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

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

| Α | For the | 2 2023 calendar year, or tax year beginning $\mathrm{JUL}1,2023$ | JUN 30, 2024 | |
|---------------|----------------------------|--|------------------------------|----------------------------------|
| В | Check if | C Name of organization | D Employer identific | cation number |
| | applicable | e: | | |
| Г | Addres | | | |
| F | Name change | | 41-08570 | 77 |
| F | Initial return | Number and street (or P.O. box if mail is not delivered to street address) Room/s | | |
| F | Final | 314 W Superior St 750 | 218-726- | |
| _ | return/ termin- ated | | G Gross receipts \$ | 1,676,965. |
| Г | Ameno | 1 | H(a) Is this a group re | |
| F | Application | | for subordinates | |
| _ | pendin | same as C above | H(b) Are all subordinates in | |
| $\overline{}$ | Tax-exe | | ` ` ' | list. See instructions |
| | Websit | | H(c) Group exemptio | |
| | | | ear of formation: 1922 | |
| | art I | Summary | car or formation. 1922 N | or otate or regar dorniene, 1114 |
| _ | _ | Briefly describe the organization's mission or most significant activities: To stren | othen the comm | munities we |
| ģ | 3 ' | serve by uniting people and resources. | genen ene com | MUIIICICD WC |
| Ę | 2 | Check this box if the organization discontinued its operations or disposed of m | vers than 25% of its not see | noto. |
| Governance | 3 | | 1 _ 1 | 12 |
| ć | 4 | Number of independent voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) | | 12 |
| | | | | 13 |
| <u> </u> | 5 | Total number of individuals employed in calendar year 2023 (Part V, line 2a) | | 176 |
| Activities & | 6 | Total number of volunteers (estimate if necessary) | | 0. |
| Ą | ? / a | Total unrelated business revenue from Part VIII, column (C), line 12 | | 0. |
| _ | b | Net unrelated business taxable income from Form 990-T, Part I, line 11 | Prior Year | Current Year |
| | | Onethib, things and supple (Doub) (III line 1b) | 1,295,035. | 1,126,270. |
| 4 | 8 | Contributions and grants (Part VIII, line 1h) | 2,493. | 6,102. |
| Revenue | 9 | Program service revenue (Part VIII, line 2g) | | |
| ě | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 252,984. | 458,453. |
| | יין | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 19,337. | -12,006. |
| | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 1,569,849. | 1,578,819. |
| | | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 890,606. | 607,227. |
| | | Benefits paid to or for members (Part IX, column (A), line 4) | 706 277 | 700 040 |
| ď | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 706,277. | 709,840. |
| Expenses | 2 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| Ž | <u> </u> | Total fundraising expenses (Part IX, column (D), line 25) 335,414. | 222 161 | 044 107 |
| | '' | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 222,161. | 244,127. |
| | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 1,819,044. | 1,561,194. |
| | | Revenue less expenses. Subtract line 18 from line 12 | -249,195. | 17,625. |
| SOF | | | Beginning of Current Year | End of Year |
| sset | 20 | Total assets (Part X, line 16) | 8,182,381. | 8,546,818. |
| Net Assets or | 21 | Total liabilities (Part X, line 26) | 717,703. | 558,691. |
| | | Net assets or fund balances. Subtract line 21 from line 20 | 7,464,678. | 7,988,127. |
| | art II | Signature Block | | |
| | | Ities of perjury, I declare that I have examined this return, including accompanying schedules and sta | | knowledge and belief, it is |
| true | e, correc | t, and complete. Declaration of preparer (other than officer) is based on all information of which prep | arer has any knowledge. | |
| | | Cignature of officer | Doto | |
| Sig | | Signature of officer | Date | |
| He | re | Sara Niemi, President | | |
| | | Type or print name and title | Doto L | DTIM |
| | | Print/Type preparer's name Preparer's signature | Date Check | PTIN |
| Pai | | | P 04/11/25 self-employ | |
| | parer | Firm's name Abdo LLP | Firm's EIN 4 | 1-1397419 |
| Use | Only | Firm's address 5201 Eden Ave, Ste 250 | | |
| _ | | Edina, MN 55436 | Phone no. 95 | <u>2.835.9090</u> |
| Ма | y the IF | S discuss this return with the preparer shown above? See instructions | | X Yes No |

| Check if Scheduled Contains a response or note to any line in this Patt II Briefly describe the cognization simistion: Head off the Lakes United Way's mission is to unite caring people and mobilize resources to empower individuals and strenghten communities. Did the organization undertake any significant program services during the year which were not listed on the prior form 900 or 900 EZ? If 'Yes,' describe these new services on Schedule O. Did the organization cause conducting, or make significant changes in now it conducts, any program services? If 'Yes,' describe these changes on Schedule O. Describe the organization Schedule O. Describe the organization of the conduction, or make significant changes in now it conducts, any program services. as measured by expenses. Section 501(6)(3) and 501(6)(4) organizations can required to report the amount of grants and allocations to others, the total expenses, and recovered. If any, to each programs service scorplishments for each of its three largest program services. as measured by expenses. Section 501(6)(3) and 501(6)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and recovered. The programming and Initiatives: (1) The Volunteer Center is a "one strengh organization and initiatives: (1) The Volunteer Center is a "one strengh organization and initiatives: (1) The Volunteer Center is a "one strengh organization and community. Wide or Volunteer and supply drive events connecting community members to projects with nonprofit partners. (3) Twin Ports College Connect is a partnership with local partners to distribute the objects where they are most needed (5) Be on Board is a training program that provides individuals with the tools they need to serve on a morprofit board. (6) 211 is a free information and referral resource available 24 hours a day on a variety of topics. Our Community Investment Process provides funding for nearly 70 community supplies and strengh organization organized labor that s | Pai | t III Statement of Program Service Accomplishments |
|---|-----|--|
| Head of the Lakes United Way's mission is to unite caring people and mobilize resources to empower individuals and strenghten communities. Did the organization undertake any significant program services during the year which were not listed on the prior form 950 or 950 £7? When the consense these new services on Schedule O. Did the organization cases conducting, or make significant changes in how it conducts, any program services? When the consense conducting or make significant changes in how it conducts, any program services. Section 501(5) and 501(6)(4) general consense or Schedule O. Date the describe these changes on Schedule O. Date the describe these changes on Schedule O. Date the describe these changes on Schedule O. Date to the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(6)(3) and 501(6)(4) genalization's program service reported. Date to the organization and service and supply directly and should be serviced and services. Section 501(6)(6) and 501(6)(6)(6) and 501(6)(6) and 501(6) and 501(6)(6) and 501(6) and 5 | | Check if Schedule O contains a response or note to any line in this Part III |
| Did the organization undurtatio any significant program services during the year which were not listed on the price form 980 or 990-127? If Yes, 'describe these new services on Schedule O. Did the organization cases conducting, or make significant changes in how it conducts, any program services? If Yes, 'describe these new services on Schedule O. Did the organization of program service accomplishments for each of its three largest program services, as measured by expenses. Section 5016(3) and 5016(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, a fund, for each program service expense. 175, 324. Proof, and the program service expenses. 175, 324. Proof, and the proof of the volunteer composition of proof of a proo | 1 | |
| Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? If yes, ore school organization cease complishments for each of its three largest program services, as measured by expenses. Section 501(6)(3) and 501(6)(6) and 501(6) and 501 | | Head of the Lakes United Way's mission is to unite caring people and |
| prior form 980 or 980 cf.? Yes X No 11 Yes Gascible these new services on Schedule O. | | mobilize resources to empower individuals and strenghten communities. |
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| Programming and Initiatives: (1) The Volunteer Center is a "one stop shop" for volunteer opportunities. (2) Day of Caring is a bi-annual community-wide volunteer and supply drive event connecting community members to projects with nonprofit partners. (3) Twin Ports College Connect is a partnership with local colleges to help connect students with volunteer opportunities. (4) Stuff the Bus mobilizes the community to collect school supplies and coordinate with local partners to distribute the supplies where they are most needed. (5) Be on Board is a training program that provides individuals with the tools they need to serve on a nonprofit board. (6) 211 is a free information and referral resource available 24 hours a day on a variety of topics. 4b (Code:)(Expenses) | | revenue, if any, for each program service reported. |
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| 4e Total program service expenses 910,184. | 4d | |
| | | |
| | 4e | |

| | | | Yes | No |
|-----|---|-----|-----|-------------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | | | |
| | If "Yes," complete Schedule A | 1 | Х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? See instructions | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for | | | |
| | public office? If "Yes," complete Schedule C, Part I | 3 | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | Х |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or | | | |
| _ | similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III | 5 | | х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| • | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | x |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | _ | | |
| • | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | x |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i> | | | |
| 0 | , , | 8 | | x |
| 0 | Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for | - | | |
| 9 | | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? | | | x |
| | If "Yes," complete Schedule D, Part IV | 9 | | <u> </u> |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | v | |
| | or in quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | X | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, | | | |
| | as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | 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? If "Yes," complete Schedule D, Part VII | 11b | | X |
| С | Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | <u> </u> |
| d | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | X | |
| е | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | X | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | X |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII | 12a | Х | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? | | | |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | Х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any | | | |
| | foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | Х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to | | | |
| | or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | Х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | |
| | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions | 17 | | 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? If "Yes," complete Schedule G, Part II | 18 | | x |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | | | |
| | complete Schedule G, Part III | 19 | | x |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| | TOWN THE PLANT OF | 20b | | <u> </u> |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| -1 | domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | Х | |
| | democre government on Fartix, column (-y, interier in Fes. Complete Schedule I, Parts Fand II | | | L |

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| Pa | TIV Checklist of Required Schedules (continued) | 011 | <u>F</u> | age ¬ |
|-----|---|-----|----------|----------|
| | · (continued) | | Yes | No |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | | |
| | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current | | | |
| | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | | | |
| | Schedule J | 23 | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | | | |
| | last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete | | | |
| | Schedule K. If "No," go to line 25a | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | <u> </u> |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease | | | |
| | any tax-exempt bonds? | 24c | | <u> </u> |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | <u> </u> |
| 25a | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit | | | |
| | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and | | | |
| | that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete | | | |
| | Schedule L, Part I | 25b | | X |
| 26 | Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current | | | 1 |
| | or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, | | | |
| | creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | X |
| 28 | Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, | | | |
| | instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If | | | |
| | "Yes," complete Schedule L, Part IV | 28a | | X |
| b | A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV | 28b | | Х |
| | A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If | | | |
| | "Yes," complete Schedule L, Part IV | 28c | | X |
| 29 | Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M | 29 | Х | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation | | | |
| | contributions? If "Yes," complete Schedule M | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | Х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete | | | |
| | Schedule N, Part II | 32 | | x |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | | | |
| | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | x |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and | | | |
| • | Part V, line 1 | 34 | Х | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | х |
| | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity | 000 | | T |
| | within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? | 000 | | |
| 00 | If "Yes," complete Schedule R, Part V, line 2 | 36 | | x |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | 30 | | |
| 0, | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | x |
| 38 | Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | 0, | | |
| 50 | N - AU - 000 CI | 38 | х | 1 |
| Pai | TV Statements Regarding Other IRS Filings and Tax Compliance | JO | - 22 | |
| | Check if Schoolule O contains a reasonne or note to any line in this Bort V | | | |
| | Check if Schedule O contains a response of note to any line in this Part v | | Yes | No |
| 10 | Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable | | 162 | 140 |
| | Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 1b | _ | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | + | | |
| C | (gambling) winnings to prize winners? | 1c | Х | |
| | laa/ilgo to prize trimore. | 110 | | |

Page 5 Form 990 (2023) Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Х 2h X Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? 7c If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a **b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand X **14a** Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? Х 15 If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

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that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities

If "Yes," complete Form 6069.

If "Yes," complete Form 4720, Schedule O.

41-0857077 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI

| Secti | on A. Governing Body and Management | | | | | | |
|------------|---|--------------------|-------------------|---------|---------|---------|----------|
| | | | | [| | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | | 12 | | | |
| ļ | f there are material differences in voting rights among members of the governing body, or if the governing | | | | | | |
| 1 | pody delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | | | | | |
| | Enter the number of voting members included on line 1a, above, who are independent | 1b | | 12 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship | with a | ny other | | | | |
| | officer, director, trustee, or key employee? | | | | 2 | | <u>X</u> |
| | Did the organization delegate control over management duties customarily performed by or under the | e direct | supervision | | | | |
| | | | | | 3 | | <u>X</u> |
| | Did the organization make any significant changes to its governing documents since the prior Form 9 | | filed? | | 4 | | X |
| | Did the organization become aware during the year of a significant diversion of the organization's ass | | | | 5 | | <u>X</u> |
| | Did the organization have members or stockholders? | | | } | 6 | | X |
| | Did the organization have members, stockholders, or other persons who had the power to elect or ap | | | | | | 37 |
| | more members of the governing body? | | | } | 7a | | <u>X</u> |
| | Are any governance decisions of the organization reserved to (or subject to approval by) members, st | | • | | | | 37 |
| | persons other than the governing body? | | | | 7b | | <u> </u> |
| | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | , | Ü | | | v | |
| | The governing body? | | | - 1 | 8a | X | |
| | Each committee with authority to act on behalf of the governing body? | | | } | 8b | ^ | |
| | s there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rear | | | | • | | Х |
| Sact | organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | | | 9 | | |
| JCCL | on B. Policies (This Section B requests information about policies not required by the Internal Re | venue | Code.) | | | Yes | No. |
| 10-2 | Did the organization have local chapters, branches, or affiliates? | | | ſ | 10a | 162 | No X |
| | f "Yes," did the organization have written policies and procedures governing the activities of such ch | | | ····· | IUa | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | apters | armates, | | 10b | | |
| | Has the organization provided a complete copy of this Form 990 to all members of its governing body | , hefor | e filing the form | n? | 11a | х | |
| | Describe on Schedule O the process, if any, used by the organization to review this Form 990. | , 50101 | s ming the ferr | ''' | | | |
| | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | | ľ | 12a | х | |
| | Nere officers, directors, or trustees, and key employees required to disclose annually interests that could give rise | | | | 12b | х | |
| | Did the organization regularly and consistently monitor and enforce compliance with the policy? If ") | | | ····· | | | |
| | on Schedule O how this was done | , | | | 12c | х | |
| | Did the organization have a written whistleblower policy? | | | Γ | 13 | Х | |
| | Did the organization have a written document retention and destruction policy? | | | Γ | 14 | Х | |
| | Did the process for determining compensation of the following persons include a review and approva | | | ····· [| | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | - | | | | | |
| а | The organization's CEO, Executive Director, or top management official | | | | 15a | Х | |
| b (| Other officers or key employees of the organization | | | [| 15b | Х | |
| ľ | f "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. | | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen | nent w | th a | | | | |
| | axable entity during the year? | | | | 16a | | _X_ |
| b | f "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat | te its p | articipation | | | | |
| į | n joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ | ization | 's | | | | |
| | exempt status with respect to such arrangements? | | | | 16b | | |
| | on C. Disclosure | | | | | | |
| | List the states with which a copy of this Form 990 is required to be filedMN , WI | | _, | | | | |
| 18 | | പ മമവ | I (section 501 | (c)(3)s | only) a | availab | ole |
| | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an | 10 550 | | . ,. , | • • | | |
| | or public inspection. Indicate how you made these available. Check all that apply. | | | ,,,, | • | | |
| 1 | for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain) | on Sc | | | | | |
| 19 I | for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, co | on Sc | | | financ | ial | |
| 19 I | for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, costatements available to the public during the tax year. | on Sc Inflict o | f interest polic | | financ | ial | |
| 19 20 | for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, co | on Sc Inflict o | f interest polic | | financ | ial | |

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

| (A) Name and title | (B) Average hours per | (do box | not c | Pos heck | ition | | one n an | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of |
|---------------------------------|--|------------------|-----------------------|-------------|--------------|------------------------------|-------------|---|---|--|
| | week (list any hours for related organizations below line) | stee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | | from the organization (W-2/1099-MISC/ 1099-NEC) | from related organizations (W-2/1099-MISC/ 1099-NEC) | other compensation from the organization and related organizations |
| (1) Matthew Hunter President | 40.00 | _ | | v | | | | 00 551 | 0. | 6 170 |
| (2) Kim Ulmer | 40.00 | | | Х | | | | 98,551. | 0. | 6,172. |
| Finance Director | 40.00 | 1 | | х | | | | 76,820. | 0. | 153. |
| (3) Janet Nelson | 1.00 | | | ^ | | | | 70,020. | 0. | 133. |
| Chair | 1.00 | Х | | Х | | | | 0. | 0. | 0. |
| (4) Amy Hallback | 1.00 | | | | | | | | | |
| Treasurer | | Х | | Х | | | | 0. | 0. | 0. |
| (5) Beth McCuskey | 1.00 | | | | | | | | | |
| Vice Chair | | Х | | Х | | | | 0. | 0. | 0. |
| (6) Tricia Hobbs | 1.00 | | | | | | | | | |
| Secretary | | Х | | Х | | | | 0. | 0. | 0. |
| (7) Annie Lepper | 1.00 | | | | | | | | | |
| Director | | Х | | | | | | 0. | 0. | 0. |
| (8) Todd Gustafson | 1.00 | | | | | | | | | |
| Director | | Х | | | | | | 0. | 0. | 0. |
| (9) Shawn Carr | 1.00 | <u> </u> | | | | | | | | |
| Director | | Х | | | | | | 0. | 0. | 0. |
| (10) Jerrid Anderson | 1.00 | | | | | | | | | |
| Director | | Х | | | | | | 0. | 0. | 0. |
| (11) Jen Patterson | 1.00 | | | | | | | | | |
| Director | | Х | | | | | | 0. | 0. | 0. |
| (12) Amy Starzecki | 1.00 |] | | | | | | | _ | _ |
| Director | | Х | | | | | | 0. | 0. | 0. |
| (13) Frances Wittenberg | 1.00 | ļ | | | | | | | | |
| Director | | Х | | | | | | 0. | 0. | 0. |
| (14) Allison Hanig-Landrus | 1.00 | ļ | | | | | | | | |
| Director | | Х | | | | | | 0. | 0. | 0. |
| | | 4 | | | | | | | | |
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| Pai | t VII Section A. Officers, Directors, Trus | | oloy | ees, | and | Hi | ghes | t Co | | s (continued) | | | |
|----------|---|------------------------|--------------------------------|-----------------------|----------|--------------|------------------------------|-----------|--------------------------------|---------------------------------|---------|--------------------|------|
| | (A) | (B) | | | (C | C) | | | (D) | (E) | | (F) | |
| | Name and title | Average | | not ch | | more | than c | | Reportable | Reportable | | Estimat | |
| | | hours per week | | | | | s both or/trust | | compensation | compensation | | amount | |
| | | (list any | | | | | 1 | , | from the | from related | Ι, | othe | |
| | | hours for | Individual trustee or director | | | | _ B | | organization | organizations (W-2/1099-MISC | | compens from th | |
| | | related | ee or | stee | | | nsateo | | (W-2/1099-MISC/ | 1099-NEC) | " | organiza | |
| | | organizations | truste | ıal tru | | yee | om pe | | 1099-NEC) | , | | and rela | |
| | | below | vidual | Institutional trustee | ser | key employee | Highest compensated employee | ner | | | | organizat | ions |
| | | line) | lndi | Inst | Officer | Key | High | Former | | | _ | | |
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| | | | | | | | | | 4.55.054 | | _ | | |
| | Subtotal | | | | | | | | 175,371. | | 0. | 6,3 | 25. |
| | Total from continuation sheets to Part V | | | | | | | | 0. | | 0. | | 0. |
| <u>d</u> | Total (add lines 1b and 1c) | | | | | | | | 175,371. | | 0. | 6,3 | 25. |
| 2 | Total number of individuals (including but r | ot limited to th | ose | liste | d ab | ove |) wh | o re | ceived more than \$100, | 000 of reportable | | | ^ |
| | compensation from the organization | | | | | | | | | | | - 1 | 0 |
| | | | | | | | | | | | | Yes | No |
| 3 | Did the organization list any former officer | | | еу е | mpl | oye | e, or | higl | hest compensated emp | oyee on | | _ | 37 |
| | line 1a? If "Yes," complete Schedule J for s | | | | | | | | | | - | 3 | X |
| 4 | For any individual listed on line 1a, is the su | | | | | | | | | | | - | 37 |
| | and related organizations greater than \$15 | | | | | | | | | | | 4 | X |
| 5 | Did any person listed on line 1a receive or | • | | | | , | | | · · | | | _ | 77 |
| <u> </u> | rendered to the organization? If "Yes," con | <u>iplete Schedule</u> | e J fo | or su | ıch r | oers | on . | | | | | 5 | X |
| | tion B. Independent Contractors | | | | | | | | | | | | |
| 1 | Complete this table for your five highest co | | | | | | | | | | nsatio | n from | |
| | the organization. Report compensation for | the calendar ye | ear e | ndın | g w | ith c | or wi | :hin T | | ear. | | (0) | |
| | (A) Name and business address NONE Des | | | | | | | | (B) Description of s | ervices | Cor | (C) npensatio | าท |
| | Name and basiness | | 147 |)IN E | <u> </u> | | | \dashv | - Description of a | CIVICCO | | пропоши | J11 |
| | | | | | | | | | | | | | |
| | | | | | | | | \dashv | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | \dashv | | | | | |
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| | | | | | | | | | | l | | | |
| | | | | | | | | \dashv | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | Total number of independent contractors (i | | -1." | | | | | | | | | | |

Head of the Lakes United Way

Form **990** (2023)

| | 1 L V I | ••• | _ | or note to any lin | o in this Dort VIII | | | |
|--|---------|----------|--|----------------------|---------------------|-------------------|------------------|--------------------------------------|
| | | | Check if Schedule O contains a response | or note to any iin | (A) | (B) | (C) | (D) |
| | | | | | Total revenue | Related or exempt | Unrelated | Revenue excluded |
| | | | | | | function revenue | business revenue | from tax under sections 512 - 514 |
| | - | _ | Fortunated committees dol | | | | | 300010113 0 12 0 14 |
| ints | 1 8 | | Federated campaigns 1a | | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | k | | Membership dues 1b | 0 616 | | | | |
| Es, e | C | | Fundraising events 1c | 8,616. | | | | |
| ig ig | C | | Related organizations 1d | | | | | |
| S, in | • | | Government grants (contributions) 1e | | | | | |
| 후 | f | f | All other contributions, gifts, grants, and | | | | | |
| 효 | | | similar amounts not included above \dots 1f 1, | ,117,654. 52,576. | | | | |
| 할 | ç | g | Noncash contributions included in lines 1a-1f 1g \$ | | | | | |
| <u>လ</u> မ | ŀ | h | Total. Add lines 1a-1f | | 1,126,270. | | | |
| | | | | Business Code | | | | |
| ø | 2 8 | а | Admissions and receipt | 900099 | 6,102. | 6,102. | | |
| Σĕ | k | b | | | | | | |
| Se | c | С | | | | | | |
| am eve | | d | | | | | | |
| Program Service Revenue | • | е | | | | | | |
| P | f | f | All other program service revenue | | | | | |
| | | | Total. Add lines 2a-2f | | 6,102. | | | |
| | 3 | _ | Investment income (including dividends, inter- | | | | | |
| | | | other similar amounts) | • | 244,589. | | | 244,589. |
| | 4 | | Income from investment of tax-exempt bond | | | | | • |
| | 5 | | Royalties | | | | | |
| | | | (i) Real | (ii) Personal | | | | |
| | 6 : | a | Gross rents 6a | | | | | |
| | | | Less: rental expenses 6b | | | | | |
| | | | Rental income or (loss) 6c | | | | | |
| | | | Not rental income or (loss) | | | | | |
| | | | Gross amount from sales of (i) Securities | (ii) Other | | | | |
| | , , | а | assets other than inventory 7a 300,004. | | | | | |
| | L | h | Less: cost or other basis | ' | | | | |
| Φ | L. | b | | | | | | |
| Revenue | | _ | and sales expenses 7b 86,140. Gain or (loss) 7c 213,864. | ' | | | | |
| eve | | | Met point of (loss) | | 213,864. | | | 213,864. |
| er R | | | Net gain or (loss) | | 213,004. | | | 213,004. |
| Othe | 8 8 | а | Gross income from fundraising events (not including \$ 8,616. of | | | | | |
| 0 | | | | | | | | |
| | | | contributions reported on line 1c). See | 0. | | | | |
| | | | Part IV, line 18 Less: direct expenses 88 | | | | | |
| | | | | 12,000. | -12,006. | | | -12,006. |
| | | | Net income or (loss) from fundraising events | | -12,000. | | | -12,000. |
| | 9 a | a | Gross income from gaming activities. See | | | | | |
| | _ | | Part IV, line 19 | | | | | |
| | | | Less: direct expenses 9t |) | | | | |
| | | | Net income or (loss) from gaming activities | | | | | |
| | 10 a | а | Gross sales of inventory, less returns | | | | | |
| | | | and allowances10 | | | | | |
| | | | Less: cost of goods sold10 | b | | | | |
| | | С | Net income or (loss) from sales of inventory | | | | | |
| တ္ | | | | Business Code | | | | |
| e en | 11 a | а | | | | | | |
| Miscellaneous Revenue | k | b | | | | | | |
| Se Se | C | С | | | | | | |
| Mis | C | | All other revenue | | | | | |
| _ | 6 | <u>e</u> | Total. Add lines 11a-11d | | 4 550 010 | | | 446 4:= |
| | 12 | | Total revenue. See instructions | | 1,578,819. | 6,102. | Ι 0. | 446,447. |

| Sect | 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 respon- | se or note to any line in | | | | | | | | |
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses | | | | | |
| 1 | Grants and other assistance to domestic organizations | | | | | | | | | |
| | and domestic governments. See Part IV, line 21 | 607,227. | 607,227. | | | | | | | |
| 2 | Grants and other assistance to domestic | | | | | | | | | |
| | individuals. See Part IV, line 22 | | | | | | | | | |
| 3 | Grants and other assistance to foreign | | | | | | | | | |
| | organizations, foreign governments, and foreign | | | | | | | | | |
| | individuals. See Part IV, lines 15 and 16 | | | | | | | | | |
| 4 | Benefits paid to or for members | | | | | | | | | |
| 5 | Compensation of current officers, directors, | 455 504 | FF 000 | F. 4. F. 4 | 62.040 | | | | | |
| | trustees, and key employees | 177,734. | 57,023. | 57,471. | 63,240. | | | | | |
| 6 | Compensation not included above to disqualified | | | | | | | | | |
| | persons (as defined under section 4958(f)(1)) and | | | | | | | | | |
| | persons described in section 4958(c)(3)(B) | 200 112 | 105 176 | 106 004 | 120 722 | | | | | |
| 7 | Other salaries and wages | 390,113. | 125,176. | 126,204. | 138,733. | | | | | |
| 8 | Pension plan accruals and contributions (include | | | | | | | | | |
| _ | section 401(k) and 403(b) employer contributions) | 00 206 | 21 716 | 21 716 | 25 71 / | | | | | |
| 9 | Other employee benefits | 99,206. 42,787. | 31,746. 13,692. | 31,746. 13,692. | 35,714. 15,403. | | | | | |
| 10 | Payroll taxes | 42,707. | 13,092. | 13,092. | 15,403. | | | | | |
| 11 | Fees for services (nonemployees): | | | | | | | | | |
| _ | Management | 8,705. | 2 002 | 4,788. | 1 015 | | | | | |
| b | 9 | 31,555. | 2,002. 7,258. | 17,355. | 1,915. 6,942. | | | | | |
| | Accounting Labbring | 31,333. | 7,250• | 17,333. | 0,544. | | | | | |
| u | Lobbying Professional fundraising services. See Part IV, line 17 | | | | | | | | | |
| f | Investment management fees | | | | | | | | | |
| g | | | | | | | | | | |
| 9 | column (A), amount, list line 11g expenses on Sch 0.) | 18,165. | 4,178. | 9,991. | 3,996. | | | | | |
| 12 | Advertising and promotion | 45 405 | 6 100 | F 406 | | | | | | |
| 13 | Office expenses | 17,427. | 6,120. | 5,496. | 5,811. | | | | | |
| 14 | Information technology | 44,811. | 18,285. | 6,084. | 20,442. | | | | | |
| 15 | Royalties | 20 250 | 14 004 | 0.761 | 12 (02 | | | | | |
| 16 | Occupancy | 38,358. 6,058. | 14,904. | 9,761. | 13,693. | | | | | |
| 17 | Travel | 0,030. | 1,994. | 131. | 3,913. | | | | | |
| 18 | Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | | | | | | |
| 19 | Conferences, conventions, and meetings | 10,356. | 3,423. | 177. | 6,756. | | | | | |
| 20 | Interest | | | | | | | | | |
| 21 | Payments to affiliates | | | | | | | | | |
| 22 | Depreciation, depletion, and amortization | 10,386. | 4,778. | 2,077. | 3,531. | | | | | |
| 23 | Insurance | 3,268. | 490. | 1,863. | 915. | | | | | |
| 24 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) | | | | | | | | | |
| а | Miscellaneous expense | 26,110. | 3,917. | 14,883. | 7,310. | | | | | |
| b | United Way dues | 15,347. | 4,989. | 6,800. | 3,558. | | | | | |
| c | Banking fees | 8,186. | 1,228. | 4,666. | 2,292. | | | | | |
| d | Dues and subscriptions | 5,395. | 1,754. | 2,391. | 1,250. | | | | | |
| е | All other expenses | | | | | | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 1,561,194. | 910,184. | 315,596. | 335,414. | | | | | |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined | | | | | | | | | |
| | educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720) | | | | 5 990 (2000) | | | | | |

Form **990** (2023)

| Par | t X | Balance Sheet | | | | | |
|-----------------------------|-----|--|------------|-----------------------|---------------------------------|---------|---------------------------|
| | | Check if Schedule O contains a response or r | note to ar | y line in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | | | 314,670. | 1 | 486,848. |
| | 2 | Savings and temporary cash investments | | | 671,099. | 2 | 392,624. |
| | 3 | Pledges and grants receivable, net | | | 351,142. | 3 | 178,396. |
| | 4 | Accounts receivable, net | | | | 4 | |
| | 5 | Loans and other receivables from any current | | | | | |
| | | trustee, key employee, creator or founder, sul | ostantial | contributor, or 35% | | | |
| | | controlled entity or family member of any of the | | 5 | | | |
| | 6 | Loans and other receivables from other disqu | | | | | |
| | | under section 4958(f)(1)), and persons describ | ed in sec | ction 4958(c)(3)(B) | | 6 | |
| ts | 7 | Notes and loans receivable, net | | | 7 | | |
| Assets | 8 | Inventories for sale or use | | | | 8 | |
| ۲ | 9 | Prepaid expenses and deferred charges | | ······ | 8,455. | 9 | 14,814. |
| | 10a | Land, buildings, and equipment: cost or other | | | | | |
| | | basis. Complete Part VI of Schedule D | 10a | 114,396. | | | |
| | b | Less: accumulated depreciation | | | 18,527. | 10c | 15,727. |
| | 11 | Investments - publicly traded securities | | | | 11 | |
| | 12 | Investments - other securities. See Part IV, lin | | | | 12 | |
| | 13 | Investments - program-related. See Part IV, lin | | | 13 | | |
| | 14 | Intangible assets | | | 14 | | |
| | 15 | Other assets. See Part IV, line 11 | 6,818,488. | 15 | 7,458,409. | | |
| | 16 | Total assets. Add lines 1 through 15 (must e | | | 8,182,381. | 16 | 8,546,818. |
| | 17 | Accounts payable and accrued expenses | l l | 79,437. | 17 | 93,424. | |
| | 18 | Grants payable | | 18 | | | |
| | 19 | Deferred revenue | | | 19 | | |
| | 20 | Tax-exempt bond liabilities | | l l | | 20 | |
| | 21 | Escrow or custodial account liability. Complet | | | | 21 | |
| es | 22 | Loans and other payables to any current or fo | | | | | |
| ≣ | | trustee, key employee, creator or founder, sul | | | | | |
| Liabilities | | controlled entity or family member of any of the | | | | 22 | |
| _ | 23 | Secured mortgages and notes payable to unr | | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrela | | | | 24 | |
| | 25 | Other liabilities (including federal income tax, | | | | | |
| | | parties, and other liabilities not included on lir of Schedule D | | · | 638,266. | 25 | 465,267. |
| | 26 | | | | 717,703. | 26 | 558,691. |
| | 20 | Organizations that follow FASB ASC 958, c | | e X | 717,7031 | 20 | 330,031 |
| es | | and complete lines 27, 28, 32, and 33. | neok ne | · | | | |
| auc | 27 | Net assets without donor restrictions | | | 1,289,999. | 27 | 1,279,918. |
| Bala | 28 | Net assets with donor restrictions | | | 6,174,679. | 28 | 6,708,209. |
| 힏 | | Organizations that do not follow FASB ASC | | | · · | | |
| - ₽ | | and complete lines 29 through 33. | , | _ | | | |
| ō | 29 | Capital stock or trust principal, or current fund | ds | | | 29 | |
| Sets | 30 | Paid-in or capital surplus, or land, building, or | | | | 30 | |
| As | 31 | Retained earnings, endowment, accumulated | | | | 31 | |
| Net Assets or Fund Balances | 32 | Total net assets or fund balances | | | 7,464,678. | 32 | 7,988,127. |
| - | 33 | Total liabilities and net assets/fund balances | | | 8,182,381. | 33 | 8,546,818. |

| Pa | rt XI Reconciliation of Net Assets | | | | | | | | |
|----|---|-----------|---------|-------------|------|-------------|--|--|--|
| | Check if Schedule O contains a response or note to any line in this Part XI | | | <u></u> | | | | | |
| | | . | | | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | | | <u> 19.</u> | | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1, | <u> 561</u> | | | | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | | <u> 25.</u> | | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | | | | 78. 24. | | | |
| 5 | 5 Net unrealized gains (losses) on investments | | | | | | | | |
| 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 | 7, | <u> 988</u> | ,12 | 27 . | | | |
| Pa | rt XII Financial Statements and Reporting | | | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | <u></u> . | <u></u> | <u></u> | | X | | | |
| | | | _ | ` | Yes | No | | | |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule | Ο. | | | | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | L | 2a | | X | | | |
| | 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? | | L | 2b | Х | | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate | basis, | | | | | | | |
| | consolidated basis, or both: | | | | | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | audit, | | | | | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | L | 2c | Х | | | | |
| | If the organization changed either its oversight process or selection process during the tax year, explain on Scho | dule O. | | | | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the | | | | | | | | |
| | Uniform Guidance, 2 C.F.R. Part 200, Subpart F? | | L | 3а | | Х | | | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required | | | | | | | | |
| | or audits, explain why on Schedule O and describe any steps taken to undergo such audits | <u></u> . | | 3b | | | | | |
| | | | F | orm Ç | 90 (| (2023) | | | |

332012 12-21-23

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

ZUZJ

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Head of the Lakes Inited Way

Employer identification number 4.1 - 0.857077

| | | пеац | or the har | kes united wa | 1y | | 4 | T-002/01/ |
|-----|-------|---------------------------------|---------------------------------------|--|-------------------------------------|------------------|--|----------------------------|
| Pa | rt I | Reason for Public (| Charity Status. | (All organizations must c | omplete th | nis part.) S | ee instructions. | |
| The | organ | ization is not a private found | ation because it is: (F | or lines 1 through 12, cl | neck only | one box.) | | |
| 1 | | A church, convention of chi | urches, or associatio | n of churches described | in sectio | n 170(b)(1 | I)(A)(i). | |
| 2 | | A school described in secti | ion 170(b)(1)(A)(ii). (| Attach Schedule E (Form | n 990).) | | | |
| 3 | | A hospital or a cooperative | | | | (b)(1)(A)(ii | i). | |
| 4 | | A medical research organization | ation operated in cor | njunction with a hospital | described | in sectio | n 170(b)(1)(A)(iii). Enter | the hospital's name, |
| | | city, and state: | | | | | | |
| 5 | | An organization operated for | or the benefit of a col | lege or university owned | or operate | ed by a go | vernmental unit describ | ed in |
| | | section 170(b)(1)(A)(iv). (C | Complete Part II.) | | | | | |
| 6 | | A federal, state, or local gov | | nental unit described in | section 17 | 70(b)(1)(A) | (v). | |
| 7 | X | An organization that norma | - | | | | | public described in |
| - | | section 170(b)(1)(A)(vi). (C | • | | J | | J | |
| 8 | | A community trust describe | - | 1)(A)(vi). (Complete Part | : II) | | | |
| 9 | H | An agricultural research org | | | • | ed in coni | inction with a land-grant | college |
| · | | or university or a non-land-g | | | | - | - | - |
| | | university: | rant conego or agno | and o (oco mondonomo). | | iarrio, orty | , and state of the conlege | <i>,</i> 01 |
| 10 | | An organization that norma | Ilv receives (1) more | than 33 1/3% of its supp | ort from c | ontribution | ns, membership fees, an | d gross receipts from |
| | | activities related to its exem | | | | | | |
| | | income and unrelated busin | | • | ` ' | | • • | • |
| | | See section 509(a)(2). (Con | | (1000 000tion on taxy in | | ooo aoqai | iod by the organization t | artor durio do, roro. |
| 11 | | An organization organized a | • | vely to test for public sat | ety See | section 50 | 19(a)(4) | |
| 12 | H | An organization organized a | • | • | • | | | nurnoses of one or |
| - | | more publicly supported or | • | · · · | - | | • | |
| | | lines 12a through 12d that | - | | | | | SHOOK THE BOX OH |
| а | | Type I. A supporting orga | * * | | | | | aivina |
| u | | the supported organization | · · · · · · · · · · · · · · · · · · · | • | • | - | | |
| | | organization. You must o | | | majority o | ino direc | toro or tradition of the of | арроппід |
| b | | Type II. A supporting org | · · · · · · · · · · · · · · · · | | ion with its | s sunnorte | ed organization(s) by hav | /ina |
| | | control or management o | • | | | | | - |
| | | organization(s). You mus | | | arric perso | 113 11141 00 | nariage are supp | portou |
| С | | Type III functionally inte | - | | in connect | ion with a | and functionally integrate | ed with |
| · | | its supported organization | - | | | | • • | ou with, |
| d | | Type III non-functionally | | · | | | | zation(s) |
| _ | | that is not functionally int | | | | | • • • • • • | |
| | | requirement (see instructi | - | • | - | | • | Vericoo |
| е | | Check this box if the orga | · | - | | | | |
| Ū | | functionally integrated, or | | | | | 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1 | |
| f | Ente | er the number of supported of | | | | | | |
| q | | vide the following information | • | d organization(s). | | | | L |
| | | i) Name of supported | (ii) EIN | (iii) Type of organization | (iv) Is the orga in your governi | inization listed | (v) Amount of monetary | (vi) Amount of other |
| | | organization | | (described on lines 1-10 above (see instructions)) | Yes | No | support (see instructions) | support (see instructions) |
| | | | | above (oce mondonomy) | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
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| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

332021 12-21-23

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 | | | | | | | | |
|---------------------------|---|-----------------------|----------------------|------------------------|----------------------|----------------------|------------------------|--|
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total | |
| 1 | Gifts, grants, contributions, and | | | | | | | |
| | membership fees received. (Do not | | | | | | | |
| | include any "unusual grants.") | 1941724. | 1817654. | 1648289. | 1295035. | 1126270. | 7828972. | |
| 2 | Tax revenues levied for the organ- | | | | | | | |
| | ization's benefit and either paid to | | | | | | | |
| | or expended on its behalf | | | | | | | |
| 3 | The value of services or facilities | | | | | | | |
| | furnished by a governmental unit to | | | | | | | |
| | the organization without charge | | | | | | | |
| 4 | Total. Add lines 1 through 3 | 1941724. | 1817654. | 1648289. | 1295035. | 1126270. | 7828972. | |
| | | | | | | | | |
| Ŭ | 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, | | | | | | | |
| | | | | | | | 37,663. | |
| _ | | | | | | | 7791309. | |
| | Public support. Subtract line 5 from line 4. | | | | | | 1191309. | |
| | | (=) 2010 | (h) 2020 | (a) 2021 | (4) 2022 | (a) 0000 | (f) Total | |
| | ndar year (or fiscal year beginning in) | (a) 2019 1941724. | (b) 2020 1817654. | (c) 2021 1648289. | (d) 2022 1295035. | (e) 2023 1126270. | (f) Total 7828972 • | |
| | Amounts from line 4 | 1941/24. | 101/034. | 1040209. | 1293033. | 1120270. | 1020312. | |
| 8 | Gross income from interest, | | | | | | | |
| | dividends, payments received on | | | | | | | |
| | securities loans, rents, royalties, | 2 267 | 1 217 | 1 200 | 120 771 | 244 500 | 200 442 | |
| | and income from similar sources | 2,367. | 1,317. | 1,398. | 138,771. | 244,589. | 388,442. | |
| 9 | Net income from unrelated business | | | | | | | |
| | activities, whether or not the | 44 600 | | | | | 44 600 | |
| | business is regularly carried on | 44,629. | | | | | 44,629. | |
| 10 | Other income. Do not include gain | | | | | | | |
| | or loss from the sale of capital | | | | | | | |
| | assets (Explain in Part VI.) | 3,618. | 2,693. | 2,109. | 22,391. | | 30,811. | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 8292854. | |
| 12 | Gross receipts from related activities, | etc. (see instruction | ons) | | | 12 | 65,856. | |
| 13 | First 5 years. If the Form 990 is for the | ne organization's fir | rst, second, third, | fourth, or fifth tax y | ear as a section 50 | 01(c)(3) | | |
| _ | organization, check this box and stop | | | | | | | |
| Sec | ction C. Computation of Publi | c Support Per | centage | | | | | |
| 14 | Public support percentage for 2023 (I | ine 6, column (f), d | ivided by line 11, o | olumn (f)) | | 14 | 93.95 % | |
| 15 | Public support percentage from 2022 | Schedule A, Part | II, line 14 | | | 15 | 96.95 <u>%</u> | |
| 16a | 33 1/3% support test - 2023. If the o | organization did no | t check the box or | n line 13, and line 1 | 14 is 33 1/3% or m | ore, check this box | | |
| | stop here. The organization qualifies | as a publicly suppo | orted organization | | | | X | |
| b | 33 1/3% support test - 2022. If the o | organization did no | t check a box on I | ine 13 or 16a, and | line 15 is 33 1/3% | or more, check thi | s box | |
| | and stop here. The organization qual | ifies as a publicly s | supported organiza | ation | | | | |
| 17a | 10% -facts-and-circumstances test | - 2023. If the org | anization did not d | heck a box on line | e 13, 16a, or 16b, a | nd line 14 is 10% o | or more, | |
| | and if the organization meets the fact | s-and-circumstance | es test, check this | box and stop he | re. Explain in Part | VI how the organiz | ation | |
| | meets the facts-and-circumstances te | st. The organizatio | n qualifies as a pu | blicly supported or | rganization | | | |
| b | 10% -facts-and-circumstances test | - | - | | - | | | |
| | more, and if the organization meets the | - | | | | | | |
| | organization meets the facts-and-circu | | | | - | | | |
| 18 | | | | | | | | |
| | 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 | | | | | | | |

332022 12-21-23

(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

| Sec | ction A. Public Support | now, please comp | Diete Part II.) | | | | |
|------|--|---------------------|--------------------|---|-------------------|-----------------------------|-----------|
| | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| | Gifts, grants, contributions, and | (4) 2010 | (3) 2020 | (0) 2021 | (4) 2022 | (6) 2020 | (i) rotal |
| - | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, | | | | | | |
| _ | merchandise sold or services per- | | | | | | |
| | formed, or facilities furnished in | | | | | | |
| | any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 2 | Gross receipts from activities that | | | | | | |
| 3 | are not an unrelated trade or bus- | | | | | | |
| | iness under section 513 | | | | | | |
| 4 | | | | | | | |
| 4 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| _ | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| | Total. Add lines 1 through 5 | | | | | + | |
| 7a | Amounts included on lines 1, 2, and | | | | | | |
| | 3 received from disqualified persons | | | | - | 1 | |
| 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 | | | | | | |
| | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from line 6.) | | | | | | |
| Sec | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2019 | (b) 2020 | (c) 2021 | (d) 2022 | (e) 2023 | (f) Total |
| | 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 | | | | | | |
| С | Add lines 10a and 10b | | | | | | |
| | Net income from unrelated business | | | | | | |
| | activities not included on 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 | | | | | | |
| 13 | assets (Explain in Part VI.) | | | | | | |
| | First 5 years. If the Form 990 is for th | e organization's fi | ret second third | fourth or fifth tax | vear as a section | -I 501(c)(3) organizatio | n |
| 17 | check this box and stop here | ŭ | | • | • | . , . , | · — |
| Sec | etion C. Computation of Publi | | | | | ••••• | |
| | Public support percentage for 2023 (li | | | column (f)) | | 15 | % |
| | | | | | | 16 | <u> </u> |
| | Public support percentage from 2022 ction D. Computation of Inves | | | | | 10 | 90 |
| | Investment income percentage for 20 | | | ine 13 column (f)\ | | 17 | % |
| | Investment income percentage from 2 | | | | | 18 | |
| | | | | | | | |
| ıya | 33 1/3% support tests - 2023. If the | | | | | | r is not |
| | more than 33 1/3%, check this box ar | = | - | • | | | |
| b | 33 1/3% support tests - 2022. If the | | | | | | |
| | line 18 is not more than 33 1/3%, check | | | | | | |
| 20 | Private foundation. If the organizatio | n did not check a | box on line 14, 19 | a. or 19b. check th | ns box and see in | structions | |

Van Na

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

| | Yes | No |
|-------------|--------|------|
| | | |
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| 10a | | |
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| 10b | | |
| ule A (Forn | n 990) | 2023 |

Schedule A (Form 990) 2023

| Pa | t IV Supporting Organizations (continued) | | | |
|-----|--|-----------|--------------|----|
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described on lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| b | A family member of a person described on line 11a above? | 11b | | |
| | A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide | | | |
| | detail in Part VI. | 11c | | |
| Sec | tion B. Type I Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, | | | |
| | directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the | | | |
| • | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in | | | |
| | Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, | | | |
| Sec | supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations | 2 | | |
| 300 | tion 6. Type it supporting organizations | | V = = | |
| | | | Yes | No |
| 1 | Were a majority of the organization's directors or trustees during the tax year also a majority of the directors | | | |
| | or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control | | | |
| | or management of the supporting organization was vested in the same persons that controlled or managed | | | |
| 800 | the supported organization(s). tion D. All Type III Supporting Organizations | 1 | | Щ_ |
| 360 | tion b. All Type III Supporting Organizations | | | |
| | | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax | | | |
| | year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the | | | |
| | organization's governing documents in effect on the date of notification, to the extent not previously provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described on line 2, above, did the organization's supported organizations have a | | | |
| | significant voice in the organization's investment policies and in directing the use of the organization's | | | |
| | income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | 3 | | |
| Sec | tion E. Type III Functionally Integrated Supporting Organizations | | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions) | | | |
| a | The organization satisfied the Activities Test. Complete line 2 below. | | | |
| b | The organization is the parent of each of its supported organizations. Complete line 3 below. | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in | struction | | |
| 2 | Activities Test. Answer lines 2a and 2b below. | | Yes | No |
| а | Did substantially all of the organization's activities during the tax year directly further the exempt purposes of | | | |
| | the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, | | | |
| | one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in | | | |
| | Part VI the reasons for the organization's position that its supported organization(s) would have engaged in | | | |
| | these activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer lines 3a and 3b below. | | | |
| а | Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or | | | |
| | trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI. | 3a | ш | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | | | |
| | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |

| Pai | 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 qualifyi | ng trust on N | lov. 20, 1970 (explain in | Part VI). See instructions. | |
| | All other Type III non-functionally integrated supporting organizations mus | | | | |
| Sect | ion A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) | |
| 1 | Net short-term capital gain | 1 | | | |
| 2 | Recoveries of prior-year distributions | 2 | | | |
| 3 | Other gross income (see instructions) | 3 | | | |
| 4 | Add lines 1 through 3. | 4 | | | |
| 5 | Depreciation and depletion | 5 | | | |
| 6 | Portion of operating expenses paid or incurred for production or | | | | |
| | collection of gross income or for management, conservation, or | | | | |
| | maintenance of property held for production of income (see instructions) | 6 | | | |
| 7 | Other expenses (see instructions) | 7 | | | |
| 8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | | |
| Sect | ion B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) | |
| 1 | Aggregate fair market value of all non-exempt-use assets (see | | | | |
| | instructions for short tax year or assets held for part of year): | | | | |
| а | Average monthly value of securities | 1a | | | |
| b | Average monthly cash balances | 1b | | | |
| С | Fair market value of other non-exempt-use assets | 1c | | | |
| d | Total (add lines 1a, 1b, and 1c) | 1d | | | |
| е | Discount claimed for blockage or other factors | | | | |
| | (explain in detail in Part VI): | | | | |
| 2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | | |
| 3 | Subtract line 2 from line 1d. | 3 | | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, | | | | |
| | see instructions). | 4 | | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | | |
| 6 | Multiply line 5 by 0.035. | 6 | | | |
| 7 | Recoveries of prior-year distributions | 7 | | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | | |
| Sect | ion C - Distributable Amount | | | Current Year | |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | | |
| 2 | Enter 0.85 of line 1. | 2 | | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | | |
| 5 | Income tax imposed in prior year | 5 | | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to | | | | |
| | emergency temporary reduction (see instructions). | 6 | | | |
| 7 | Check here if the current year is the organization's first as a non-functional | ally integrated | d Type III supporting orga | nization (see | |
| | instructions). | . • | | • | |

Schedule A (Form 990) 2023

| Pa | rt V Type III Non-Functionally Integrated 509(| a)(3) Supporting Orga | nizations (continu | ued) | · ago · |
|------------|---|-------------------------------|---------------------------------------|------|---|
| | ion D - Distributions | | • | | Current Year |
| _1 | Amounts paid to supported organizations to accomplish exer | mpt purposes | | 1 | |
| 2 | Amounts paid to perform activity that directly furthers exemp | t purposes of supported | | | |
| | organizations, in excess of income from activity | 2 | | | |
| _3_ | Administrative expenses paid to accomplish exempt purpose | es of supported organizations | 3 | 3 | |
| 4 | Amounts paid to acquire exempt-use assets | | | 4 | |
| _5 | Qualified set-aside amounts (prior IRS approval required - pro | ovide details in Part VI) | | 5 | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | 6 | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | 7 | |
| 8 | Distributions to attentive supported organizations to which the | ne organization is responsive | | | |
| | (provide details in Part VI). See instructions. | | | 8 | |
| 9 | Distributable amount for 2023 from Section C, line 6 | | | 9 | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | |
| Sect | ion E - Distribution Allocations (see instructions) | (i) Excess Distributions | (ii) Underdistributior Pre-2023 | ns | (iii) Distributable Amount for 2023 |
| 1 | Distributable amount for 2023 from Section C, line 6 | | | | |
| 2 | Underdistributions, if any, for years prior to 2023 (reason- | | | | |
| | able cause required - explain in Part VI). See instructions. | | | | |
| 3 | Excess distributions carryover, if any, to 2023 | | | | |
| а | From 2018 | | | | |
| b | From 2019 | | | | |
| С | From 2020 | | | | |
| d | From 2021 | | | | |
| e | From 2022 | | | | |
| f | Total of lines 3a through 3e | | | | |
| g | Applied to underdistributions of prior years | | | | |
| <u>h</u> | Applied to 2023 distributable amount | | | | |
| <u>i</u> _ | Carryover from 2018 not applied (see instructions) | | | | |
| j_ | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | | |
| 4 | Distributions for 2023 from Section D, | | | | |
| | line 7: \$ | | | | |
| <u>a</u> | Applied to underdistributions of prior years | | | | |
| <u>b</u> | Applied to 2023 distributable amount | | | | |
| c | Remainder. Subtract lines 4a and 4b from line 4. | | | | |
| 5 | Remaining underdistributions for years prior to 2023, if | | | | |
| | any. Subtract lines 3g and 4a from line 2. For result greater | | | | |
| | than zero, explain in Part VI. See instructions. | | | | |
| 6 | Remaining underdistributions for 2023. Subtract lines 3h | | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | | |
| | Part VI. See instructions. | | | | |
| 7 | Excess distributions carryover to 2024. Add lines 3j | | | | |
| | and 4c. | | | | |
| _8_ | Breakdown of line 7: | | | | |
| | Excess from 2019 | | | | |
| | Excess from 2020 | | | | |
| | Excess from 2021 | | | | |
| | Excess from 2022 | | | | |
| e | Excess from 2023 | | | | |

Schedule A (Form 990) 2023

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2023

Name of the organization

Head of the Lakes United Way

41-0857077

| Organization type (check one): | | | | | | | |
|---|--|--|--|--|--|--|--|
| Filers of: | | Section: | | | | | |
| Form 990 or 990-EZ | | X 501(c)(3) (enter number) organization | | | | | |
| | | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | | |
| | | 527 political organization | | | | | |
| Form 990-PF | | 501(c)(3) exempt private foundation | | | | | |
| | | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | | |
| | | 501(c)(3) taxable private foundation | | | | | |
| | | | | | | | |
| | | covered by the General Rule or a Special Rule.), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. | | | | | |
| General Rule | • | | | | | | |
| | - | filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. | | | | | |
| Special Rule | s | | | | | | |
| sect cont | For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. | | | | | | |
| For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. | | | | | | | |
| For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$ | | | | | | | |
| answer "No" | on Part IV, line 2 | t isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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 requirements of Schedule B (Form 990). | | | | | |

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

Schedule B (Form 990) (2023)

Schedule B (Form 990) (2023)

Name of organization Employer identification number

Head of the Lakes United Way

41-0857077

| Part I | Contributors (see instructions). Use duplicate copies of Part I if additional | al space is needed. | |
|------------|---|----------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | | \$30,000. | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |

Name of organization Employer identification number

Head of the Lakes United Way

41-0857077

| Part II | Noncash Property (see instructions). Use duplicate copies of Par | t II if additional space is needed. | 1 0037077 |
|------------------------------|--|---|-----------------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions.) | (d) Date received |
| | | \$ | |
| 23453 12-26 | 23 | · · · · · · · · · · · · · · · · · · · | Schedule B (Form 990) (2023 |

Page **4**

Name of organization **Employer identification number** Head of the Lakes United Way 41-0857077 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

Head of the Lakes United Way

Employer identification number 41-0857077

| Pai | t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin. | | Siı | nilar Funds o | r Ac | cour | nts. Complete if the |
|-----|---|----------------------------|--------|---------------------|------------|---------------|---------------------------------|
| | Giganization anomorou Teo Giri enii eee, i arriv, iir | (a) Donor advi | ised | funds | (| b) Fun | ds and other accounts |
| 1 | Total number at end of year | . , | | | | | |
| 2 | Aggregate value of contributions to (during year) | | | | | | |
| 3 | Aggregate value of grants from (during year) | | | | | | |
| 4 | Aggregate value at end of year | | | | | | |
| 5 | Did the organization inform all donors and donor advisors in v | | helo | l in donor advise | d fund | ls | |
| | are the organization's property, subject to the organization's | - | | | | | Yes No |
| 6 | Did the organization inform all grantees, donors, and donor a | | | | | | |
| | for charitable purposes and not for the benefit of the donor or | | | | | | |
| | impermissible private benefit? | | | | | | |
| Par | t II Conservation Easements. Complete if the org | ganization answered "\ | Yes' | on Form 990, Pa | art IV, | line 7. | |
| 1 | Purpose(s) of conservation easements held by the organization | on (check all that apply | y). | | | | |
| | Preservation of land for public use (for example, recreated | tion or education) | | Preservation of a | a histo | rically | important land area |
| | Protection of natural habitat | L | | Preservation of a | a certi | fied his | storic structure |
| | Preservation of open space | | | | | | |
| 2 | Complete lines 2a through 2d if the organization held a qualif | ied conservation contr | ribut | ion in the form of | f a cor | nserva | |
| | day of the tax year. | | | | | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | | | | 2a | |
| b | Total acreage restricted by conservation easements | | | | | 2b | |
| С | Number of conservation easements on a certified historic stru | ucture included on line | 2a | | | 2c | |
| d | Number of conservation easements included on line 2c acqui | | | | | | |
| | on a historic structure listed in the National Register | | | | | 2d | |
| 3 | Number of conservation easements modified, transferred, rele | eased, extinguished, o | or te | minated by the o | organi | zation | during the tax |
| | year | | | | | | |
| 4 | Number of states where property subject to conservation eas | | | | | | |
| 5 | Does the organization have a written policy regarding the per | | | | | | |
| | violations, and enforcement of the conservation easements it | | | | | | Yes No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, | handling of violations, | anc | enforcing conse | rvatio | n ease | ements during the year |
| 7 | Amount of expenses incurred in monitoring, inspecting, hand | lling of violations, and | enfo | rcing conservation | on eas | sement | ts during the year |
| _ | | | | | 4) (D) (') | | |
| 8 | Does each conservation easement reported on line 2d above | | | | | | □ vaa □ Na |
| • | and section 170(h)(4)(B)(ii)? | | | | | | Yes No |
| 9 | In Part XIII, describe how the organization reports conservation balance sheet, and include, if applicable, the text of the footn | | | | | | |
| | organization's accounting for conservation easements. | lote to the organization | 151 | nanciai statemei | ונס נוופ | ii uesc | Tibes trie |
| Par | t III Organizations Maintaining Collections of | Art, Historical Ti | rea | sures, or Oth | er S | imila | r Assets. |
| | Complete if the organization answered "Yes" on Form | 990, Part IV, line 8. | | | | | |
| 1a | If the organization elected, as permitted under FASB ASC 95 | 8, not to report in its re | ever | ue statement an | d bala | ınce st | neet works |
| | of art, historical treasures, or other similar assets held for pub | olic exhibition, education | on, o | or research in furt | heran | ce of p | oublic |
| | service, provide in Part XIII the text of the footnote to its finan | ncial statements that d | lesc | ribes these items | | | |
| b | If the organization elected, as permitted under FASB ASC 95 | 8, to report in its rever | nue : | statement and ba | alance | sheet | works of |
| | art, historical treasures, or other similar assets held for public | exhibition, education, | , or ı | esearch in furthe | rance | of pul | olic service, |
| | provide the following amounts relating to these items. | | | | | | |
| | (i) Revenue included on Form 990, Part VIII, line 1 | | | | | | \$ |
| | | | | | | | \$ |
| 2 | If the organization received or held works of art, historical trea | | | | | | |
| | the following amounts required to be reported under FASB A | | | | | | |
| а | Revenue included on Form 990, Part VIII, line 1 | | | | | | \$ |
| b | Assets included in Form 990, Part X | | | | | | \$ |

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

Schedule D (Form 990) 2023

300362.1

(i) Unrelated organizations? (ii) Related organizations? 3a(ii) **b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

Describe in Part XIII the intended uses of the organization's endowment funds.

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 | | | | | | | |
| c Leasehold improvements | | | | | | | |
| d Equipment | | 114,396. | 98,669. | 15,727. | | | |
| e Other | | | | | | | |
| Total, Add lines 1a through 1e. (Column (d) must equal Form 990, Part V, line 10c, column (R)). | | | | | | | |

Schedule D (Form 990) 2023

| Schedule D (Form 990) 2023 Head of the Part VII Investments - Other Securities | e Lakes United | Way | 41-0857077 Page 3 |
|--|--------------------------------|------------------------------------|-------------------------------|
| Complete if the organization answered "Yes | | T | |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cos | t or end-of-year market value |
| (1) Financial derivatives | | | |
| (2) Closely held equity interests | | | |
| (3) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| <u>(D)</u> | | | |
| <u>(E)</u> | | | |
| <u>(F)</u> | | | |
| (G) | | | |
| (H) | | | |
| Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related. Complete if the organization answered "Yes | " on Form 990 Part IV line 1 | 11c See Form 990 Part X line 13 | 3 |
| (a) Description of investment | (b) Book value | (c) Method of valuation: Cos | |
| (1) | (a) Dook raide | (c) meaned or random cos | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) | | | |
| Part IX Other Assets | | | |
| Complete if the organization answered "Yes | " on Form 990, Part IV, line 1 | 11d. See Form 990, Part X. line 15 | 5. |
| | a) Description | | (b) Book value |
| (1) Perpetual trust | | | 6,697,230. |
| (2) Unemployment services tru | ıst | | 24,784. |
| (3) Assets held by others | | | 734,121. |
| (4) Security deposit | | | 2,274. |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, line 15, c | col. (B)) | | 7,458,409. |
| Complete if the organization answered "Yes | " on Form 990, Part IV, line 1 | 11e or 11f. See Form 990, Part X, | line 25. |
| 1. (a) Description of liability | | | (b) Book value |
| (1) Federal income taxes | | | |
| (2) Allocations and designati | lons | | |
| (3) payable | | | 465,267. |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| Total. (Column (b) must equal Form 990, Part X, line 25, o | col. (B)) | | 465,267. |

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... Schedule D (Form 990) 2023

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

| Sche | dule D (Form 990) 2023 Head of the Lakes United | | | | 0857077 | Page 4 |
|------------|---|---------------|-----------------|-------|----------|--------------|
| Par | t XI Reconciliation of Revenue per Audited Financial State | ments With Re | evenue per Ret | urn | | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line | 12a. | | | | |
| 1 | | | | 1 | 2,084 | ,643. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | | |
| а | Net unrealized gains (losses) on investments | 2a | 505,824. | | | |
| b | Donated services and use of facilities | | - | | | |
| С | Recoveries of prior year grants | | | | | |
| d | Other (Describe in Part XIII.) | | | | | |
| e | Add lines 2a through 2d | | | 2e | 505 | ,824. |
| 3 | Subtract line 2e from line 1 | | | 3 | 1,578 | |
| 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.) | | | | | |
| | | | | 4c | | 0. |
| _ | | | Г | 5 | 1,578 | |
| 5 Par | Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.) t XII Reconciliation of Expenses per Audited Financial State | ements With F | vnenses ner R | | | , <u> </u> |
| ı uı | | | xperioco per ri | Ctarr | • | |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line | | | | 1,561 | 101 |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 1,501 | , 194. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | 1 - 1 | | | | |
| а | Donated services and use of facilities | | | | | |
| b | Prior year adjustments | | | | | |
| С | Other losses | | | | | |
| d | Other (Describe in Part XIII.) | | | | | • |
| е | Add lines 2a through 2d | | | 2e | | 0. |
| 3 | Subtract line 2e from line 1 | | | 3 | 1,561 | <u>,194.</u> |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | | |
| b | Other (Describe in Part XIII.) | 4b | | | | |
| С | Add lines 4a and 4b | | | 4c | | 0. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.) |) | | 5 | 1,561 | ,194. |
| Par | t XIII Supplemental Information | | | | | |
| <u>Par</u> | 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any t V, Line 4 | | | | 3 i.aa | |
| | further the Organization's mission. | and is uni | estificed | and | I IS USE | <u></u> |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Schedule D (Form 990) 2023

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

Open to Public Inspection

| Name of the organization Head of the | he Lakes | United Way | | | | | Employer identification number $41-0857077$ |
|---|------------|------------------------------------|--------------------------|----------------------------------|--|---------------------------------------|--|
| Part I General Information on Grants ar | | | | | | • | |
| Does the organization maintain records to criteria used to award the grants or assist Describe in Part IV the organization's pro | tance? | | | | • | • | on Yes X No |
| Part II Grants and Other Assistance to E recipient that received more than \$ | | | | | anization answered "\ | es" on Form 990, Part | IV, line 21, for any |
| (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
| American Red Cross 2524 Maple Grove Road Duluth, MN 55811 | 41-0711602 | 501(C)(3) | 5,050. | 0. | | | Disaster/emergency services, designations |
| Arc Northland 424 West Superior Street, Suite 200 Duluth, MN 55816 | 41-6042720 | 501(C)(3) | 8,406. | 0. | | | FASD intervention, family/child mental health |
| Boys & Girls Clubs of the Northland - 102 South 29th Ave West, Suite 200 - Duluth, MN 55816 | 41-0969947 | 501(C)(3) | 20,113. | 0. | | | Education/At-risk youth, designations |
| Center Against Sexual & Domestic Abuse (CASDA) - 318 21st Avanue East - Superior, WI 54880 | 39-1478768 | 501(C)(3) | 19,445. | 0. | | | Emergency Shelter for Victims of Domestic Violence |
| Center City Housing 105 West First Street Duluth, MN 55802 | 36-3485584 | 501(C)(3) | 10,982. | 0. | | | Transitional housing, early childhood |
| Churches United in Ministry 102 West Second Street Duluth, MN 55802 | 41-1227969 | 1 | 14,867. | 0. | | | Drop-in center, emergency shelter, health and wellness clinic, designations |
| Duluth, MN 55802 2 Enter total number of section 501(c)(3) as | | 1 | | 0. | | | designations 32 |

3 Enter total number of other organizations listed in the line 1 table For Paperwork Reduction Act Notice, see the Instructions for Form 990.

See Part IV for Column (h) descriptions

Schedule I (Form 990) 2023

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|---|------------|-------------------------------|--------------------------|----------------------------------|--|--|---|
| Community Action Duluth 2424 West 5th Street, Suite 201 Duluth, MN 55802 | 41-1410670 | 501(C)(3) | 12,382. | 0. | | | Faim- asset development, jump start, tax preperation, designation |
| Damiano of Duluth 206 West Fourth Street Duluth, MN 55806 | 41-1453521 | 501(C)(3) | 14,417. | 0. | | | Soup kitchen, kids caf, clothing exchange programs, designations |
| Duluth Area Family YMCA 302 West First Street Duluth, MN 55802 | 41-0693931 | 501(C)(3) | 7,276. | 0. | | | OST program at title 1 schools, desigations |
| Duluth Community Schools Collaborative - 1027 North 8th Avenue East - Duluth, MN 55805 Faith United Methodist Church dba | 41-2002724 | 501(C)(3) | 24,811. | 0. | | | Academic and cultural enrichment, designations homeless stabilization |
| Harbor House Crisis Center - 1531 Hughitt Avenue - Superior, WI 54880 | 39-1840533 | 501(C)(3) | 17,060. | 0. | | | project, children's life skills enhancement, designations |
| Family Freedom Center 310 N 1st Ave W Duluth, MN 55806 | 83-0943572 | 501(C)(3) | 35,429. | 0. | | | Freedom startups, neighborhood youth services, freedom farms |
| Family Rise Together PO Box 1483 Appleton, WI 54912 | 82-3873825 | 501(C)(3) | 33,080. | 0. | | | Health place |
| First Witness Child Advocacy Center - 1402 E 2nd Street - Duluth, MN 55805 | 41-1737291 | 501(C)(3) | 15,366. | 0. | | | Prevention services, forensci interviews and family advocacy |
| Human Development Center 1401 East First Street Duluth, MN 55802 | 41-0777937 | 501(C)(3) | 47,764. | 0. | | | Family & individual counseling, designations |

Schedule I (Form 990)

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|----------------------------------|--|--|------------------------------------|
| Just Kids Dental | | | | | | | |
| PO Box 146 | | | | | | | Preventive dental care, |
| Two Harbors, MN 55616 | 27-2311353 | 501(C)(3) | 12,682. | 0. | | | designations |
| Justice North | | | | | | | Duluth legal services, |
| 230 W Superior St #200 | | | | | | | expungments project, |
| Duluth, MN 55802 | 41-0958386 | 501(C)(3) | 26,438. | 0. | | | designations |
| Lake Superior Community Health | | | | | | | |
| Center - 4325 Grand Avenue - | | | | | | | Health care access, |
| Duluth, MN 55807 | 23-7167576 | 501(C)(3) | 13,241. | 0. | | | designations |
| | | | | | | | Kids to adults kats, |
| Life House | | | | | | | basic needs, futures |
| 102 West First Streett | | | | | | | education program, |
| Duluth, MN 55802 | 41-1704840 | 501(C)(3) | 32,266. | 0. | | | futures employment |
| Lincoln Park Children & Families | | | | | | | |
| Collaborative - 2424 W 5th Street, | | | | | | | |
| Suite 10 - Duluth, MN 55806 | 27-4990487 | 501(C)(3) | 13,241. | 0. | | | Supported Family Time |
| | | | | | | | Consumer credit |
| Lutheran Social Service of | | | | | | | counseling, together for |
| Minnesota - 4724 West Superior St, | | | | | | | youth, truancy action |
| Suite 600 - Duluth, MN 55802 | 41-0872993 | 501(C)(3) | 14,551. | 0. | | | project, foreclosure |
| Men as Peacemakers | | | | | | | Boys restorative program |
| 205 West Second Street 15 | | | | | | | girls restorative |
| Duluth, MN 55802 | 41-1841689 | 501(C)(3) | 11,072. | 0. | | | program, designations |
| Mentor North | | | | | | | Mentor Superior-Douglas |
| 206 West Fourth Street | | | | | | | County, mentor Duluth |
| Duluth, MN 55806 | 82-5321850 | 501(C)(3) | 34,204. | 0. | | | designations |
| Northwoods Women Inc dba New Day | | | | | | | |
| Advocacy Center - 301 Ellis Ave S | | | | | | | Emergency shelter, |
| - Ashland, WI 54806 | 39-1364912 | 501(C)(3) | 8,326. | 0. | | | designations |

| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|-------------------------------|--------------------------|----------------------------------|--|--|---------------------------------------|
| Safe Haven Shelter | | | | | | | |
| PO Box 3558 | | | | | | | Legal advocacy, |
| Duluth, MN 55803 | 41-1317462 | 501(C)(3) | 10,935. | 0. | | | designations |
| Second Harvest Northern Lakes Food | | | | | | | |
| Bank - 4503 Airpark Boulevard - | | | | | | | Food distribution |
| Duluth, MN 55811 | 36-3479964 | 501(C)(3) | 16,050. | 0. | | | services, designations |
| SOAR Career Solutions | | | | | | | Subsidized employment |
| 206 West 2nd Street, Suite 101 | | | | | | | services, re-entry |
| Duluth, MN 55802 | 41-1449179 | 501(C)(3) | 18,166. | 0. | | | services, designations |
| The BRICK Ministries | | | | | | | |
| 420 Ellis Avenue | | | | | | | |
| Ashland, WI 54806 | 61-1536545 | 501(C)(3) | 9,992. | 0. | | | Benevolence Program |
| , | | | , | | | | Family transitional |
| The Salvation Army | | | | | | | housing, emergency |
| 2445 Prior Avenue North | | | | | | | assistance program, for |
| Roseville, MN 55113 | 41-0698597 | 501(C)(3) | 18,392. | 0. | | | assistance programs, |
| Welch Center Inc dba Valley Youth | | | | | | | Youth development and |
| Center - 720 North Central Avanue | | | | | | | supportive services, |
| W - Duluth, MN 55807 | 36-3488171 | 501(C)(3) | 17,398. | 0. | | | designations |
| Western Lake Superior Habitat for | | | | | | | |
| Humanity - 2105 Woodland Ave - | | | | | | | Home Repairs to Improve |
| Duluth, MN 55803 | 41-1631246 | 501(C)(3) | 10,408. | 0. | | | Safety & Accessibility |
| Buluen, MV 33003 | 41 1031240 | 301(0)(3) | 10,400. | 0. | | | parety & necessibility |
| YWCA Duluth | | | | | | | Ggirld & youth programs |
| 32 East First Street, Suite 202 | | | | | | | early childhood center |
| Duluth, MN 55802 | 41-0696493 | 501(C)(3) | 11,931. | 0. | | | designations |
| , | | | , | | | | |
| | | | | | | | |
| | | | | | | | |

| (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 |
|---|-----------------------------|--------------------------|---------------------------------------|---|---------------------------------------|
| | | | | | |
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| V Supplemental Information. Provide the information rec | quired in Part I, line | e 2; Part III, columr | l n (b); and any other ac | ditional information. | |
| t II, line 1, Column (h): | | | | | |
| e of Organization or Government | : The Sal | vation Arı | my | | |
| Purpose of Grant or Assistance | : Family | transition | nal housing | , | |
| rgency assistance program, food | | | | | |
| ociation | | | , | | |
| | | | | | |
| | | | | | |
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| | | | | | _ |

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

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

Employer identification number

| | Head of the 1 | Lakes | <u>United Way</u> | 7 | 41-0 | 857 | 077 | |
|-----|--|-------------------------------|---|---|---|---------|-----|----|
| Pa | t I Types of Property | | | | | | | |
| | | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of de noncash contribu | etermin | • | s |
| 1 | Art - Works of art | | | | | | | |
| 2 | Art - Historical treasures | | | | | | | |
| 3 | Art - Fractional interests | | | | | | | |
| 4 | Books and publications | | | | | | | |
| 5 | Clothing and household goods | X | | 18,315. | Fair Market | Va: | lue | |
| 6 | Cars and other vehicles | | | | | | | |
| 7 | Boats and planes | | | | | | | |
| 8 | Intellectual property | | | | | | | |
| 9 | Securities - Publicly traded | X | 1 | 34,261. | Fair Market | Va: | lue | |
| 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 organiz | zation during | g the tax year for co | ontributions | | | | |
| | for which the organization completed Form 828 | 83, Part V, D | onee Acknowledg | ement 29 | | | | |
| | | | | | | | Yes | No |
| 30a | During the year, did the organization receive by | y contributio | n any property rep | orted in Part I, lines 1 throug | h 28, that it | | | |
| | must hold for at least 3 years from the date of | the initial co | ntribution, and whi | ch isn't required to be used | for | | | |
| | exempt purposes for the entire holding period? | ? | | • | | 30a | | Х |
| b | If "Yes," describe the arrangement in Part II. | | | | | | | |
| 31 | Does the organization have a gift acceptance p | oolicy that re | equires the review of | of any nonstandard contribut | ions? | 31 | | Х |
| 32a | Does the organization hire or use third parties | or related or | ganizations to solid | cit, process, or sell noncash | | | | |
| | contributions? | | • | | | 32a | | Х |
| b | If "Yes," describe in Part II. | | | | | | | |
| 33 | If the organization didn't report an amount in c | olumn (c) fo | r a type of property | for which column (a) is chec | ked, | | | |
| | describe in Part II | . , | ,, , , , , | . , | , | | | |

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

Schedule M (Form 990) 2023

332142 09-11-23

Schedule M (Form 990) 2023

SCHEDULE 0 (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Open to Public Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization

Head of the Lakes United Way

Employer identification number

41-0857077 Form 990, Part VI, Section B, line 11b: The Form 990 is reviewed by the Finance Committee and, subsequently, presented to the Board of Directors for review and approval prior to its filing. Form 990, Part VI, Section B, Line 12c: Conflict of Interest Policy is included in the code of ethics which each board member signs before joining the Board and annually, thereafter. Form 990, Part VI, Section B, Line 15: Compensation of key employees will be determined based on job performance and budget parameters. In addition, the compensation committee will obtain appropriate comparability data prior to making its determination. The compensation agreement will be presumed reasonable where a determination has been made using comparative compensation data for similarly qualified persons in comparable positions at similar organizations. Form 990, Part VI, Section C, Line 19: The Organization has its govering documents and financial statements available to the public upon request. The Form 990 is also available on GuideStar. Form 990, Part XII, Line 2c: This process has not changed from the prior years.

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

Schedule O (Form 990) 2023

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Department of the Treasury Internal Revenue Service

Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

| Head of the L | akes United Way | | | | 41-08570 | 77 | |
|---|--|---|--------------------|-------------------------------|---------------------------------|----------------------------|-----------------------------------|
| Part I Identification of Disregarded Entities. Comp | lete if the organization answered "Yes | on Form 990, Part IV, line 3 | 3. | | | | |
| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state of foreign country) | (d) Total inco | eme End-of-yea | r assets Direct o | (f) ontrolling ntity | g |
| | | | | | | | |
| Part II Identification of Related Tax-Exempt Organizations during the tax year. (a) Name, address, and EIN | zations. Complete if the organization (b) Primary activity | answered "Yes" on Form 990 (c) Legal domicile (state or | (d) Exempt Code | (e) Public charity | (f) Direct controlling | Section 5 | g) 512(b)(13) rolled |
| of related organization | | foreign country) | section | status (if section 501(c)(3)) | entity | Yes | No |
| Head of the Lakes United Way Trust - 41-6025520, 130 West Superior St - Suite 1000, Duluth, MN 55802-2094 | Provide financial support to HLUW | Minnesota | 501(c)(3) | Line 12d, III-O | Head of the Lakes United Way | | х |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2023

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (1 | h) | (i) | (j) | (k) |
|--|------------------|-------------------|---|--|-------------------------------|--------|--------------------------|--------------------|--|---------|-----|
| Name, address, and EIN of related organization | Primary activity | Legal domicile | gal Direct controlling Predominant income Share of total Share of Disproportionate Cole of entity (related, unrelated, income end-of-year allocations?) | | Disproportionate allocations? | | Code V-UBI amount in box | General managir | Percentage ownership | | |
| orrolated organization | | (state or foreign | 5 | (related, unrelated, excluded from tax under sections 512-514) | | assets | alloca | itions? | 20 of Schedule | partner | 1 |
| | | country) | | sections 512-514) | | | Yes | No | amount in box 20 of Schedule K-1 (Form 1065) | Yes N | |
| | | | | | | | | | | | |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (h) Percentage ownership | ent | tion b)(13) rolled tity? |
|--|--------------------------------|---|-------------------------------------|---|---------------------------------|--|--------------------------------|-----|-----------------------------------|
| | | , | | | | | | Yes | No |
| | | | | | | | | | |
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Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

| а | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | <i>'</i> | | | 1a | | X |
|------|---|-------------|-----------------|----------------------------------|---------|--------|------|
| | Gift, grant, or capital contribution to related organization(s) | | | | 1b | | Х |
| С | Gift, grant, or capital contribution from related organization(s) | | | | 1c | Х | i |
| | Loans or loan guarantees to or for related organization(s) | | | | 1d | | Х |
| | Loans or loan guarantees by related organization(s) | | | | 1e | | Х |
| | , | | | | | | |
| f | Dividends from related organization(s) | | | | 1f | | Х |
| g | Sale of assets to related organization(s) | | | | 1g | | X |
| | Purchase of assets from related organization(s) | | | | 1h | | X |
| i | Exchange of assets with related organization(s) | | | | 1i | | Х |
| j | Lease of facilities, equipment, or other assets to related organization(s) | | | | 1j | | X |
| | | | | | | | |
| | Lease of facilities, equipment, or other assets from related organization(s) | | | | 1k | | Х |
| ı | Performance of services or membership or fundraising solicitations for related organ | nization(s) | | | 11 | | X |
| m | Performance of services or membership or fundraising solicitations by related organ | nization(s) | | | 1m | | X |
| | Sharing of facilities, equipment, mailing lists, or other assets with related organization | | | | 1n | | X |
| o | Sharing of paid employees with related organization(s) | | | | 10 | | Х |
| | | | | | | | |
| р | Reimbursement paid to related organization(s) for expenses | | | | 1p | | X |
| | Reimbursement paid by related organization(s) for expenses | | | | 1q | | Х |
| | | | | | | | |
| r | Other transfer of cash or property to related organization(s) | | | | 1r | | Х |
| s | Other transfer of cash or property from related organization(s) | | | | 1s | | Х |
| | If the answer to any of the above is "Yes," see the instructions for information on wh | | | | | | |
| | (a) | (b) | (c) | (d) | | | |
| | (a) Name of related organization | Transaction | Amount involved | Method of determining amount inv | olved | | |
| | | type (a-s) | | | | | |
| | | | | | | | |
| 1)] | Head of the Lakes United Way Trust | С | 300,004. | Cash | | | |
| | | | | | | | |
| 2) | | | | | | | |
| | | | | | | | |
| 3) | | | | | | | |
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| 4) | | | | | | | |
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| 5) | | | | | | | |
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| 6) | | | | | | | |
| 3216 | 3 09-28-23 | | | Schedule | R (Forr | n 990) | 2023 |

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

| (a) Name, address, and EIN of entity | (b) Primary activity | (c) | (d) Predominant income (related, unrelated, excluded from tax under sections 512-514) | Are all partners sec. 501(c)(3) orgs.? Yes No | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproptionate allocation | Code V-UBI amount in box 2 of Schedule K- | General of managing partner? Yes No | (k) r Percentage ownership |
|--------------------------------------|----------------------|-----|---|--|------------------------------------|--|-------------------------------|---|--------------------------------------|----------------------------|
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Form **8868**

(Rev. January 2024)

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

| listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be serie the first in a paper format (see instructions). Form code dealise on the electronic filing of Form 8888, with www.is.gov/eile-providers/s-file-for-charties-and-non-profits. 2 Author: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453.TE and Form 8879.TE for payment instructions. All corporations required to file an income tax return of the this Form 980.T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Part 1 - Identification Type or Name of exempt organization, employer, or other filer, see instructions. Part 1 - Identification Type or Name of exempt organization, employer, or ether filer, see instructions. Part 1 - Identification Name of exempt organization, employer, or ether filer, see instructions. Part 1 - Identification Name of exempt organization, employer, or ether filer, see instructions. Taxpayer identification number (file) files Identification Identification number (file) | Electro | onic filing (e-file). You can electronically file Form 8868 to | request up | to a 6-month extension of time to fi | ile any of t | the forms | | |
|--|--|---|-------------|--------------------------------------|--------------|--------------------------------------|--|--|
| B888, with www.is.gov/effiperoviders/effie/orcharites and-no-profits. | listed b | elow except for Form 8870, Information Return for Transfe | rs Associa | ted With Certain Personal Benefit Co | ontracts. A | An extension | | |
| Caution: If you are going to make an electronic funds withdrawall (direct debit) with this Form 8866, see Form 8453-TE and Form 8879-TE for payment instructions. | request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form | | | | | | | |
| 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. Part I - Identification Type or Print Type or Print Head of the Lakes United Way 41-0857077 Number, street, and room or suite no. If a P.O. box, see instructions. 314 W Superior St., 750 Dulluth, MN 55802 Enter the Return Code for the return that this application is for (file a separate application for each return) | 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. | | | | | | | |
| Application is for me Path Perm 980 or Form 980 or For | Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment | | | | | | | |
| ### Part I - Identification | instructions. | | | | | | | |
| Part Identification Type or Name of exempt organization, employer, or other filer, see instructions. Taxpayer identification number (TIN) Print Head of the Lakes United Way 41-0857077 A 14-0857077 | | | | | | | | |
| Part Identification Type or Name of exempt organization, employer, or other filer, see instructions. Taxpayer identification number (TIN) Print Head of the Lakes United Way 41-0857077 A 14-0857077 | | | | | | | | |
| Head of the Lakes United Way 41-0857077 | | | | | | | | |
| Head of the Lakes United Way | Type o | De or Name of exempt organization, employer, or other filer, see instructions. | | | | Taxpayer identification number (TIN) | | |
| Number, street, and room or suite no. If a P.O. box, see instructions. 314 W Superior St., 750 315 W Superior St., 750 W Superior St., 750 W Superior St., 750 W Superior St., 750 W Superior St., | Print | | | | | . , | | |
| Winther, street, and room or suite no. If a P.O. box, see instructions. 314 W Superior St., 750 City, town or post office, state, and ZIP code. For a foreign address, see instructions. Duluth, MN 55802 Enter the Return Code for the return that this application is for (file a separate application for each return). Q1 Application Is For Return Code for the return that this application is for (file a separate application for each return). Q2 Form 990 or Form 990-EZ | | Head of the Lakes United Way 41-0857077 | | | | | | |
| State Stat | | | | | | | | |
| Enter the Return Code for the return that this application is for (file a separate application for each return) Application Is For Return Application Is F | filing your | | | | | | | |
| Duluth, MN 55802 | | | | | | | | |
| Enter the Return Code for the return that this application is for (file a separate application for each return) Application is For | | | | | | | | |
| Application Is For | | | | | | | | |
| Code | | | | | | | ' ' | |
| Form 990 or Form 990-EZ Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 8870 12 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 Form 990-T (crust other than above) 06 Form 5330 (individual) 14 Form 1041-A 08 • After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Name Plan Name Plan Year Ending (MM/DD/YYYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of Kim Ulmer 314 W Superior St, 750 - Duluth, MN 55802 Telephone No. 218-726-4770 Fax No. If this organization does not have an office or place of business in the United States, check this box If this is for a forcup Return, enter the organization's four-digit Group Exemption Number (GEN) If this is for the whole 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 May 15 20 25 , to file the exempt organization return for the organization made above. The extension is for the organization or Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 2 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 | Дрио | | | Application to 1 of | | | | |
| Form 4720 (individual) Form 990-PF O4 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) O5 Form 8870 12 Form 990-T (trust other than above) O6 Form 5330 (individual) 13 Form 990-T (corporation) O7 Form 5330 (other than individual) O8 Form 5330 (other than individual) O9 Form 5330 | Form 000 or Form 000 E7 | | | Form 4720 (other than individual) | | | 1 | |
| Form 990-PF O4 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 8870 12 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 Form 990-T (corporation) 07 Form 5330 (other than individual) 14 Form 1041-A 08 • After you enter your Return Code, complete either Part II or Part III., including signature, is applicable only for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Name Plan Name Plan Year Ending (IMM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of Kim Ulmer 314 W Superior St, 750 - Duluth, MN 55802 Telephone No. 218-726-4770 Fax No. • If this is for a Group Return, enter the organization's foundigit Group Exemption Number (GEN) • If this 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 8-month extension of time until May 15 , 20 25 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: | | | | , | · | | | |
| Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above) • After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of Kim Ulmer 311 W Superior St, 750 - Duluth, MN 55802 Telephone No. 218-726-4770 Fax No. • If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) I I request an automatic 6-month extension of time until May 15 1 I request an automatic 6-month extension is for the organization's return for: Calendar year 20 | | | | | | | | |
| Form 990-T (trust other than above) 06 Form 5330 (individual) 13 Form 990-T (corporation) 07 Form 5330 (other than individual) 14 Form 1041-A 08 4 After you enter your Return Code, complete either Part II or Part III, including signature, is applicable only for an extension of time to file Form 5330. If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Number Plan Number Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of Kim Ulmer 314 W Superior St, 750 - Duluth, MN 55802 Telephone No. 218-726-4770 If this for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) I request an automatic 6-month extension of time until May 15 1 request an automatic 6-month extension is for the organization's return for: alendar year 20 | | | | | | | | |
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