.	0.			PROGRAM COSTS
360 COMMUNITIES 501 E. HWY. 13, STE. 112 BURNSVILLE, MN 55337-2877	41-0987708	501(C)(3)	0.	6,512.	BOOK VALUE	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
AFRICAN DEVELOPMENT CENTER 1931 S. 5TH STREET MINNEAPOLIS, MN 55454	20-0553370	501(C)(3)	75,000.	0.			PROGRAM COSTS
AFRICAN ECONOMIC DEVELOPMENT SOLUTIONS - 1821 UNIVERSITY AVE W, SUITE S-145 - ST.PAUL, MN 55104	80-0345712	501(C)(3)	75,000.	4,236.	BOOK VALUE	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
AIN DAH YUNG "OUR HOME" CENTER 1089 PORTLAND AVENUE ST. PAUL, MN 55104 2 Enter total number of section 501(c)(3) a	41-1697692		128,300.	2,815.	BOOK VALUE	BACKPACKS, SCHOOL SUPPLIES AND HOUSE SUPPLIES	program costs

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

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

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		S UNITED WA					LI-19/3442 Page
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
						BACKPACKS ,	
AL-MAA'UUN						SCHOOL	
1729 LYNDALE AVE N						SUPPLIES AND	
MINNEAPOLIS, MN 55411	27-1893708	501(C)(3)	225,000.	7,592.	BOOK VALUE	HOUSE SUPPLIES	PROGRAM COSTS
AMERICAN INDIAN COMMUNITY DEVELOPMENT CORP - 1508 E FRANKLIN							
AVE #200 - MINNEAPOLIS, MN 55404	41-1716667	501(C)(3)	75,000.	4,024.	BOOK VALUE	HOUSE SUPPLIES	PROGRAM COSTS
AMERICAN INDIAN FAMILY CENTER 579 WELLS ST.						BACKPACKS AND SCHOOL	
ST. PAUL, MN 55130	41-1841352	501(C)(3)	100,000.	1,263.	BOOK VALUE	SUPPLIES	PROGRAM COSTS
AMERICAN INDIAN OIC INC 1845 EAST FRANKLIN AVE.	41 1365501	E01/(0)/(2)	101 600	1 114		BACKPACKS AND SCHOOL	
MINNEAPOLIS, MN 55404-4062	41-1365561	501(C)(3)	191,600.	1,114.	BOOK VALUE	SUPPLIES	PROGRAM COSTS
AMHERST H. WILDER FOUNDATION 451 LEXINGTON PKWY. N						BACKPACKS AND SCHOOL	
ST. PAUL, MN 55104	41-0693889	501(C)(3)	266,700.	11,598.	BOOK VALUE	SUPPLIES	PROGRAM COSTS
ANOKA-HENNEPIN SCHOOLS ISD 11 2727 NORTH FERRY STREET	41 1601422	COVEDNMENT		11 200	DOOK VALUE	BACKPACKS AND SCHOOL	
ANOKA, MN 55303	41-1691433	GOVERNMENT	0.	11,200.	BOOK VALUE	SUPPLIES	PROGRAM COSTS
APPETITE FOR CHANGE 1200 WEST BROADWAY AVE #180							
MINNEAPOLIS, MN 55411	27-5112040	501(C)(3)	100,000.	0.			PROGRAM COSTS
ASIAN ECONOMIC DEVELOPMENT ASSOCIATION - 422 UNIVERSITY AVE.							
W, SUITE 14 - ST. PAUL, MN 55103	41-1911474	501(C)(3)	93,000.	0.			PROGRAM COSTS
AVENUES FOR HOMELESS YOUTH 1708 OAK PARK AVE. NORTH							
MINNEAPOLIS, MN 55411	41-1765140	501(C)(3)	94,000.	4,024.	BOOK VALUE	HOUSE SUPPLIES	PROGRAM COSTS

Part II Continuation of Grants and Other		S UNITED WA		vernments (Sch	edule I (Form 990). Pa		1-19/3442 Pa
(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
AVIVO						BACKPACKS AND	
1900 CHICAGO AVE. S						SCHOOL	
MINNEAPOLIS, MN 55404-1903	41-0828779	501(C)(3)	281,300.	6,884.	BOOK VALUE	SUPPLIES	PROGRAM COSTS
BABY'S SPACE: A PLACE TO GROW							
2438 18TH AVE S							
MINNEAPOLIS, MN 55404	20-4502788	501(C)(3)	108,750.	0.			PROGRAM COSTS
BIG BROTHERS BIG SISTERS OF							
GREATER TWIN CITIES - 3110						BACKPACKS AND	
WASHINGTON AVENUE NORTH -						SCHOOL	
MINNEAPOLIS, MN 55411	32-0017737	501(C)(3)	75,000.	2,891.	BOOK VALUE	SUPPLIES	PROGRAM COSTS
BREAKTHROUGH TWIN CITIES							
2051 LARPENTEUR AVE E	45 2507267	E01(0)(2)	100.000	0			
ST. PAUL, MN 55109	45-3587267	501(C)(3)	100,000.	0.			PROGRAM COSTS
BROOKLYN CENTER SCHOOLS ISD 286						BACKPACKS AND	
6500 HUMBOLDT AVE. NORTH						SCHOOL	
BROOKLYN CENTER, MN 55430-1897	41-6009038	GOVERNMENT	0.	7 081	BOOK VALUE	SUPPLIES	PROGRAM COSTS
BROOKEIN CENTER, MY 33430 1097	41 0005050			,,001.	DOOK VILLUL	BACKPACKS,	
CAPI USA						SCHOOL	
3702 E LAKE ST, STE 200						SUPPLIES AND	
MINNEAPOLIS, MN 55406	41-1417198	501(C)(3)	125,000.	5 929.	BOOK VALUE	FOOD SUPPLIES	PROGRAM COSTS
CATHOLIC CHARITIES OF ST. PAUL AND			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		BACKPACKS,	
MINNEAPOLIS - 1007 EAST 14TH						SCHOOL	
STREET - MINNEAPOLIS, MN						SUPPLIES AND	
, , , , , , , , , , , , , , , , , , , ,	41-1302487	501(C)(3)	0.	5,375.	BOOK VALUE	HOUSE SUPPLIES	PROGRAM COSTS
				, .			
CENTER FOR INCLUSIVE CHILD CARE							
10520 WAYZATA BOULEVARD, SUITE 200							
, MINNETONKA, MN 55305	83-2682491	501(C)(3)	20,000.	0.			PROGRAM COSTS
CENTER FOR VICTIMS OF TORTURE							
2356 UNIVERSITY AVE W, SUITE 430	26 2202022	F01(C)(2)	E0 000	•			DDOCDAM COCTE
ST. PAUL, MN 55114	36-3383933	DOT(C)(3)	50,000.	0.			PROGRAM COSTS

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		S UNITED WA					<u>1-19/3442 Pa</u>
Part II Continuation of Grants and Other A	Assistance to Dou	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRO TYRONE GUZMAN						BACKPACKS AND	
1915 CHICAGO AVE. SOUTH						SCHOOL	
MINNEAPOLIS, MN 55404-1904	41-1290349	501(C)(3)	220,800.	2,151.	BOOK VALUE	SUPPLIES	PROGRAM COSTS
CHILDREN'S DEFENSE FUND OF							
MINNESOTA - 555 PARK ST, SUITE 410							
- ST. PAUL, MN 55103	52-0895622	501(C)(3)	85,000.	0.			PROGRAM COSTS
CITY OF HOPKINS							
1010 FIRST STREET SOUTH							
HOPKINS, MN 55343	41-6005247	GOVERNMENT	20,000.	0.			PROGRAM COSTS
CLARE HOUSING							
929 CENTRAL AVENUE NE							
MINNEAPOLIS, MN 55413-2404	41-1794924	501(C)(3)	75,000.	4,024.	BOOK VALUE	HOUSE SUPPLIES	PROGRAM COSTS
COMMONBOND COMMUNITIES						BACKPACKS AND	
1080 MONTREAL AVE						SCHOOL	
ST. PAUL, MN 55116	41-1260469	501(C)(3)	0.	6,696.	BOOK VALUE	SUPPLIES	PROGRAM COSTS
COMMUNITY ACTION PARTNERSHIP OF							
RAMSEY AND WASHINGTON COUNTIES -							
450 N SYNDICATE ST ST. PAUL, MN							
55104	41-0883443	501(C)(3)	20,000.	0.			PROGRAM COSTS
COMMUNITY EMERGENCY ASSISTANCE						BACKPACKS AND	
PROGRAM - 7051 BROOKLYN BLVD						SCHOOL	
BROOKLY CENTER, MN 55429	41-0990340	501(C)(3)	0.	16,645.	BOOK VALUE	SUPPLIES	PROGRAM COSTS
						BACKPACKS,	
COMUNIDADES LATINAS UNIDAS EN						SCHOOL	
SERVICIO, INC 797 EAST SEVENTH						SUPPLIES AND	
ST ST. PAUL, MN 55106-5014	41-1386986	501(C)(3)	343,800.	15,750.	BOOK VALUE	FOOD SUPPLIES	PROGRAM COSTS
						BACKPACKS,	
CONNECTIONS TO INDEPENDENCE						SCHOOL	
310 E 38TH STREET #300						SUPPLIES AND	
MINNEAPOLIS, MN 55409	80-0542940	501(C)(3)	220,000.	2,866.	BOOK VALUE	HOUSE SUPPLIES	PROGRAM COSTS

		S UNITED WA			/=		1-1973442 _{Ра}
Part II Continuation of Grants and Other A	Assistance to Dor	nestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa I	art II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
						BACKPACKS,	
DIVISION OF INDIAN WORK						SCHOOL	
.001 EAST LAKE ST.						SUPPLIES AND	
IINNEAPOLIS, MN 55407	81-5265328	501(C)(3)	130,000.	3,138.	BOOK VALUE	FOOD SUPPLIES	PROGRAM COSTS
REAM OF WILD HEALTH							
308 FRANKLIN AVE. SUITE 203							
IINNEAPOLIS, MN 55404	41-1632662	501(C)(3)	105,500.	0.			PROGRAM COSTS
,		· · ·	, , ,			BACKPACKS ,	
EMMA NORTON SERVICES						, SCHOOL	
570 NORTH ROBERT ST.						SUPPLIES AND	
T. PAUL, MN 55101	41-0859485	501(C)(3)	75,000.	5,831.	BOOK VALUE	HOUSE SUPPLIES	PROGRAM COSTS
ENCOURAGING LEADERS							
21 WASHINGTON AVENUE NORTH							
IINNEAPOLIS, MN 55401	84-4229585	501(C)(3)	120,000.	0.			PROGRAM COSTS
SPERANZA UNITED FKA CASA DE						BACKPACKS,	
SPERANZA - 540 FAIRVIEW AVENUE						SCHOOL	
NORTH, SUITE 200 - ST. PAUL, MN						SUPPLIES AND	
5104	41-1414710	501(C)(3)	133,750.	2,526.	BOOK VALUE	HOUSE SUPPLIES	PROGRAM COSTS
						BACKPACKS,	
ACE TO FACE HEALTH AND COUNSELING						SCHOOL	
SERVICE - 1165 ARCADE ST - ST.						SUPPLIES AND	
AUL, MN 55106	41-0986780	501(C)(3)	0.	7,110.	BOOK VALUE	HOUSE SUPPLIES	PROGRAM COSTS
AMILY VALUES FOR LIFE						BACKPACKS AND	
280 ARCADE ST.						SCHOOL	
ST. PAUL, MN 55106	41-2006889	501(C)(3)	0.	13 300	BOOK VALUE	SUPPLIES	PROGRAM COSTS
1. 1101, M. 33100	200000J			15,500.			
AMILYWISE						BACKPACKS AND	
036 UNIVERSITY AVE. SE						SCHOOL	
MINNEAPOLIS, MN 55414	41-1343909	501(C)(3)	120,000.	1,150.	BOOK VALUE	SUPPLIES	PROGRAM COSTS
FIRST CHILDRENS FINANCE							
212 3RD AVENUE NORTH, SUITE 310							
IINNEAPOLIS, MN 55401	41-1694837	501(C)(3)	20,000.	0.			PROGRAM COSTS

GREATER TWIN CITIES UNITED WAY Schedule I (Form 990)

Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOSTER ADVOCATES 1425 MINNEHAHA AVENUE EAST, #600-76 ST PAUL, MN 55106	82-5411160	501(C)(3)	120,000.	0.			PROGRAM COSTS
FROGTOWN GARDENS DBA: FROGTOWN FARM, 941 LAFOND AVEN ST. PAUL, MN 55104	32-0376628	501(C)(3)	50,000.	0.			PROGRAM COSTS
FROGTOWN NEIGHBORHOOD ASSOCIATION 501 NORTH DALE SAINT PAUL, MN 55103	41-0963444	501(C)(3)	75,000.	0.			PROGRAM COSTS
GENESYS WORKS 445 MINNESOTA STREET, SUITE 720 ST. PAUL, MN 55101	26-2999242	501(C)(3)	50,000.	0.			PROGRAM COSTS
GOODHUE COUNTY EDUCATION DISTRICT # 6051 - 395 GUERNSEY LANE - RED WING, MN 55066	41-1696672	GOVERNMENT	50,000.	0.			PROGRAM COSTS
GPS EDUCATION PARTNERS N19 W24075 RIVERWOOD DRIVE WAUKESHA, WI 53188	39-1667442	501(C)(3)	60,000.	0.			PROGRAM COSTS
GUILD INCORPORATED 130 WABASHA STREET, SUITE 90 ST. PAUL, MN 55107-1819	41-1669233	501(C)(3)	0.	5,030.	BOOK VALUE	HOUSE SUPPLIES	PROGRAM COSTS
HALLIE Q BROWN COMMUNITY CENTER INC - 270 KENT ST NORTH - ST. PAUL, MN 55102-1744	41-0693846	501(C)(3)	131,700.	1,551.	BOOK VALUE	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS
HENNEPIN COUNTY 300 SOUTH 6TH ST MINNEAPOLIS, MN 55487	41-6005801	GOVERNMENT	0.		BOOK VALUE	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM COSTS

		S UNITED WA					11-1973442 Pa
Part II Continuation of Grants and Other A	Assistance to Do	nestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa I	art II.)	Г
(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
MONG AMERICAN FARMERS ASSOCIATION							
49 THOMPSON AVENUE EAST, SUITE 210							
VEST ST PAUL, MN 55118	46-0928003	501(C)(3)	100,000.	0.			PROGRAM COSTS
	10 0920003	561(6)(5)	100,000.				
IMONG AMERICAN PARTNERSHIP							
.075 ARCADE ST.							
ST. PAUL, MN 55106	41-1667580	501(C)(3)	45,000.	0.			PROGRAM COSTS
	11 100,000		10,000				
HMONG EARLY CHILDHOOD COALITION							
724 BIELENBERG DRIVE, #6							
NOODBURY, MN 55125	83-1217023	501(C)(3)	20,000.	0.			PROGRAM COSTS
,,							
IONORED 2 HELP						BACKPACKS AND	
319 83RD COURT N						SCHOOL	
BROOKLYN PARK, MN 55445	87-1671775	501(C)(3)	0.	7,858.	BOOK VALUE	SUPPLIES	PROGRAM COSTS
,							
HOPE COMMUNITY INC.							
511 EAST FRANKLIN AVENUE							
MINNEAPOLIS, MN 55404	41-1292817	501(C)(3)	115,000.	0.			PROGRAM COSTS
IGNITE AFTERSCHOOL							
.400 VAN BUREN ST NE, SUITE 200							
INNEAPOLIS, MN 55413	47-4834387	501(C)(3)	18,000.	0.			PROGRAM COSTS
NTERNATIONAL INSTITUTE OF						BACKPACKS AND	
IINNESOTA - 1694 COMO AVENUE - ST.						SCHOOL	
AUL, MN 55108	41-0693912	501(C)(3)	220,000.	2,151.	BOOK VALUE	SUPPLIES	PROGRAM COSTS
RREDUCIBLE GRACE							
43 VIRGINIA STREET							
T. PAUL, MN 55103	38-3895130	501(C)(3)	50,000.	0.			PROGRAM COSTS
						BACKPACKS,	
SUROON						SCHOOL	
.600 E. LAKE STREET, SUITE 1						SUPPLIES AND	
IINNEAPOLIS, MN 55407	42-1651737	501(C)(3)	107,500.	7,215.	BOOK VALUE	FOOD SUPPLIES	PROGRAM COSTS

GREATER TWIN CITIES UNITED WAY Schedule I (Form 990) . . .

(a) Name and address of	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
organization or government		if applicable	cash grant	noncash assistance	(b) Wethod of valuation (book, FMV, appraisal, other)	non-cash assistance	or assistance
ITASCA AREA SCHOOLS COLLABORATIVE							
PO BOX 307							
DEER RIVER, MN 56636	14-1998752	501(C)(3)	55,000.	0.			PROGRAM COSTS
JEREMIAH PROGRAM						BACKPACKS AND	
PO BOX 860819						SCHOOL	
MINNEAPOLIS, MN 55486-0819	41-1801834	501(C)(3)	75,000.	1,222.	BOOK VALUE	SUPPLIES	PROGRAM COSTS
JOYCE PRESCHOOL							
1219 WEST 31ST STREET	01 0504016	F01 (g) (2)	75 000	0			
MINNEAPOLIS, MN 55408	81-0594016	501(C)(3)	75,000.	0.			PROGRAM COSTS
JUXTAPOSITION INC ALLOC							
2007 EMERSON AVE N							
MINNEAPOLIS, MN 55411	41-1851915	501(C)(3)	50,000.	0.			PROGRAM COSTS
	41 1051515	501(0/(5/					
KA JOOG NONPROFIT ORGANIZATION							
1420 WASHINGTON AVE. S							
MINNEAPOLIS, MN 55454	39-2073475	501(C)(3)	100,000.	0.			PROGRAM COSTS
			,			BACKPACKS,	
KAREN ORGANIZATION OF MN						SCHOOL	
2353 RICE STREET, SUITE 240						SUPPLIES AND	
ROSEVILLE, MN 55113	30-0438142	501(C)(3)	125,000.	3,249.	BOOK VALUE	FOOD SUPPLIES	PROGRAM COSTS
KEYSTONE COMMUNITY SERVICES						BACKPACKS AND	
2000 ST. ANTHONY AVE.						SCHOOL	
ST. PAUL, MN 55104-5199	41-0693924	501(C)(3)	50,000.	2,649.	BOOK VALUE	SUPPLIES	PROGRAM COSTS
KWANZAA COMMUNITY CHURCH							
DBA: LIBERTY COMMUNITY CHURCH,							
3700 BRYANT AVE N - MINNEAPOLIS,							
MN 55412	20-0031853	501(C)(3)	100,000.	0.			PROGRAM COSTS
LATINO ECONOMIC DEVELOPMENT CENTER							
804 MARGARET ST							
	51-0467167	501(C)(3)	75,000.	0.			PROGRAM COSTS
ST. PAUL, MN 55106	2T-0401T01	501(0)(3)	1 /5,000.	U.			FROOME COSTS

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		S UNITED WA					EI-19/3442 Pag
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	overnments (Sch	iedule I (Form 990), Pa	art 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
LAUNCH MINISTRY							
110 WEST 2ND STREET							
CHASKA, MN 55318	26-4579522	501(C)(3)	100,000.	402.	BOOK VALUE	HOUSE SUPPLIES	PROGRAM COSTS
LOAVES & FISHES TOO						BACKPACKS AND	
21 KASOTA AVE SE						SCHOOL	
MINNEAPOLIS, MN 55414	41-1421522	501(C)(3)	0.	6 343	BOOK VALUE	SUPPLIES	PROGRAM COSTS
	11 1101000	501(0/(5/		0,010.		BACKPACKS,	
MERRICK COMMUNITY SERVICES						SCHOOL	
1669 ARCADE STREET NORTH, SUITE 4						SUPPLIES AND	
ST. PAUL, MN 55106	41-0693851	501(C)(3)	319,700.	11 194	BOOK VALUE	HOUSE SUPPLIES	PROGRAM COSTS
MID-MINNESOTA LEGAL ASSISTANCE							
.11 N. 5TH ST SUITE 100							
AINNEAPOLIS, MN 55403	41-1412710	501(C)(3)	160,000.	0.			PROGRAM COSTS
MINNEAPOLIS AMERICAN INDIAN CENTER							
L530 FRANKLIN AVE. EAST							
MINNEAPOLIS, MN 55404-2136	41-0966005	501(C)(3)	75,000.	٥.			PROGRAM COSTS
,,			,				
MINNEAPOLIS PUBLIC SCHOOLS						BACKPACKS AND	
2015 EAST LAKE STREET						SCHOOL	
MINNEAPOLIS, MN 55407	41-1972445	GOVERNMENT	50,000.	78 426.	BOOK VALUE	SUPPLIES	PROGRAM COSTS
INNESOTA 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
	11 1/00122	501(0)(0)	10,000.	.			
IINNESOTA EDUCATION EQUITY							
PARTNERSHIP - 2233 UNIVERSITY AVE.							
N, SUITE 220 - ST. PAUL, MN 55114	41-1699505	501(C)(3)	10,000.	0.			PROGRAM COSTS
, SOTTE 220 ST. TROE, MU SSIT4	41 100000	501(0/(3/	10,000.	· ·			
IINNESOTA INDIAN WOMEN'S RESOURCE						BACKPACKS AND	
ENTER - 2300 15TH AVE. SOUTH -						SCHOOL	
	41-1500950	501(C)(3)	100,000.	1 350	BOOK VALUE	SUPPLIES	PROGRAM COSTS
AINNEAPOLIS, MN 55404-3935	#T-T200320		1 100,000.	±,330.	DOOK ANDOF	Роггптер	FROGRAM COSTS

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Part II Continuation of Grants and Other	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sche	edule I (Form 990), Pa	art 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
INNESOTA STATE COLLEGES AND							
JNIVERSITIES - 1500 BIRCHMONT							
	41-1687554	COVEDNMEND	50,000.	0.			PROGRAM COSTS
DRIVE NE - BEMIDJI, MN 56601	41-100/004	GOVERNMENT	50,000.	0.			PROGRAM COSTS
MINNESOTA TEAMSTERS SERVICE BUREAU							
2829 UNIVERSITY AVE. SE, SUITE 100							
	41-1513000	501(C)(3)	88 363	0.			
MINNEAPOLIS, MN 55414	41-1513000	201(C)(2)	88,363.	0.			PROGRAM COSTS
MN ASSN FOR CHILDREN'S MENTAL							
HEALTH - 23 EMPIRE DRIVE, SUITE	41 1707105	F01 (q) (2)	20.000	0			
1000 - ST. PAUL, MN 55103	41-1727185	501(C)(3)	20,000.	0.			PROGRAM COSTS
MN ASSOC. FOR THE EDUCATION OF							
YOUNG CHILDREN - 1821 UNIVERSITY							
AVE. W, SUITE 298 S - ST. PAUL, MN							
55104	23-7279931	501(C)(3)	30,000.	0.			PROGRAM COSTS
						BACKPACKS,	
MODEL CITIES OF ST. PAUL INC						SCHOOL	
839 UNIVERSITY AVE W						SUPPLIES AND	
ST. PAUL, MN 55104	41-1687873	501(C)(3)	147,300.	6,006.	BOOK VALUE	HOUSE SUPPLIES	PROGRAM COSTS
MONTESSORI TRAINING CENTER OF MN							
1611 AMES AVE							
ST. PAUL, MN 55106	41-1361913	501(C)(3)	20,000.	0.			PROGRAM COSTS
						BACKPACKS,	
MUSLIM AMERICAN SOCIETY OF						SCHOOL	
MINNESOTA - 4100 66TH ST. EAST -						SUPPLIES AND	
INVER GROVE, MN 55076	47-0907353	501(C)(3)	75,000.	2,548.	BOOK VALUE	HOUSE SUPPLIES	PROGRAM COSTS
NEIGHBORHOOD HOUSE						BACKPACKS,	
PAUL AND SHEILA WELLSTONE CENTER,						SCHOOL	
179 ROBIE STREET E - ST. PAUL, MN						SUPPLIES AND	
55107-23	41-0693916	501(C)(3)	80,000.	11,257.	BOOK VALUE	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

Schedule I (Form 990) GREATER TWIN CITIES UNITED WAY Part II Continuation of Grants and Other Assistance to Domestic Organizations and

Schedule I (Form 990) GREATER I	WIN CIIID	5 UNIIED WA	· ±				ei-1973442 Pa
Part II Continuation of Grants and Other A	Assistance to Dor	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IETWORK FOR THE DEVELOPMENT OF							
CHILDREN OF AFRICAN DESCENT - 3255						BACKPACKS AND	
SPRING ST NE STE 100 -						SCHOOL	
MINNEAPOLIS, MN 55413	41-1936394	501(C)(3)	101,000.	950.	BOOK VALUE	SUPPLIES	PROGRAM COSTS
NEW VISION FOUNDATION 860 VANDALIA STREET							
ST PAUL, MN 55114	81-2114563	501(C)(3)	100,000.	0.			PROGRAM COSTS
NORTHPOINT HEALTH & WELLNESS CENTER, INC 1315 PENN AVE N -						BACKPACKS, SCHOOL SUPPLIES AND	
MINNEAPOLIS, MN 55411-3047	20-0898277	501(C)(3)	125,000.	7,454.	BOOK VALUE	HOUSE SUPPLIES	PROGRAM COSTS
NORTHSIDE ACHIEVEMENT ZONE 1964 NORTH 2ND ST	20 0229907	E01/(C)/(2)	75.000	0			DROCDAM COST
MINNEAPOLIS, MN 55411	30-0238807	501(C)(3)	75,000.	0.			PROGRAM COSTS
PARTNERSHIP IN PROPERTY COMMERCIAL LAND TRUST - 1819 LOWRY AVENUE							
NORTH - MINNEAPOLIS, MN 55411	87-1177063	501(C)(3)	50,000.	0.			PROGRAM COSTS
PEOPLE SERVING PEOPLE 614 SOUTH THIRD ST.			~~ ~~~				
MINNEAPOLIS, MN 55415	41-1443148	501(C)(3)	65,000.	4,024.	BOOK VALUE	HOUSE SUPPLIES	PROGRAM COSTS
PHUMULANI MN AFRICAN WOMEN AGAINST VIOLENCE – 121 WASHINGTON AVENUE							
NORTH, FI4 - MINNEAPOLIS, MN 55401	81-3885346	501(C)(3)	٥.	5,030.	BOOK VALUE	HOUSE SUPPLIES	PROGRAM COSTS
PHYLLIS WHEATLEY COMMUNITY CENTER 1301 TENTH AVE. N						BACKPACKS AND SCHOOL	
MINNEAPOLIS, MN 55411	41-0706132	501(C)(3)	108,750.	2,049.	BOOK VALUE	SUPPLIES	PROGRAM COSTS
PILLSBURY UNITED COMMUNITIES 3650 FREMONT AVE NORTH						BACKPACKS AND SCHOOL	
AINNEAPOLIS, MN 55412	41-0916478	501(C)(3)	565,800.	17,567.	BOOK VALUE	SUPPLIES	PROGRAM COSTS

		S UNITED WA					1-1973442 Pag
Part II Continuation of Grants and Other	Assistance to Doi	nestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PREPARE + PROSPER							
2610 UNIVERSITY AVE. W, SUITE 450							
ST. PAUL, MN 55114	23-7131829	501(C)(3)	50,000.	0.			PROGRAM COSTS
	20 /101025	501(0)(3)				BACKPACKS,	
PROJECT FOR PRIDE IN LIVING, INC.						SCHOOL	
1035 EAST FRANKLIN AVE.						SUPPLIES AND	
MINNEAPOLIS, MN 55404-2920	23-7232208	501(C)(3)	490,700.	10 976.	BOOK VALUE	HOUSE SUPPLIES	PROGRAM COSTS
REBOUND, INC							
710 W BROADWAY							
MINNEAPOLIS, MN 55411	47-1546411	501(C)(3)	120,000.	٥.			PROGRAM COSTS
,,							
RS EDEN							
1931 WEST BROADWAY, SUITE 101							
MINNEAPOLIS, MN 55411-2418	41-1948604	501(C)(3)	100,000.	0.			PROGRAM COSTS
·			,				
SABATHANI COMMUNITY CENTER INC						BACKPACKS AND	
310 EAST 38TH STREET, SUITE 120						SCHOOL	
MINNEAPOLIS, MN 55409-1300	41-0984859	501(C)(3)	75,000.	1,812.	BOOK VALUE	SUPPLIES	PROGRAM COSTS
SCOTT-CARVER-DAKOTA CAP AGENCY INC						BACKPACKS AND	
738 1ST AVENUE EAST						SCHOOL	
SHAKOPEE, MN 55379	41-0903890	501(C)(3)	100,000.	7,466.	BOOK VALUE	SUPPLIES	PROGRAM COSTS
SHAKOPEE MDEWAKANTON SIOUX						BACKPACKS AND	
COMMUNITY - 2330 SIOUX TRL NW -						SCHOOL	
PRIOR LAKE, MN 55372	41-1690380	501(C)(3)	٥.	46,850.	BOOK VALUE	SUPPLIES	PROGRAM COSTS
SIMPSON HOUSING SERVICES INC							
160 GLENWOOD AVENUE							
AINNEAPOLIS, MN 55405	41-1759477	501(C)(3)	75,000.	4,024.	BOOK VALUE	HOUSE SUPPLIES	PROGRAM COSTS
						BACKPACKS,	
SOLID GROUND						SCHOOL	
3521 CENTURY AVENUE NORTH						SUPPLIES AND	
WHITE BEAR LAKE, MN 55110-5689	36-3578158	501(C)(3)	100,000.	5,200.	BOOK VALUE	HOUSE SUPPLIES	PROGRAM COSTS

Schedule I (Form 990) GREATER TWIN CITIES UNITED WAY 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
SOMALI SUCCESS SCHOOL							
2812 EAST 26TH STREET							
MINNEAPOLIS, MN 55406	20-3021208	501(C)(3)	125,000.	0.			PROGRAM COSTS
SOUTHERN MN REGIONAL LEGAL SVC,	20 3021200	561(6)(5)	125,000.	••			
INC - ADMINISTRATIVE OFFICE, 55 E.							
FIFTH STREET, SUITE 800 - ST.							
PAUL, MN 55101	41-1316151	501(C)(3)	113,900.	0.			PROGRAM COSTS
SOUTHSIDE FAMILY NURTURING CENTER							
2448 SOUTH 18TH ST.							
MINNEAPOLIS, MN 55404-4048	41-1274177	501(C)(3)	84,000.	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. LOUIS PARK SCHOOLS ISD 283							
6311 WAYZATA BLVD							
ST. LOUIS PARK, MN 55416	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)	142,965.	0.			PROGRAM COSTS
· · ·							
ST. PAUL PUBLIC SCHOOLS ISD 625						BACKPACKS AND	
360 COLBORNE STREET						SCHOOL	
ST. PAUL, MN 55102	41-0901311	GOVERNMENT	٥.	17,087.	BOOK VALUE	SUPPLIES	PROGRAM COSTS
ST. PAUL YOUTH SERVICES						BACKPACKS AND	
PO BOX 6486						SCHOOL	
ST. PAUL, MN 55106-6486	41-1316444	501(C)(3)	75,000.	786.	BOOK VALUE	SUPPLIES	PROGRAM COSTS
						BACKPACKS,	
ST. STEPHEN'S HUMAN SERVICES, INC.						, SCHOOL	
2309 NICOLLET AVE. S						SUPPLIES AND	
MINNEAPOLIS, MN 55404	01-0639118	501(C)(3)	ο.	5.375.	BOOK VALUE	HOUSE SUPPLIES	PROGRAM COSTS

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Schedule I (Form 990) GREATER T	WIN CITIE	S UNITED WA	ĭ			4	L-19/3442 Page
Part II Continuation of Grants and Other	Assistance to Do	mestic Organizations	and Domestic Go	overnments (Sch	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE BRIDGE FOR YOUTH							
1111 WEST 22ND STREET							
MINNEAPOLIS, MN 55405	41-0983062	501(C)(3)	280,100.	3 421	BOOK VALUE	HOUSE SUPPLIES	PROGRAM COSTS
				-,		BACKPACKS,	
THE FAMILY PARTNERSHIP						, SCHOOL	
1501 XERXES AVE N						SUPPLIES AND	
MINNEAPOLIS, MN 55411	41-0693858	501(C)(3)	222,200.	5,287.	BOOK VALUE	HOUSE SUPPLIES	PROGRAM COSTS
,			,	,		BACKPACKS,	
THE LINK						SCHOOL	
1210 GLENWOOD AVE						SUPPLIES AND	
MINNEAPOLIS, MN 55405	41-1920649	501(C)(3)	268,400.	5,313.	BOOK VALUE	HOUSE SUPPLIES	PROGRAM COSTS
						BACKPACKS,	
THE SALVATION ARMY						SCHOOL	
2445 PRIOR AVE. NORTH						SUPPLIES AND	
ROSEVILLE, MN 55113-2714	41-0698597	501(C)(3)	0.	22,718.	BOOK VALUE	HOUSE SUPPLIES	PROGRAM COSTS
THINK SMALL							
10 YORKTON COURT							
ST. PAUL, MN 55117	41-1260581	501(C)(3)	22,000.	0.			PROGRAM COSTS
						BACKPACKS,	
TOUCHSTONE MENTAL HEALTH						, SCHOOL	
2312 SNELLING AVE						SUPPLIES AND	
MINNEAPOLIS, MN 55404	41-1920740	501(C)(3)	0.	5,431.	BOOK VALUE	HOUSE SUPPLIES	PROGRAM COSTS
						BACKPACKS,	
TUBMAN FAMILY ALLIANCE & CHRYSALIS						SCHOOL	
4432 CHICAGO AVE S						SUPPLIES AND	
MINNEAPOLIS, MN 55407	41-1240048	501(C)(3)	156,000.	6,031.	BOOK VALUE	HOUSE SUPPLIES	PROGRAM COSTS
						BACKPACKS,	
UJAMAA PLACE						SCHOOL	
1821 UNIVERSITY AVE. W N257						SUPPLIES AND	
ST. PAUL, MN 55104	27-1216065	501(C)(3)	140,100.	3,506.	BOOK VALUE	HOUSE SUPPLIES	PROGRAM COSTS
INTER CAMPORIAN ACCOUNTANT OF MI							
UNITED CAMBODIAN ASSOCIATION OF MN 1385 MENDOTA HEIGHTS RD.							
INVER GROVE HEIGHTS, MN 55120	41-1631017	501(C)(3)	80,000.	0.			PROGRAM COSTS
INVER GROVE REIGHIS, MN 35120		201(0)(3)	00,000.	U.	1		EVOQUALI CODID

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		S UNITED WA					L-19/3442 Pa
Part II Continuation of Grants and Other A	Assistance to Do	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JRBAN ROOTS MN						BACKPACKS AND	
1110 PAYNE AVENUE						SCHOOL	
ST PAUL, MN 55130	41-0975429	501(C)(3)	75,000.	2,038.	BOOK VALUE	SUPPLIES	PROGRAM COSTS
URBAN STRATEGIES						BACKPACKS AND	
LOOO OLSON MEMORIAL HWY.						SCHOOL	
AINNEAPOLIS, MN 55411	43-1141027	501(C)(3)	100,000.	2,038.	BOOK VALUE	SUPPLIES	PROGRAM COSTS
VAY TO GROW						BACKPACKS AND SCHOOL	
201 IRVING AVENUE NORTH, SUITE 100 MINNEAPOLIS, MN 55405	71-0956749	501(C)(3)	118,750.	1 920.	BOOK VALUE	SUPPLIES	PROGRAM COSTS
			,	_,			
VAYSIDE HOUSE						BACKPACKS AND	
L600 UNIVERSITY AVENUE WEST, SUITE						SCHOOL	
ST PAUL, MN 55104	41-0873104	501(C)(3)	75,000.	575.	BOOK VALUE	SUPPLIES	PROGRAM COSTS
WELLSHARE INTERNATIONAL						BACKPACKS AND	
122 WEST FRANKLIN AVENUE, SUITE 510						SCHOOL	
AINNEAPOLIS, MN 55404	41-1397062	501(C)(3)	100,000.	1,242.	BOOK VALUE	SUPPLIES	PROGRAM COSTS
WORKING PARTNERSHIPS, INC.							
312 CENTRAL AVE. SE, SUITE 524							
AINNEAPOLIS, MN 55414	20-3244371	501(C)(3)	112,389.	0.			PROGRAM COSTS
						BACKPACKS,	
MCA OF THE NORTH						SCHOOL	
551 NICOLLET MALL, SUITE 500 MINNEAPOLIS, MN 55402	45-2563299	501(C)(3)	0.	8 056	BOOK VALUE	SUPPLIES AND HOUSE SUPPLIES	PROGRAM COSTS
111111212 OD15, 111 55402	45 2505235	501(0)(5)	0.	0,050.	DOOK VALUE	HOODE DOLLUTED	
YOUTHLINK						BACKPACKS AND	
41 NORTH 12TH ST.						SCHOOL	
INNEAPOLIS, MN 55403	41-1341773	501(C)(3)	315,000.	513.	BOOK VALUE	SUPPLIES	PROGRAM COSTS
YOUTHPRISE							
3001 BROADWAY STREET NE, SUITE 330							
MINNEAPOLIS, MN 55413	27-4126970	501(C)(3)	50,000.	0.			PROGRAM COSTS
IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	21 4120010	551(0)(5)	50,000.	٥.	1		r coord

		S UNITED WA					1-1973442 Ра
Continuation of Grants and Other (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
ICA OF MINNEAPOLIS .30 NICOLLET MALL						BACKPACKS AND SCHOOL	
INNEAPOLIS, MN 55403-2405	41-0693891	501(C)(3)	476,600.	1,812.	BOOK VALUE	SUPPLIES	PROGRAM COSTS
ICA OF ST. PAUL 75 SELBY AVE.						BACKPACKS, SCHOOL SUPPLIES AND	
P. PAUL, MN 55102-1790	41-0693892	501(C)(3)	349,200.	2,900.	BOOK VALUE	HOUSE SUPPLIES	PROGRAM COSTS

THE GRANT MAKING STRATEGY.

GREATER TWIN CITIES UNITED WAY Schedule I (Form 990) 2023

(a) Type of grant or assistance

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

(b) Number of

recipients

(c) Amount of

cash grant

(d) Amount of non-

cash assistance

Part IV Supplemental Information. Provide the information requ	uired in Part I, lir	ie 2; Part III, column	(b); and any other ac	l ditional information.						
PART I, LINE 2:										
UNITED WAY RUNS A RIGOROUS AND FAIR	GRANT-M	AKING PROC	ESS THAT I	S OVERSEEN						
AND IMPLEMENTED BY UNITED WAY STAFF	. MOST C	RANT-MAKIN	G PROCESSE	S ARE OPEN						
AND COMPETITIVE WHILE OTHERS ARE IN	VITE-ONI	Y BASED ON	COMMUNITY	INPUT AND						
DATA. NON-PROFITS MUST PROVIDE ANNUAL REPORTS ON IMPACT AND MUST BE IN										
COMPLIANCE WITH AGREED UPON TERMS AND CONDITIONS OF FUNDING AGREEMENTS. THE										
UNITED WAY BOARD OF DIRECTORS AND I	TS COMMU	JNITY IMPAC	T COMMITTE	E APPROVES						

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(f) Description of noncash assistance

(e) Method of valuation (book, FMV, appraisal, other)

SCH	IEDULE J	Compensatio	on Information	OMB N	o. 1545-00	47
(Foi	rm 990)		istees, Key Employees, and Highest	20	าวว	2
			ed Employees ed "Yes" on Form 990, Part IV, line 23.		J2 3	
Depart	ment of the Treasury	Attach to	Form 990.		to Pub	lic
Interna	I Revenue Service		tructions and the latest information.		pection	
Nam	e of the organizatior			Employer identifica		mber
Pa		GREATER TWIN CITIES UN Regarding Compensation	NITED WAY	41-19734	42	
Га		Regarding compensation			Vee	Na
1a	Chack the appropri	ate box(es) if the organization provided any of the f	collowing to or for a parson listed on Form (Yes	No
Id		line 1a. Complete Part III to provide any relevant in	•	,		
	First-class or c		Housing allowance or residence for persor	naluse		
	Travel for com		Payments for business use of personal res			
			Health or social club dues or initiation fees			
			Personal services (such as maid, chauffeu			
			`			
b	If any of the boxes	on line 1a are checked, did the organization follow	a written policy regarding payment or			
	reimbursement or p	rovision of all of the expenses described above? If	"No," complete Part III to explain		X	
2	Did the organizatior	require substantiation prior to reimbursing or allow	wing expenses incurred by all directors,			
	trustees, and office	s, including the CEO/Executive Director, regarding	the items checked on line 1a?	2	X	
3	,	y, of the following the organization used to establis	, v			
		ctor. Check all that apply. Do not check any boxes	, 0	on to		
		tion of the CEO/Executive Director, but explain in I				
	X Compensation		Written employment contract			
		·	Compensation survey or study			
	X Form 990 of o	her organizations X	Approval by the board or compensation co	ommittee		
4	During the year did	any person listed on Form 990, Part VII, Section A	line 1a with respect to the filing			
4	organization or a re	• •	, me ra, with respect to the ming			
а	-			4a	x	
		eive payment from a supplemental nonqualified ret				x
	-	eive payment from an equity-based compensation	-			X
		es 4a-c, list the persons and provide the applicable	•			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must	complete lines 5-9.			
5	For persons listed o	n Form 990, Part VII, Section A, line 1a, did the org	ganization pay or accrue any compensation	ר ר		
	contingent on the re					
					<u> </u>	X
b	Any related organiz	ation?				X
		r 5b, describe in Part III.				
		n Form 990, Part VII, Section A, line 1a, did the org	ganization pay or accrue any compensation	ח		
	contingent on the n	•				v
						X
		ation?		6t)	X
		r 6b, describe in Part III.				
		n Form 990, Part VII, Section A, line 1a, did the org		_		x
		es 5 and 6? If "Yes," describe in Part III				
		reported on Form 990, Part VII, paid or accrued pu				x
		ption described in Regulations section 53.4958-4(a d the organization also follow the rebuttable presul		8		
J	Regulations section			9		
For F		on Act Notice, see the Instructions for Form 990).	Schedule J (Fo) 2023
						,

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.

		(B) Breakdown of W	-2 and/or 1099-MISC compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
JOHN WILGERS	(i)	371,619.	74,261.	5,032.	23,100.	23,298.	497,310.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
ATHENA MIHAS	(i)	185,416.	0.	2,169.	13,294.	10,877.	211,756.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
KRISTINA SALKOWSKI	(i)	173,339.	0.	204.	11,949.	0.	185,492.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
JOSEPH MUNNICH	(i)	171,487.	0.	256.	11,766.	0.	183,509.	0.
EXECUTIVE DIRECTOR GEN NEXT	(ii)	0.	0.	0.	0.	0.	0.	0.
MALA THAO	(i)	159,681.	0.	267.	10,109.	24,352.	194,409.	0.
VP INDIVIDUAL GIVING & DONOR DIVERSI	(ii)	0.	0.	0.	0.	0.	0.	0.
KELLY PUSPOKI	(i)	60,958.	0.	90,338.	4,208.	13,656.	169,160.	0.
VP MARKETING & COMMUNICATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
MEGAN O'MEARA	(i)	123,220.	28,902.	145.	8,647.	1,097.	162,011.	0.
SR DIRECTOR HOLISTIC GRANT MAKING &	(ii)	0.	0.	0.	0.	0.	0.	0.
MICHELLE DANIEL	(i)	144,225.	0.	522.	6,591.	8,958.	160,296.	0.
ASSOCIATE VP DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
JULI DURDA	(i)	139,658.	0.	1,564.	10,483.	25,855.	177,560.	0.
VP HUMAN RESOURCES	(ii)	0.	0.	0.	0.	0.	0.	0.
ERIN FLICKER	(i)	125,018.	0.	13,685.	7,359.	12,733.	158,795.	0.
DIRECTOR - IMPACT STRATEGY & EXECUTI	(ii)	0.	0.	0.	0.	0.	0.	0.
ELLIOTT ERICKSON	(i)	133,221.	0.	151.	9,555.	11,690.	154,617.	0.
ASSOCIATE VP DATA STRATEGY, CAMPAIGN	(ii)	0.	0.	0.	0.	0.	0.	0.
	(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:

KELLY PUSPOKI RECEIVED A SEVERANCE PAYMENT OF \$81,048.

SCHEDULE	Μ
(Form 990)	

Department of the Treasury Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

Open to Public

Inspection

23

20

Employer identification number

41-1973442

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

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

Name of the organization

GREATER TWIN CITIES UNITED WAY

Par	t 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 de noncash contribu			3
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods	Х		80,750.	FAIR VALUE			
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	58	1,087,799.	QUOTED MARK	ET P	RIC	CES
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	Х	1	150,000.	FAIR VALUE			
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>)	Х	16,633		FAIR VALUE			
26	Other (FUNDRAISING EVE)	Х	10	877.				
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organization							
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement 29				
						<u> </u>	Yes	No
30a	During the year, did the organization receive by							
	must hold for at least 3 years from the date of the	he initial co	ntribution, and whi	ch isn't required to be used t	for			
	exempt purposes for the entire holding period?					30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p				ions?	31	X	
32a	Does the organization hire or use third parties or contributions?		-			32a		х
b	If "Yes," describe in Part II.							

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

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

Schedule M	(Form 990) 2023	GREATER						41-1973442	Page 2
Part II	Supplemental	t I, column (b), th	e number	the informatic of contributio	on required by ns, the numbe	Part I, lines 3 er of items rec	0b, 32b, and 33, eived, or a comb	and whether the organiza ination of both. Also com	ition

SCHEDULE O (Form 990)

Name of the organization

Supplemental Information to Form 990 or 990-EZ

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



41-1973442

GREATER TWIN CITIES UNITED WAY

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

ADDRESS THE CHALLENGES NO ONE CAN SOLVE ALONE.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: 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 MEETS URGENT COMMUNITY NEEDS AND CREATES LASTING CHANGE IN THE AREAS OF HOUSING, FOOD, EDUCATION AND JOBS. COUPLING STRATEGY AND DATA WITH COMPASSION AND INCLUSION, AND WITH EQUITY AT THE CENTER OF ITS WORK, UNITED WAY SUPPORTS THE COMMUNITY THROUGH ITS 211 RESOURCE HELPLINE AND AS A LOCAL PROVIDER OF THE 988 SUICIDE AND CRISIS LIFELINE, NONPROFIT PARTNERSHIPS, BUSINESS PARTNERSHIPS, INNOVATION INITIATIVES, AND ADVOCACY.

AS ONE OF THE LARGEST NONGOVERNMENTAL INVESTORS IN HUMAN SERVICES IN THE STATE, UNITED WAY TOUCHES THE LIVES OF OVER 500,000 PEOPLE EACH YEAR ACROSS THE GREATER 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.

Schedule O (Form 990) 2023	Page 2	
Name of the organization	Employer identification number 41-1973442	
GREATER TWIN CITIES UNITED WAY	41-19/3442	
\$1 BILLION IN NEW STATE INVESTMENTS TOWARD STABLE AND AFFORDABLE		
HOUSING. GRANTS FROM UNITED WAY'S ARISE PROJECT SUPPORTED	MORE THAN 700	
LGBTQ+ YOUNG PEOPLE WHO ARE EXPERIENCING OR AT RISK OF HOMELESSNESS.		
CALLERS TO UNITED WAY'S 211 RESOURCE HELPLINE SEEKING INFO	DRMATION AND	
SUPPORT RELATED TO HOUSING AND UTILITIES REPRESENTED OVER	HALF - 53	
PERCENT - OF ALL 211 REQUESTS LAST YEAR. THROUGH UNITED WA	Y'S HOME FOR	
GOOD INITIATIVE, 1,400 FAMILIES MOVING INTO STABLE HOUSING	RECEIVED	
WELCOME HOME BINS FILLED WITH HOUSEHOLD ESSENTIALS LIKE CLEANING		
SUPPLIES AND KITCHEN UTENSILS. UNITED WAY'S PARTNER ORGANIZATIONS		
WORKING IN FOOD SECURITY PROVIDED FOOD FOR NEARLY 460,000	PEOPLE VIA	
FOOD SHELVES OR MEAL PROGRAMS. MORE THAN 191,000 COMMUNITY	MEMBERS	
GAINED MORE SECURE ACCESS TO FOOD DUE TO THE SUPPORT OF UN	IITED WAY'S	
PARTNERS. INDIVIDUALS AND FAMILIES RECEIVED NEARLY 51,000	CULTURALLY	
SPECIFIC MEALS VIA UNITED WAY'S FLAVORS OF OUR COMMUNITY I	NITIATIVE.	
FOOD WAS THE THIRD-MOST REQUESTED TYPE OF RESOURCE AND THE	[
FASTEST-INCREASING REQUEST TO UNITED WAY'S 211 RESOURCE HE	LPLINE,	
LIKELY DUE TO INFLATION.		

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: PROVIDED EARLY CHILDHOOD AND FAMILY EDUCATION PROGRAMMING FOR MORE THAN 54,000 CHILDREN AND ADULTS, AND UNITED WAY'S 80X3 INITIATIVE SUPPORTED TRAUMA-SENSITIVE CARE FOR MORE THAN 500 CHILDREN AND MORE THAN 400 FAMILIES. UNITED WAY'S ADVOCACY FOR CHILDREN DAY BROUGHT TOGETHER MORE THAN 400 CHILDREN AND PARENTS TO ADVOCATE FOR QUALITY EARLY CHILDCARE AND EDUCATION, AND UNITED WAY'S COALITION ADVOCACY EFFORTS RESULTED IN MORE THAN \$2 BILLION IN INVESTMENTS IN CHILDCARE. GRANTS FROM UNITED WAY'S WOMEN UNITED INITIATIVE HELPED NEARLY 9,500 MOTHERS AND CHILDREN GROW THEIR FAMILY STABILITY THROUGH FINANCIAL EDUCATION AND

Schedule O (Form 990) 2023 Name of the organization GREATER TWIN CITIES UNITED WAY	Page 2 Employer identification number 41-1973442	
HIGH-QUALITY EARLY LEARNING. YOUTH PROGRAMS SUPPORTED BY U	·	
HIGH COADITIT MAKET BLANKING. TOOTH TROOMAND BOTTONIED DI C		
10,000 STUDENTS DEEPENED THEIR CAREER READINESS THROUGH PF		
SUPPORTED BY CAREER ACADEMIES. UNITED WAY'S ACTION DAY INI		
PROVIDED MORE THAN 45,000 STUDENTS WITH BACKPACKS FULL OF SCHOOL		
SUPPLIES FOR YOUNG PEOPLE, AND THE ORGANIZATION'S LEGISLAT COALITIONS SUCCESSFULLY ADVOCATED FOR \$4 BILLION IN NEW PU		
INVESTMENTS IN HIGHER EDUCATION AND YOUTH CAREER READINESS		
INVESTMENTS IN HIGHER EDUCATION AND TOUTH CAREER READINESS	•	
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:		
ECONOMIC OPPORTUNITY: UNITED WAY'S VISION - ALL ADULTS ENT	ER THE	
WORKFORCE PREPARED FOR SKILLED EMPLOYMENT AND INCREASED WE	CALTH. UNITED	
WAY MEETS URGENT NEEDS BY SUPPORTING NONPROFITS DOING IMPA	CTFUL WORK TO	
PROVIDE JOB TRAINING AND ENTREPRENEURSHIP SUPPORT, AND BY	CONNECTING	
CALLERS TO EMPLOYMENT RESOURCES VIA ITS 211 RESOURCE HELPI	INE. UNITED	
WAY ALSO MAKES LASTING CHANGE TO IMPROVE SYSTEMS BY BUILDI	ING	
EDUCATOR-EMPLOYER PARTNERSHIPS AND ADVOCATING FOR POLICIES	5 THAT	
MITIGATE THE IMPACTS OF THE "BENEFITS CLIFF." IN 2023, PAR	TNERS FUNDED	
BY UNITED WAY DISBURSED NEARLY \$27 MILLION IN ENTREPRENEUR	SHIP GRANTS	
TO COMMUNITIES OF COLOR THROUGHOUT THE GREATER TWIN CITIES	. UNITED WAY	
PARTNERS FOCUSING ON EMPLOYMENT HELPED PROVIDE JOB TRAININ	IG AND	
COUNSELING FOR NEARLY 12,000 ADULTS SEEKING EMPLOYMENT, WI	тн	
APPROXIMATELY 70 PERCENT RETAINING THEIR JOB FOR AT LEAST	12 MONTHS.	
UNITED WAY'S 211 RESOURCE HELPLINE: UNITED WAY'S 211 RESOU	IRCE HELPLINE	
SPECIALISTS PROVIDE INFORMATION AND REFERRALS TO STATEWIDE	RESOURCES	
AND SERVICES TO HELP PEOPLE MEET THEIR BASIC NEEDS, INCLUI	DING RENTAL	
ASSISTANCE, FOOD PROGRAMS, CHILDCARE, EMPLOYMENT AND MORE.		
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Name of the organization GREATER TWIN CITIES UNITED WAY	Employer identification number 41-1973442
UNITED WAY RESPONDED TO OVER 342,000 REQUESTS TO 211 FROM	ACROSS
MINNESOTA, AND HOUSING CONTINUED TO BE THE MOST REQUESTED	RESOURCE,
FOLLOWED BY UTILITIES AND ENERGY ASSISTANCE. ADDITIONALLY	, THE DATA
UNITED WAY SECURES THROUGH 211 ABOUT COMMUNITY NEEDS INFOR	MS ITS GRANT
INVESTMENTS IN HOUSING, FOOD, EDUCATION AND JOBS, AS WELL	AS ITS
ADVOCACY STRATEGIES IN ADVANCING EQUITABLE POLICIES AND ST	ATE FUNDING
TO SUPPORT PEOPLE EXPERIENCING POVERTY.	

988 SUICIDE AND CRISIS LIFELINE: IN 2023, GREATER TWIN CITIES UNITED WAY CONTINUED OFFERING SUPPORT AS A MINNESOTA-BASED PROVIDER OF THE 988 SUICIDE AND CRISIS LIFELINE. WHEN MINNESOTANS CALL 988, LOCAL, TRAINED AND CARING CRISIS COUNSELORS ANSWER, PROVIDING EMOTIONAL SUPPORT FOR PEOPLE EXPERIENCING THOUGHTS OF SUICIDE, SUBSTANCE USE OR OTHER MENTAL HEALTH CRISES. IN 2023, UNITED WAY CRISIS COUNSELORS ANSWERED OVER 24,000 CALLS TO 988 A 36 PERCENT INCREASE OVER 2022.

BUSINESS AND INDIVIDUAL PARTNERSHIPS: UNITED WAY PARTNERS WITH COMPANIES AND FOUNDATIONS TO HELP BUILD A STRONG PHILANTHROPIC CULTURE

WITH VOLUNTEERISM AND EMPLOYEE GIVING OPPORTUNITIES TO 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.

EXPENSES \$ 13,380,445. INCL GRANTS OF \$ 2,592,319. REVENUE \$ 945,421.

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

SHARON KENNEDY VICKERS AND SUMMRA SHARIFF - BUSINESS RELATIONSHIP

lame of the organization GREATER TWIN CITIES UNITED WAY	Employer identification number 41-1973442
USTIN BUTLER, ERIN DADY - BUSINESS RELATIONSHIP	
ETER FROSCH, MATT MARSH, AND MIKE O'LEARY - BUSINESS	RELATIONSHIP
COLLIN BRINKMAN AND MATT MARSH - BUSINESS RELATIONSHIP	>

KAREN HIMLE AND JOHN LINDAHL - BUSINESS RELATIONSHIP

ERICK CHI AND BETH SIMERMEYER - BUSINESS RELATIONSHIP

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

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

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

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

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

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

AND A DESIGNATED EXECUTIVE COMMITTEE BOARD MEMBER SERVE AS THE EXECUTIVE
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Name of the organization GREATER TWIN CITIES UNITED WAY	Employer identification number 41-1973442
COMMITTEE COMPENSATION TASK FORCE. TOGETHER THEY WORK WIT	'H THE
ORGANIZATION'S HUMAN RESOURCES EXECUTIVE TO FACILITATE THE	CEO'S
PERFORMANCE REVIEW ANNUALLY. THE EXECUTIVE COMMITTEE COMP	ENSATION TASK
FORCE SOLICITS FEEDBACK RELATIVE TO THE CEO'S PERFORMANCE	RESULTS AGAINST
THE UNITED WAY'S ANNUAL STRATEGIC PRIORITIES, ORGANIZATION	IAL METRICS AND
INDIVIDUAL PERFORMANCE GOALS, AS PREVIOUSLY AGREED UPON BY	THE CHAIR OF THE
BOARD AND CEO. THE EXECUTIVE COMMITTEE COMPENSATION TASK	FORCE GATHERS
FEEDBACK FROM EACH MEMBER OF THE BOARD OF DIRECTORS AND PF	OVIDES 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 BENCHMA	RKED FROM AN
EXTERNAL EXECUTIVE COMPENSATION CONSULTING FIRM. MARKET C	OMPARABILITY DATA
INCLUDES COMPENSATION RANGES AND SUPPLEMENTAL BENEFITS EST	ABLISHED FOR THE
CEO AND KEY EXECUTIVES - CHIEF FINANCIAL OFFICER, SR. VICE	PRESIDENT OF
COMMUNITY IMPACT, VICE PRESIDENT OF ADVANCEMENT, VICE PRES	IDENT OF
INDIVIDUAL GIVING, VICE PRESIDENT OF HUMAN RESOURCES, AND	VICE PRESIDENT OF
DIVERSITY, EQUITY & INCLUSION. MARKET COMPARABILITY DATA	IS PROVIDED TO
THE EXECUTIVE COMPENSATION TASK FORCE PRIOR TO MAKING RECO	MMENDATIONS
AND/OR APPROVING PAY AND BENEFITS DECISIONS. THE EXECUTIV	E COMPENSATION
TASK FORCE DETERMINES AND RECOMMENDS TO THE EXECUTIVE COMM	IITTEE 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 PERF	ORMANCE

EVALUATION PERIOD.

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

RECOMMENDATIONS APPROVED BY THE EXECUTIVE COMMITTEE AND EXECUTIVE

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Name of the organization GREATER TWIN CITIES UNITED WAY	Employer identification number 41-1973442
COMPENSATION TASK FORCE. THE EXECUTIVE COMPENSATION TASK	FORCE DOCUMENTS
THE BASIS FOR MAKING ITS DETERMINATION CONCURRENTLY WITH M	AKING ITS
DECISION. THE EXECUTIVE COMPENSATION TASK FORCE REVIEWS A	ND DISCUSSES KEY
EXECUTIVES' COMPENSATION AND BENEFITS BASED ON THE CEO'S P	ERFORMANCE
EVALUATION AND RECOMMENDATIONS FOR THESE EXECUTIVES. THE E	XECUTIVE
COMPENSATION TASK FORCE OBTAINS A RESONABLENESS OPINION FR	OM THE EXTERNAL
EXECUTIVE COMPENSATION CONSULTING FIRM. THE RECOMMENDATION	NS ARE THEN
REVIEWED WITH THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRE	CTORS.
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:

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

191,377.