

UNITED WAY OF NE MINNESOTA

Tax Return

April 1, 2019 – March 31, 2020

(Public Inspection Copy)

RETAIN FOR YOUR RECORDS

Form **990**
(Rev. January 2020)
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2019
Open to Public Inspection

▶ 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.

A For the 2019 calendar year, or tax year beginning **APR 1, 2019** and ending **MAR 31, 2020**

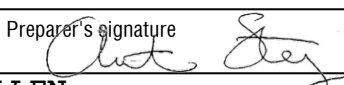
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF NE MINNESOTA Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 608 EAST DRIVE City or town, state or province, country, and ZIP or foreign postal code CHISHOLM, MN 55719 F Name and address of principal officer: SHELLEY VALENTINI SAME AS C ABOVE	D Employer identification number 41-0908454 E Telephone number 218-215-2420 G Gross receipts \$ 1,761,952. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.UNITEDWAYNEMN.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1966 M State of legal domicile: MN

Part I Summary

1	Briefly describe the organization's mission or most significant activities: TO UNITE AND FOCUS OUR COMMUNITIES IN CREATING MEASURABLE RESULTS TO IMPROVE PEOPLE'S LIVES	
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
3	Number of voting members of the governing body (Part VI, line 1a)	3 29
4	Number of independent voting members of the governing body (Part VI, line 1b)	4 29
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5 9
6	Total number of volunteers (estimate if necessary)	6 1200
7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.
b	Net unrelated business taxable income from Form 990-T, line 39	7b 0.
8	Contributions and grants (Part VIII, line 1h)	Prior Year 2,147,349. Current Year 1,756,052.
9	Program service revenue (Part VIII, line 2g)	0. 0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,389. 5,900.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-90,884. -47,274.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,057,854. 1,714,678.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,075,552. 967,573.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	433,391. 453,033.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 98,446.	
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	332,634. 214,033.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,841,577. 1,634,639.
19	Revenue less expenses. Subtract line 18 from line 12	216,277. 80,039.
20	Total assets (Part X, line 16)	Beginning of Current Year 3,718,316. End of Year 3,615,022.
21	Total liabilities (Part X, line 26)	463,603. 369,124.
22	Net assets or fund balances. Subtract line 21 from line 20	3,254,713. 3,245,898.

Part II Signature Block

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

Sign Here	Signature of officer SHELLEY VALENTINI, EXECUTIVE DIRECTOR Type or print name and title	Date _____
Paid Preparer Use Only	Print/Type preparer's name CHRISTINE M. STANZ	Preparer's signature 
	Firm's name ▶ CLIFTON LARSON ALLEN Firm's address ▶ 818 SECOND STREET SOUTH, SUITE 320 WAITE PARK, MN 56387	Date 07/20/20
	Firm's EIN ▶ 41-0746749 Phone no. (320) 203-5500	Check <input type="checkbox"/> if self-employed PTIN P01319765

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO UNITE AND FOCUS OUR COMMUNITIES IN CREATING MEASURABLE RESULTS TO IMPROVE PEOPLE'S LIVES AND STRENGTHEN OUR FAMILIES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 944,691. including grants of \$ 630,363.) (Revenue \$) STABILIZING FAMILIES AND INDIVIDUALS - A STRONG COMMUNITY DEPENDS ON HAVING SUPPORT SYSTEMS IN PLACE TO RESPOND TO DISASTERS AND HELP PEOPLE OVERCOME HARD TIMES TO GET BACK ON THEIR FEET. UWNEMN IS THERE TO STABILIZE OUR COMMUNITIES THROUGH ACCESS TO EMERGENCY FOOD, SAFE SHELTER, HOUSING SERVICES AND DISASTER RELIEF.

IN-HOUSE PROGRAMS TO ADDRESS THIS FOCUS AREA INCLUDE "BUDDY BACKPACKS", A SUPPLEMENTAL HUNGER-RELIEF PROGRAM TO PROVIDE WEEKEND MEAL KIDS FOR CHILDREN AT ALL SCHOOLS IN OUR SERVICE AREA THROUGHOUT THE SCHOOL YEAR; "MEET UP AND CHOW DOWN", A FREE SUMMER LUNCH PROGRAM FOR CHILDREN AGES 1-18 AT NINE DIFFERENT SITES THROUGHOUT OUR SERVICE AREA; "COMFORTS OF HOME" WHICH PROVIDES HOUSEHOLD GOOD TO INDIVIDUALS IN NEED, AND "UNITED

4b (Code:) (Expenses \$ 195,045. including grants of \$ 133,394.) (Revenue \$) EMPOWERING HEALTHY LIVES - A HEALTHY LIFE IS KEY TO A HAPPY LIFE. UWNEMN ITS AGENCY PARTNERS BELIEVE THAT STRENGTHENING THE HEALTH AND WELL-BEING OF OUR MOST VULNERABLE MEN, WOMEN AND CHILDREN LEADS TO A STRONGER OVERALL COMMUNITY.

THROUGH THIS FOCUS AREA, UWNEMN'S IN-HOUSE AND IN-SCHOOL DENTAL PROGRAM "SMILE UNITED" PROVIDES UNDERINSURED OR UNINSURED CHILDREN WITH TEETH CLEANINGS, FLUORIDE TREATMENTS, SEALANTS, X-RAYS, AND AS-NEEDED RESTORATIVE CARE TO CHILDREN IN LOCAL SCHOOLS AND AT OUR OFFICE DURING THE SUMMER. IN ADDITION, UWNEMN'S "UNITED FOR VETERANS", PROGRAM FREE CONFIDENTIAL THERAPY FOR LOCAL VETERANS WITH PTSD, TRANSITIONAL HOUSING, HOLIDAY FOOD BASKETS AND VETERAN RETREATS FOCUSED ON THE

4c (Code:) (Expenses \$ 298,016. including grants of \$ 203,816.) (Revenue \$) HELPING CHILDREN SUCCEED - A CHILD WITH A STRONG EDUCATIONAL FOUNDATION HAS A BETTER CHANCE OF SUCCEEDING AND POSITIVELY CONTRIBUTING TO THEIR COMMUNITY LATER IN LIFE. UWNEMN AND ITS PARTNER AGENCIES FOCUS ON RESULTS DURING CRITICAL STAGES OF A CHILD'S DEVELOPMENT.

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

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 1,437,752.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (29), 1b (29), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MN
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SHELLEY VALANTINI EXECUTIVE DIRECTOR	50.00			X			93,600.	0.	19,548.	
(2) RANDY BABIRACKI BOARD MEMBER	2.00	X					0.	0.	0.	
(3) MARK BAKK BOARD MEMBER	3.00	X					0.	0.	0.	
(4) CHAD BUUS BOARD MEMBER	2.00	X					0.	0.	0.	
(5) ERIC CLEMENT 1ST VICE PRESIDENT	3.00	X		X			0.	0.	0.	
(6) DEAN DEBELTZ BOARD MEMBER	2.00	X					0.	0.	0.	
(7) JULIE EHRLMAN BOARD MEMBER	2.00	X					0.	0.	0.	
(8) LATISHA GIETZEN BOARD MEMBER	2.00	X					0.	0.	0.	
(9) STACY HART SECRETARY	3.00	X		X			0.	0.	0.	
(10) MATT HITI BOARD MEMBER	2.00	X					0.	0.	0.	
(11) TOM JAMAR BOARD MEMBER	3.00	X					0.	0.	0.	
(12) PAUL JANSSEN BOARD PRESIDENT	3.00	X		X			0.	0.	0.	
(13) BREANNE KATRIN 2ND VICE PRESIDENT	3.00	X		X			0.	0.	0.	
(14) BRUCE KINGSLEY BOARD MEMBER	3.00	X					0.	0.	0.	
(15) MARCI KNIGHT BOARD MEMBER	3.00	X					0.	0.	0.	
(16) DAN KOTNIK BOARD MEMBER	3.00	X					0.	0.	0.	
(17) FRANK LAMUSGA BOARD MEMBER	2.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JULIE LUCAS BOARD MEMBER	3.00	X						0.	0.	0.
(19) MIKE NORTON BOARD MEMBER	3.00	X						0.	0.	0.
(20) ROBB PETERSON BOARD MEMBER	2.00	X						0.	0.	0.
(21) LAURA ROSIER BOARD MEMBER	2.00	X						0.	0.	0.
(22) DANIELLE SEPPI BOARD MEMBER	2.00	X						0.	0.	0.
(23) JIM SKALSKI BOARD MEMBER	2.00	X						0.	0.	0.
(24) SAM STONE BOARD MEMBER	2.00	X						0.	0.	0.
(25) TAYLOR WUDINICH BOARD MEMBER	2.00	X						0.	0.	0.
(26) TONY ZUPANCICH BOARD TREASURER	3.00	X						0.	0.	0.
1b Subtotal								93,600.	0.	19,548.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								93,600.	0.	19,548.

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

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

Section B. Independent Contractors

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

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

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a 1,234,077.				
	b	Membership dues	1b				
	c	Fundraising events	1c 229,480.				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 292,495.				
	g	Noncash contributions included in lines 1a-1f	1g \$ 189,580.				
	h	Total. Add lines 1a-1f		1,756,052.			
Program Service Revenue	2 a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		5,900.		5,900.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross rents	(i) Real				
			(ii) Personal				
	6 b	Less: rental expenses					
	6 c	Rental income or (loss)					
		d	Net rental income or (loss)				
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
	7 b	Less: cost or other basis and sales expenses					
7 c	Gain or (loss)						
	d	Net gain or (loss)					
8 a	Gross income from fundraising events (not including \$ 229,480. of contributions reported on line 1c). See Part IV, line 18						
			0.				
		8 a					
8 b	Less: direct expenses		47,274.				
	c	Net income or (loss) from fundraising events		-47,274.		-47,274.	
9 a	Gross income from gaming activities. See Part IV, line 19						
		9 a					
9 b	Less: direct expenses						
	c	Net income or (loss) from gaming activities					
10 a	Gross sales of inventory, less returns and allowances						
		10 a					
10 b	Less: cost of goods sold						
	c	Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a		Business Code				
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
12	Total revenue. See instructions		1,714,678.	0.	0.	-41,374.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	788,073.	788,073.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	179,500.	179,500.		
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	113,150.	76,942.	18,104.	18,104.
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	264,722.	180,010.	42,356.	42,356.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	19,563.	13,303.	3,130.	3,130.
9 Other employee benefits	26,212.	17,824.	4,194.	4,194.
10 Payroll taxes	29,386.	19,982.	4,702.	4,702.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	17,040.	11,588.	2,726.	2,726.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,227.	835.	196.	196.
12 Advertising and promotion				
13 Office expenses	13,818.	9,397.	2,209.	2,212.
14 Information technology				
15 Royalties				
16 Occupancy	27,290.	17,824.	4,733.	4,733.
17 Travel	6,104.	4,150.	977.	977.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	1,378.	938.	220.	220.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	45,077.	30,652.	7,212.	7,213.
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROVISION FOR UNCOLLECT	54,083.	54,083.		
b MEMBER DUES	18,840.	12,812.	3,014.	3,014.
c CAMPAIGN SUPPLIES	18,098.	12,306.	2,896.	2,896.
d TRAINING	4,727.	3,214.	756.	757.
e All other expenses _____	6,351.	4,319.	1,016.	1,016.
25 Total functional expenses. Add lines 1 through 24e	1,634,639.	1,437,752.	98,441.	98,446.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	360,991.	1	554,269.
	2 Savings and temporary cash investments	340,134.	2	345,328.
	3 Pledges and grants receivable, net	581,947.	3	461,382.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	512.	9	512.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,210,879.		
	b Less: accumulated depreciation	10b 93,511.	10c	1,117,368.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,279,877.	15	1,136,163.
16 Total assets. Add lines 1 through 15 (must equal line 33)	3,718,316.	16	3,615,022.	
Liabilities	17 Accounts payable and accrued expenses	15,159.	17	20,967.
	18 Grants payable	392,898.	18	287,250.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	46,450.	21	53,683.
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties	9,096.	23	7,224.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	463,603.	26	369,124.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	3,220,401.	27	3,223,599.
	28 Net assets with donor restrictions	34,312.	28	22,299.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	3,254,713.	32	3,245,898.
	33 Total liabilities and net assets/fund balances	3,718,316.	33	3,615,022.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,714,678.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,634,639.
3	Revenue less expenses. Subtract line 2 from line 1	3	80,039.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	3,254,713.
5	Net unrealized gains (losses) on investments	5	-88,854.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	3,245,898.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
1		
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2019)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

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

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1576248.	2064510.	2134682.	2147349.	1739761.	9662550.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1576248.	2064510.	2134682.	2147349.	1739761.	9662550.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						391,558.
6 Public support. Subtract line 5 from line 4.						9270992.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	1576248.	2064510.	2134682.	2147349.	1739761.	9662550.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,519.	3,083.	3,127.	1,177.	5,900.	16,806.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						9679356.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	95.78 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	95.73 %
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2018. 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		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2018. 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		<input type="checkbox"/>
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		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, 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 organization'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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
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 in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for 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

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
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 in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
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? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	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 1-1/2% 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 .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 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	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2019

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

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

Multiple horizontal lines for supplemental information.

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2019

Name of the organization

UNITED WAY OF NE MINNESOTA

Employer identification number

41-0908454

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

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

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

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

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

Name of organization UNITED WAY OF NE MINNESOTA	Employer identification number 41-0908454
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>63,522.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>42,048.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ <u>60,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ <u>40,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<hr/> <hr/> <hr/>	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED WAY OF NE MINNESOTA	Employer identification number 41-0908454
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization UNITED WAY OF NE MINNESOTA	Employer identification number 41-0908454
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, lines 2a-2d for qualified contributions, and questions about monitoring, expenses, and reporting.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures, and amounts for revenue and assets.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2019

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| 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	(d) Book value
1a Land				
b Buildings		1,124,367.	66,124.	1,058,243.
c Leasehold improvements				
d Equipment		86,512.	27,387.	59,125.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 1,117,368.

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN ASSETS HELD BY OTHERS	1,136,163.
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	1,136,163.

Part X Other Liabilities.

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

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

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	1,619,014.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-88,854.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	47,273.
e	Add lines 2a through 2d	2e	-41,581.
3	Subtract line 2e from line 1	3	1,660,595.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	54,083.
c	Add lines 4a and 4b	4c	54,083.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	1,714,678.

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

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

1	Total expenses and losses per audited financial statements	1	1,627,829.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	47,273.
e	Add lines 2a through 2d	2e	47,273.
3	Subtract line 2e from line 1	3	1,580,556.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	54,083.
c	Add lines 4a and 4b	4c	54,083.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	1,634,639.

Part XIII Supplemental Information.

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

PART IV, LINE 2B:

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

PART X, LINE 2:

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

Part XIII Supplemental Information (continued)

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSE 47,273.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

PROVISION FOR DOUBTFUL RECEIVABLES 54,083.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSE 47,273.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

PROVISION FOR DOUBTFUL RECEIVABLES 54,083.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		FLAVOR OF THE CASH RAFFLE (event type)	FLAVOR OF THE CASH RAFFLE (event type)	7 (total number)		
Revenue	1	Gross receipts	50,856.	47,266.	131,358.	229,480.
	2	Less: Contributions	50,856.	47,266.	131,358.	229,480.
	3	Gross income (line 1 minus line 2)				
Direct Expenses	4	Cash prizes			30,000.	30,000.
	5	Noncash prizes				
	6	Rent/facility costs	450.		225.	675.
	7	Food and beverages			4,864.	4,864.
	8	Entertainment				
	9	Other direct expenses	2,143.	2,642.	7,400.	12,185.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				47,724.
11	Net income summary. Subtract line 10 from line 3, column (d)				-47,724.	

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	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: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2019

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ADVOCATES FOR FAMILY PEACE 1611 NW 4TH STREET GRAND RAPIDS, MN 55744	41-1377489	501(C)(3)	18,350.	0.			SUPPORT FOR BATTERED INDIVIDUALS
ANGEL FUND PO BOX 114 HIBBING, MN 55746	81-3348012	501(C)(3)	5,000.	0.			SUPPORT FOR CANCER VICTIMS.
ARROWHEAD CENTER 505 S 12TH AVENUE WEST, SUITE 1 VIRGINIA, MN 55792	41-0956874	501(C)(3)	10,400.	0.			PROVIDE AT CHEMICALLY DEPENDENT YOUTH WITH COUNSELING AND LIFE SKILLS
CAMP CHICAGAMI 3755 SCOUT CAMP RD EVELETH, MN 55734	41-1540311	501(C)(3)	14,000.	0.			CAMPING FOR AT-RISK YOUTH
CARE PARTNERS PO BOX 217 EVELETH, MN 55734	41-2011488	501(C)(3)	18,200.	0.			SUPPORT FOR CANCER VICTIMS
ELY COMMUNITY RESOURCE, INC. PO BOX 374 / 40 N 1ST AVE E ELY, MN 55731	41-1333048	501(C)(3)	5,000.	0.			MENTORING FOR AT RISK CHILDREN AND FAMILIES

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **22.**
- 3** Enter total number of other organizations listed in the line 1 table **1.**

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

Schedule I (Form 990) (2019)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS AGAINST ABUSE 407 4TH ST INT'L FALLS, MN 56649	41-1454505	501(C)(3)	5,000.	0.			SUPPORT FOR BATTERED AND SEXUALLY ASSAULTED VICTIMS
HIBBING KINSHIP MENTORING PROGRAM PO BOX 176 SIDE LAKE, MN 55781	41-2006723	501(C)(3)	8,800.	0.			MENTORING FOR AT RISK CHILDREN
NORTHWOODS PARTNERS 328 W. CONAN ST. ELY, MN 55731	41-2016401	501(C)(3)	22,000.	0.			PROVIDES SUPPORT FOR INDIVIDUALS WITH TERMINAL ILLNESS OR DISABILITIES
PROJECT CARE 3112 6TH AVENUE EAST HIBBING, MN 55746	27-3176137	501(C)(3)	18,000.	0.			HEALTHCARE SERVICES FOR UN/UNDER INSURED
RANGE TRANSITIONAL HOUSING, INC. PO BOX 1146 442 PINE MILL CT. VIRGINIA, MN 55792	41-1773248	501(C)(3)	35,000.	0.			PROVIDES TRANSITIONAL HOUSING
SALVATION ARMY/HIBBING 107 W HOWARD ST HIBBING, MN 55746	36-2167910	501(C)(3)	12,600.	0.			PROVIDES EMERGENCY SERVICES FOR THOSE IN CRISIS
SALVATION ARMY/VIRGINIA 507 12TH AVE W VIRGINIA, MN 55792	41-0698597	501(C)(3)	8,200.	0.			PROVIDES EMERGENCY SERVICES FOR THOSE IN CRISIS
SECOND HARVEST NORTHERN LAKES FOOD BANK - 4503 AIRPARK BLVD - DULUTH, MN 55811	36-3479964	501(C)(3)	25,000.	0.			PROVIDES EMERGENCY SERVICES FOR THOSE IN CRISIS
SEXUAL ASSAULT PROGRAM OF NSLC 505 12TH AVE W, SUITE 4 VIRGINIA, MN 55792	36-3297404	501(C)(3)	25,000.	0.			PROVIDES FOOD TO PARTNER AGENCIES AND INDIVIDUALS IN NEED

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VOLUNTEERS IN EDUCATION PO BOX 668 VIRGINIA, MN 55792	45-0578555	501(C)(3)	16,000.	0.			PROVIDES TUTORING TO AT RISK YOUTH
ELY COMMUNITY HEALTH CENTER 40 NORTH 1ST AVENUE EAST ELY, MN 55731	47-5399418	501(C)(3)	7,500.	0.			TO PROVIDE AFFORDABLE SERVICES WITH A VISION TO IMPROVE COMMUNITY HEALTH.
SALVATION ARMY/INTERNATIONAL FALLS 1301 3RD AVE W INT'L FALLS, MN 56649	41-0698597	501(C)(3)	15,000.	0.			PROVIDE SERVICES TO HOMELESS YOUTH.
SERVE MN 120 S 6TH STREET, SUITE 2260 MINNEAPOLIS, MN 55402	41-2010058	501(C)(3)	6,200.	0.			SERVE MINNESOTA'S MISSION IS TO BE A CATALYST TO ADDRESS CRITICAL NEEDS IN MINNESOTA BY WORKING WITH
CHILDREN'S DENTAL SERVICES 636 BROADWAY STREET NE MINNEAPOLIS, MN 55413	41-0857929	501(C)(3)	27,065.	0.			PROVIDES PREVENTATIVE DENTAL CARE FOR CHILDREN IN A SCHOOL BASED SETTING
SALVATION ARMY FOOD SHELF/HIBBING 107 W HOWARD ST HIBBING, MN 55746	36-2167910	501(C)(3)	6,400.	0.			PROVIDES EMERGENCY FOOD ASSISTANCE
BRANDIE FOLKKEN/BRANDIE'S LITTLE BEAR LEARNING CENTER - 1250 INDUSTRIAL PARK DRIVE - EVELETH, MN 55734	82-1341195	FOR PROFIT	90,000.	0.			CHILD CARE EXPANSION
SUPPORT WITHIN REACH 9 WILLOW LANE GRAND RAPIDS, MN 55744	41-1369558	501(C)(3)	5,000.	0.			SUPPORT FOR SEXUAL ASSAULT VICTIMS

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
NON-CASH ASSISTANCE	0	0.	169,580.	FMV	HOUSEHOLD GOODS

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

PART I, LINE 2:

EACH YEAR THE UNITED WAY OF NE MINNESOTA CONDUCTS AN ALLOCATION PROCESS WHERE REQUESTING ORGANIZATIONS FILL OUT AN APPLICATION WITH INFORMATION WHICH INCLUDES THEIR PROGRAM DESCRIPTION, EXPECTED PROGRAM OUTCOMES, NUMBERS SERVED, BUDGET FOR TWO PAST YEARS, PROJECTED BUDGET FOR UPCOMING YEAR, FUNDRAISING/ADMINISTRATIVE COSTS ACCORDING TO 990, SALARIES, AND AMOUNT REQUESTED FROM UW. THIS INFORMATION IS COMPILED AND DISTRIBUTED TO 110 VOLUNTEER PANEL MEMBERS WHO REVIEW THE INFORMATION AND MAKE ONSITE VISITS TO THE ORGANIZATION THEY WERE ASSIGNED . THE REQUESTING

Part IV Supplemental Information

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

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: SERVE MN

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		169,580.	FAIR MARKET VALUE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

UNITED WAY OF NE MINNESOTA

Employer identification number

41-0908454

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

AND STRENGTHEN OUR FAMILIES.

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

FOR VETERANS" HAS A CRISIS FUND TO STABILIZE THE LIVES OF VETERANS IN
NEED, PROVIDES HOLIDAY MEAL BASKETS TO HOMEBOUND AND IN-NEED VETERANS
AND THEIR FAMILIES, AND OPERATES TRANSITIONAL HOUSING FOR VETERANS.

UWNEMN CURRENTLY FUNDS 11 AGENCY PARTNERS WHICH STRIVE TO STABILIZE
PEOPLE IN CRISIS THROUGH EMERGENCY FOOD AND HOUSING SERVICES. FUNDED
PARTNERS WORK TO REDUCE HUNGER AND ACCESS TO FOOD, PROMOTE STABLE
LIVING ENVIRONMENTS, AND WORK WITH VICTIMS OF DOMESTIC VIOLENCE AND
SEXUAL ASSAULT AND WORK TO REDUCE INSTANCES OF THESE ABUSES IN OUR
SERVICE AREA. UWNEMN ALSO PROVIDES SUPPORT TO ALL LOCAL FOOD SHELVES
IN OUR REGION.

THESE PROGRAMS AND AGENCIES SERVE COMMUNITIES IN NORTERN ST. LOUIS
COUNTY, KOOCHICHING COUNTY AND PARTS OF ITASCA COUNTY.

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

HEALTH AND WELLBEING OF LOCAL VETERANS.

ADDITIONALLY, THE ORGANIZATION FUNDS SEVEN AGENCIES IN OUR SERVICE AREA
THAT SUPPORT SAFE, HEALTHY INDEPENDENT LIVES FOR THESE INDIVIDUALS IN
THEIR REGION; SUPPORT INDIVIDUALS AND FAMILIES FACING CANCER OR
LIFE-LIMITING ILLNESS; INCREASE PROGRAMMING TO SUPPORT ADVOCACY, SAFE

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

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

Name of the organization UNITED WAY OF NE MINNESOTA	Employer identification number 41-0908454
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AND INDEPENDENT LIVING AND THE WELL-BEING OF OUR LOCAL SENIORS; AND
 ENHANCE VETERANS' SERVICES IN THEIR SERVICE TERRITORY.

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

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:
 IN ADDITION, WE INVEST IN PROGRAMS THAT IMPROVE ACADEMICS, AND
 ENCOURAGE YOUTH DEVELOPMENT THAT ARE INTERVENTION-BASED, ADDRESSING
 ISSUES EARLY. THOUGH QUALITY CHILD CARE, EARLY CHILDHOOD EDUCATION,
 TUTORING, MENTORING, AND MORE, UWNEMN HELPS OUR CHILDREN REACH THEIR
 FULL POTENTIAL AND PREPARES THEM FOR BRIGHT, PROMISING FUTURES. WE
 CURRENTLY FUND 5 AGENCY PARTNERS WHO FOCUS ON RESULTS DURING CRITICAL
 STAGES OF A CHILD'S DEVELOPMENT BY: IMPROVING ACADEMICS, ENCOURAGING
 YOUTH DEVELOPMENT, AND ADDRESSING ISSUES EARLY. THIS STRATEGY WILL
 GIVE CHILDREN THE BEST CHANCE FOR SUCCESSFUL FUTURES. IN ADDITION,
 UWNEMN SUPPORTS ORGANIZATIONS THAT FOCUS ON YOUTH MENTAL HEALTH AND
 YOUTH CHEMICAL DEPENDENCY.

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

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

Name of the organization UNITED WAY OF NE MINNESOTA	Employer identification number 41-0908454
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FORM 990, PART VI, SECTION B, LINE 11B:

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

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

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

Name of the organization UNITED WAY OF NE MINNESOTA	Employer identification number 41-0908454
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DISTRIBUTION COMMITTEE OF ANY CONFLICTING ROLES OR DUAL ROLES THEY MAY HAVE IF NOT OTHERWISE DISCLOSED.

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

COMPENSATION RECOMMENDATIONS ARE MADE BY THE EXECUTIVE COMMITTEE (E-BOARD) OF THE BOARD OF DIRECTORS BASED ON THE FOLLOWING COMPARABLES: UNITED WAY WORLDWIDE SALARY SURVEY (COMPARING OTHER UWW ORGANIZATIONS OF SIMILAR SIZE), GUIDESTAR, MINNESOTA NONPROFIT SALARY AND BENEFITS SURVEY. PAY SCALE IS BASED ON MARKET RATES, TENURE AND POSITION REQUIREMENTS. ALL EMPLOYEES HAVE ANNUAL PERFORMANCE REVIEWS AND APPRAISALS. THE EXECUTIVE DIRECTOR PAY SCALE AND COMPENSATION PACKAGE ARE REVIEWED ANNUALLY BY THE EXECUTIVE COMMITTEE. THE SALARY BUDGET IS APPROVED BY THE BOARD OF DIRECTORS.

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

FORM 1023 IS NOT AVAILABLE ON THE WEBSITE.

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

POSTED ON WEBSITE

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

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

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

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

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

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

SHELLEY VALENTINI

- The books are in the care of ▶ **608 EAST DRIVE - CHISHOLM, MN 55719**
Telephone No. ▶ **218-215-2420** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **FEBRUARY 16, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **APR 1, 2019**, and ending **MAR 31, 2020**.

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

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

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