

CliftonLarsonAllen LLP CLAconnect.com

## **UNITED WAY OF DOUGLAS & POPE COUNTIES**

### FORM 990 INCOME TAX RETURN

## FOR YEAR ENDED JUNE 30, 2021

(Public Inspection Copy)

Form 8879-EO	IRS e-file Signature Authorization for an Exempt Organization		OMB No. 1545-0047
Form UUIU LU	For calendar year 2020, or fiscal year beginning JUL $1$ , 2020, and ending JUN 30	20 2 1	0000
	► Do not send to the IRS. Keep for your records.	, 20 <b>21 1</b>	2020
Department of the Treasury Internal Revenue Service	Go to www.irs.gov/Form8879EO for the latest information.		
Name of exempt organization		Taxpayer	identification number
UNITED WAY OF	DOUGLAS & POPE COUNTIES	23-7	450908
Name and title of officer or pe	rson subject to tax		
CARL VAAGENES PRESIDENT			
Part I Type of	Return and Return Information (Whole Dollars Only)		
check the box on line <b>1a</b> , blank, then leave line <b>1b</b> , a return, then enter -0- on th	rn for which you are using this Form 8879-EO and enter the applicable amount, if any, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed v 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you e e applicable line below. <b>Do not</b> complete more than one line in Part I.	vith this form v ntered -0- on tl	vas
1a Form 990 check here		<b>1</b> b	784,317.
2a Form 990-EZ check h			
3a Form 1120-POL chec			
4a Form 990-PF check h			
5a Form 8868 check here			
6a Form 990-T check he			
7a Form 4720 check here Part II Declarat	e ▶  b Total tax (Form 4720, Part III, line 1) ion and Signature Authorization of Officer or Person Subject to T		
	I declare that X I am an officer of the above organization or I am a person, (EIN),	-	-
I consent to allow my inter to receive from the IRS (a) processing the return or re Agent to initiate an electro software for payment of th a payment, I must contact (settlement) date. I also au confidential information ne identification number (PIN) <b>PIN: check one box only</b>	e. I further declare that the amount in Part I above is the amount shown on the copy of mediate service provider, transmitter, or electronic return originator (ERO) to send the an acknowledgement of receipt or reason for rejection of the transmission, (b) the re- fund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and it nic funds withdrawal (direct debit) entry to the financial institution account indicated in e federal taxes owed on this return, and the financial institution to debit the entry to the the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days pre- thorize the financial institutions involved in the processing of the electronic payment of as my signature for the electronic return and, if applicable, the consent to electronic IFTONLARSONALLEN LLP	return to the I ason for any d is designated F n the tax prepa his account. To ior to the payn of taxes to recc d a personal funds withdraw	RS and lelay in Financial aration o revoke nent sive wal.
	ERO firm name		Enter five numbers, but
a state agency(i PIN on the retur As an officer or electronically file	on the tax year 2020 electronically filed return. If I have indicated within this return that es) regulating charities as part of the IRS Fed/State program, I also authorize the afore n's disclosure consent screen. person subject to tax with respect to the organization, I will enter my PIN as my signal ed return. If I have indicated within this return that a copy of the return is being filed wi ies as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure	ementioned ER ture on the tax th a state ager	O to enter my year 2020 ncy(ies)
Signature of officer or person subje	tto tax ► tion and Authentication	Dat	e 🕨
ERO's EFIN/PIN. Enter yo	our six-digit electronic filing identification		
	your five-digit self-selected PIN. 412975911 Do not enter all ze		
that I am submitting this re	neric entry is my PIN, which is my signature on the 2020 electronically filed return indi- eturn in accordance with the requirements of <b>Pub. 4163,</b> Modernized e-File (MeF) Info		
IRS <i>e-file</i> Providers for Bu ERO's signature ►		1/25/22	
	ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To D	o So	
LHA For Paperwork Rec	luction Act Notice, see instructions.		Form <b>8879-EO</b> (2020)

023051 11-03-20

	•	~~	Return of Organiza	ntion Exemp	t From li	ncome	Tax	OMB No. 1545-0047
Forr	'nУ	90	Under section 501(c), 527, or 4947(a)(1					2020
			Do not enter social securi	ty numbers on this fo	orm as it may b	e made publ	ic.	Open to Public
Depai Intern	al Reve	of the Treasury enue Service	Go to www.irs.gov/Forr					Inspection
AF	or th	e 2020 calend	r year, or tax year beginning JUL	1,2020 a	and ending J	<u>UN 30,</u>	2021	
<b>В</b> с а	heck if oplicab	le: C Name of	organization			D Employe	er identificatio	on number
	Addre		ED WAY OF DOUGLAS & P	OPE COUNTIE	S			
	Name Chang	ge Doing b	siness as			23-1	7450908	
	Initial return Final	Number	and street (or P.O. box if mail is not delivered <b>DX 1148</b>	l to street address)	Room/suite	E Telephor	ne number )	800
L	⊥return termir ated	n	wn, state or province, country, and ZIP o	r foreign postal code		G Gross recei		803,861.
	Amen return		ANDRIA, MN 56308	·····g·· [···		H(a) Is this	a group returr	
	Applic tion	<sup>ca-</sup> <b>F</b> Name a	d address of principal officer: CARL	AAGENES		1	ordinates?	
	pendi	Ing SAME	AS C ABOVE			H(b) Are all su	bordinates include	d? Yes No
		empt status:		insert no.) 🔲 4947(a)	(1) or 527	lf "No,'	' attach a list.	See instructions
			JWDP.ORG			H(c) Group	exemption nu	mber 🕨
		f organization:	🕻 Corporation 🔄 Trust 🔄 Associa	tion 📃 Other 🕨	L Year	of formation:	<b>1949 м</b> Sta	ate of legal domicile <b>: MN</b>
Pa	rt I	Summary						
ø	1		the organization's mission or most signi				SOLICI	rs
Governance		CONTRIB	TIONS WHICH ARE ALLO	CATED AND D	ISTRIBUT	ED.		
srne	2	Check this bo	▶ if the organization discontinue	ed its operations or dis	sposed of more	than 25% of		
ove			ng members of the governing body (Part	. ,				16
			ependent voting members of the governir					16
es {	5	Total number	f individuals employed in calendar year 2	020 (Part V, line 2a)				4
Activities &								469
Act			business revenue from Part VIII, column					0.
	b	Net unrelated	ousiness taxable income from Form 990-1	, Part I, line 11	I			0.
						Prior Yea		Current Year
e	8		· · · · · · · · · · · · · · · · · · ·			821	,825. 0.	777,171.
Revenue		•		— »		1		0.
Rev			ome (Part VIII, column (A), lines 3, 4, and				,010. ,927.	<u>938.</u> 6,208.
			(Part VIII, column (A), lines 5, 6d, 8c, 9c,				,762.	784,317.
	12	Total revenue	add lines 8 through 11 (must equal Part	VIII, column (A), line 12	2)		, 02.	430,558.
	13	Grants and sir	add lines 8 through 11 (must equal Part ilar amounts paid (Part IX, column (A), line o or for members (Part IX, column (A), line compensation, employee benefits (Part IX ndraising fees (Part IX, column (A), line 1 og expenses (Part IX, column (D), line 25) s (Part IX, column (A), lines 11a-11d, 11f-2	es 1-3)		455	0.	<u>    430,338.</u> 0.
	14	Seleries ether	or for members (Part IX, column (A), inte	( a a luma (A) linea E 1		2/5	,176.	236,015.
ses	15	Brofossional f	ndraising fees (Part IX, column (A), line 1	K, COlumn (A), lines 5-1	0)	<u>2</u> 75	0.	0.
ens	ioa b	Total fundraia	ndraising lees (Part IX, column (A), line 1	le) ▶ 96	,061.			
EXE	17		s (Part IX, column (A), lines 11a-11d, 11f-2	249)	,001.	105	,500.	106,498.
			. Add lines 13-17 (must equal Part IX, col				,773.	773,071.
	19						,989.	11,246.
es	10					ginning of Curi		End of Year
t Assets or d Balances	20	Total assets (F	art X, line 16)				,196.	666,583.
Ass							,288.	279,544.
Net -und			und balances. Subtract line 21 from line 2				,908.	387,039.
	rt II	Signature					· · · · · ·	
Unde	er pena	alties of perjury,	declare that I have examined this return, inclu	ling accompanying sched	dules and stateme	ents, and to the	best of my kno	wledge and belief, it is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer	Date
Here	CARL VAAGENES, PRESIDENT	
	Type or print name and title	
	Print/Type preparer's name Preparer's signature $\tau$ $\gamma$	Date Check PTIN
Paid	ALEX HENGEL, CPA	2/18/22 self-employed P01806654
Preparer	Firm's name CLIFTONLARSONALLEN LLP	Firm's EIN ▶ 41-0746749
Use Only	Firm's address 9766 FALLON AVE NE, SUITE 106	
	MONTICELLO, MN 55362	Phone no. 763-225-6157
May the I	RS discuss this return with the preparer shown above? See instructions	
032001 12-2		Form <b>990</b> (2020)

ral	Statement of Program Service Accomplishments         Check if Schedule O contains a response or note to any line in this Part III         X
1	Briefly describe the organization's mission:
	MOBILIZING DOUGLAS AND POPE COUNTY RESOURCES TO CREATE SUSTAINED
	CHANGES IN COMMUNITY CONDITIONS TO IMPROVE LIVES.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ? Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 615,098. including grants of \$ 430,558.) (Revenue \$
	UNITED WAY HAD THE FOLLOWING IMPACT ON DOUGLAS AND POPE COUNTIES IN
	2020-2021:
	- ARRANGED FOR 433 BACKPACKS WITH SCHOOL SUPPLIES TO BE GIVEN TO
	CHILDREN THROUGH STUFF THE BUS. - GAVE OUT WARM WINTER COATS TO 356 PEOPLE.
	- FOOD WAS DISTRIBUTED TO 3,498 HOUSEHOLDS IN DOUGLAS & POPE COUNTIES.
	- SENT THE TRAVELING TREE HOUSE BUS TO 11 COMMUNITIES IN DOUGLAS COUNTY
	WHICH PROVIDED SUMMER LEARNING TO 1,660 CHILDREN.
	- SENT 300 STUDENTS FROM DISCOVERY MIDDLE SCHOOL TO THE COMMUNITY TO
	HELP WITH YARD WORK.
	- SENT HUNGRY CHILDREN IN DOUGLAS & POPE COUNTY SCHOOLS HOME WITH
	16,680 BAGS OF FOOD THROUGH BACKPACK ATTACK.
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
44	Other program services (Describe on Schedule O.)
4d	Other program services (Describe on Schedule O.)         (Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 615,098.

Part IV	Checklis	st of Required Sc	hedule	s
Form 990	(2020)	UNITED	WAY	С

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
-	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
-	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,	_		x
~	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
•	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	9	х	
10	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	10	х	
11	or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X		-73	
	as applicable.			
2	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D.			
a		11a	х	
h	Part VI			
	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		x
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a	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		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
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	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		77	
46	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,"			v
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic approximation of the second secon	21	х	
200000	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II			(2020)
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FUIII	990	(2020)

			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	Х	
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		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see 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		X
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash 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		X
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		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? 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?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
032004	12-23-20	Form	990	(2020)
	5			

020)				DOUGLAS				
Statements	Regarding C	ther II	RS F	ilings and Ta	ix (	Complia	nce	(continued)

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	2a	4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns? .		2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions	s)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο.		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthor	rity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccou	nt)?	4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ad	ccour	nts (FBAR).			
5a				5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact			5b		x
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		L
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	-				
	any contributions that were not tax deductible as charitable contributions?			<u>6a</u>		X X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution					1
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			_		v
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a		X
b				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was to file Form 82802			7-		x
لم	to file Form 8282?	7d		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			70		x
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co			7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra If the organization received a contribution of qualified intellectual property, did the organization file Fo		200 as required?	7g		
g h	If the organization received a contribution of qualified intellectual property, did the organization mer of If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained					
Ū				8		
9	Sponsoring organizations maintaining donor advised funds.					
а				9a		
b				9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	401	I			
-	organization is licensed to issue qualified health plans	13b 13c				
	Enter the amount of reserves on hand		•	140		x
				14a 14b		
о 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		or	140		
13	excess parachute payment(s) during the year?			15		x
	If "Yes," see instructions and file Form 4720, Schedule N.			10		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	inco	me?	16		x
	If "Yes," complete Form 4720, Schedule O.		·····			
						_

Form **990** (2020)

032005 12-23-20

Form 990 (2020)

Part V

Form 990	(2020)
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#### UNITED WAY OF DOUGLAS & POPE COUNTIES

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

Section A. Governing Body and Management

X

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

				,		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<b>1</b> a		16			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.						
b	Enter the number of voting members included on line 1a, above, who are independent	1b		16			
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the			····· [			
			•		3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 9			F	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's ass			F	5		Х
6	Did the organization have members or stockholders?			F	6		Х
- 7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap						
74	more members of the governing body?	-			7a		Х
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, st			·····	74		
U	persons other than the governing body?				7b		х
0	Did the organization contemporaneously document the meetings held or written actions undertaken during the yea				70		- 23
8	5	,	0-		0-	х	
а	The governing body?				<u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?			····· }	8b		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read				_		
<u>}</u>	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		Х
bec.	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue (	Code.)				
				ſ		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?				10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	•					
	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y before	e filing the for	m?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise				12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	/es." de	scribe	Γ			
	in Schedule O how this was done	,			12c	Х	
13	Did the organization have a written whistleblower policy?				13	Х	
14	Did the organization have a written document retention and destruction policy?				14	Х	
15	Did the process for determining compensation of the following persons include a review and approva						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	, <b>,</b>					
a	The organization's CEO, Executive Director, or top management official				15a	х	
	Other officers or key employees of the organization				15b		Х
D.	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			·····	100		
16-		nont wit	th a				
109	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen				16-		X
Ŀ	taxable entity during the year?			F	16a		Λ
α	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat						
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ				4.02		
	exempt status with respect to such arrangements?			<u></u>	16b		
	tion C. Disclosure						
	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright$ MN						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	nd 990-	T (Section 50	1(c)(3)s	only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.						
	X Own website Another's website X Upon request Other (explained)		,				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co	onflict of	f interest poli	cy, and	finan	cial	
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's box MARIA HAUG - $(320)834-7800$	oks and	records				
	PO BOX 1148, ALEXANDRIA, MN 56308						
					-	990	(202
	j 12-23-20				Lorm		

Form 990 (2020)	UNITED WAY	OF DOUGLAS	& POPE	COUNTIES	23-7450908	Page 7						
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 I	isted. Report compens	ation for the	calendar year ending	g with or within the organization's	tax year.						

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	(do		Pos	itior		ane	Reportable	Reportable	Estimated
	hours per	box	(do not check more than one box, unless person is both an		compensation	compensation	amount of			
	week		officer and a director/trustee)		from	from related	other			
	(list any	Individual trustee or director						the	organizations	compensation from the
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	organization
	organizations	ruste	ll trus		/ee	mpen		(00-2/1099-00130)		and related
	below	dual t	Institutional trustee	-	mplo	st co	Ŀ			organizations
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former			5
(1) JENNIFER JABAS	50.00									
EXECUTIVE DIRECTOR		1		х				74,903.	Ο.	5,772.
(2) CARL VAAGENES	1.00									
PRESIDENT		X		Х				0.	Ο.	0.
(3) STEPHANIE HOWE	1.00									
VICE PRESIDENT		X		Х				0.	Ο.	0.
(4) TOM FLYNN	1.00									
TREASURER		X		Х				0.	Ο.	0.
(5) LISA DEKREY	1.00									
SECRETARY		X		Х				0.	Ο.	0.
(6) RICK SANSTED	1.00									
PAST PRESIDENT		X						0.	Ο.	0.
(7) MARK ANDERSON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(8) JAMIE DEBOER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(9) JESSIE HJELLE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(10) DAVE LAMB	1.00									
BOARD MEMBER		Х						0.	0.	0.
(11) MIKE LOGE	1.00									
BOARD MEMBER		Х						0.	0.	0.
(12) GLENN MILLER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(13) TODD PETERSON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(14) COREY SIMONSON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(15) SANDY TUBBS	1.00									
BOARD MEMBER		Х						0.	0.	0.
(16) HARLEY VESTRUM	1.00									
BOARD MEMBER		Х						0.	0.	0.
(17) BRANDY QUAM	1.00									
BOARD MEMBER		Х						0.	0.	0.
032007 12-23-20										Form <b>990</b> (2020)

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Form **990** (2020)

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		AY OF	DO	UG	LA	S	&	PO	PE	COUNTIES	23-74	.50	908	Pa	age <b>8</b>
Par	VII Section A. Officers, Directors, Trus	tees, Key	Emp	loye	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)				
	(A)	(B)				(0				(D)	(E)			(F)	
	Name and title	Averag	-	(do		Posi			ne	Reportable	Reportable		Es	stimate	d
			hours per (do not check more than one box, unless person is both an officer and a director/trustee)						an	compensation	compensation	n	an	nount	of
		week			cer and	d a di	recto	r/trus	ee)	from	from related	I		other	
		(list ar	-	rector						the	organizations			pensa	
		hours f relate		or di	ee			ated		organization	(W-2/1099-MIS	C)		om the	
		organizat		ustee	truste		æ	pens		(W-2/1099-MISC)				anizati	
	hours for related organizations below line) below line) below belo													d relati anizatio	
		line)		ndividual trustee or director	nstitutional trustee	Officer	Key employee	ighes	Former				orga	anizani	5115
		,		-	-	0	ž	Ξ	Œ						
										= 4 . 0.00		_			
	Subtotal									74,903.		0.		5,7	
	Total from continuation sheets to Part VI									0.		0.			0.
d	Total (add lines 1b and 1c)									74,903.		0.	5,772		/2.
2	Total number of individuals (including but n	ot limited	to the	ose	listeo	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable				-
	compensation from the organization														0
												r		Yes	No
3	Did the organization list any former officer,	director, t	truste	ee, k	ey e	mpl	oye	e, or	hig	hest compensated emp	oyee on				
	line 1a? If "Yes," complete Schedule J for s												3		X
4	For any individual listed on line 1a, is the su														
	and related organizations greater than \$150	),000? <i>If</i> '	"Yes,	" col	mple	ete S	Sche	edule	J f	or such individual			4		X
5	Did any person listed on line 1a receive or a	iccrue cor	npen	satio	on fr	om a	any	unre	elate	ed organization or individ	lual for services				
	rendered to the organization? If "Yes," com	plete Sch	edule	e J fo	or su	ch p	oers	on .					5		Х
Sec	ion B. Independent Contractors														
1	Complete this table for your five highest co	mpensate	d ind	eper	nder	nt co	ontra	actor	s th	nat received more than \$	100,000 of comp	ensat	tion fro	om	
	the organization. Report compensation for	the calenc	lar ye	ear e	ndin	g wi	ith c	or wi	thin	the organization's tax y	ear.				
	(A)									(B)			(0		
	Name and business	address		NC	ONE	3				Description of s	ervices	C	ompe	nsatio	า
									_						
									$ \rightarrow$						
									-						
_															
2	Total number of independent contractors (ir	ncluding b		nt lin	nited	l to t	thor	e lie	ted	above) who received m	ore than				
-	\$100,000 of compensation from the organiz				nicu	0 1	( (								
	, , ,													000 //	

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Ра	rt VII			=			
		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII (A) Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ervice Contributions, Gifts, Grants Levice and Other Similar Amounts	b c d e f g h	Related organizations       1d         Government grants (contributions)       1e         All other contributions, gifts, grants, and similar amounts not included above       1f         Noncash contributions included in lines 1a-1f       1g \$         Total. Add lines 1a-1f       1a	27,298. 749,873. 45,805. Business Code	777,171.			sections 512 - 514
Program Service Revenue	•	All other program service revenue					
	9 3 4 5	Investment income (including dividends, intere- other similar amounts) Income from investment of tax-exempt bond pu Royalties	st, and roceeds	938.			938.
	b c d	Gross rents (i) Real Gross rents 6a Less: rental expenses 6b	(ii) Personal				
Other Revenue	c d	Less: cost or other basis and sales expenses					
Oth	b	including \$ 27,298. of contributions reported on line 1c). See Part IV, line 18 Less: direct expenses 8b	23,024. 19,544.	3,480.			3,480.
	9 a b c	Gross income from gaming activities. See Part IV, line 19 Less: direct expenses Net income or (loss) from gaming activities					
	b	Gross sales of inventory, less returns         and allowances         Less: cost of goods sold         Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a b c		561000	2,728.			2,728.
Mis	d	All other revenue	►	2,728.			
	е 12	Total revenue. See instructions		784,317.	0.	0.	7,146.
03200	9 12-23		····· F	-	•	•	Form <b>990</b> (2020)

Part IX Statement of Functional Expenses

UNITED WAY OF DOUGLAS & POPE COUNTIES

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 respons	e or note to any line in t	his Part IX		
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations		·		·
	and domestic governments. See Part IV, line 21	238,905.	238,905.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	191,653.	191,653.		
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				
	Compensation of current officers, directors,				
	trustees, and key employees	87,915.	40,441.	17,583.	29,891.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	126,926.	58,386.	25,385.	43,155.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
	Other employee benefits	11,189.	5,147.	2,238.	<u>3,804</u> 3,395
10	Payroll taxes	9,985.	4,593.	1,997.	3,395.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	6,422.	5,266.	1,156.	
С	Accounting	12,227.	10,026.	2,201.	
d	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
-	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	17 000	10.000		
	Advertising and promotion	15,386.	12,309.		<u> </u>
	Office expenses	14,581.	11,007.	1,656.	1,918.
	Information technology				
15	Royalties	08 408	10 (50	2 2 4 2	4 005
	Occupancy	27,427.	18,650.	3,840.	4,937.
17	Travel	184.	138.	9.	37.
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials $\dots$				
19	Conferences, conventions, and meetings				
	Interest	12 000		2 200	2 200
	Payments to affiliates	13,208.	6,604.	3,302.	3,302.
	Depreciation, depletion, and amortization	6,460.	5,814.	323.	323.
		9,057.	6,159.	1,449.	1,449.
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.)	1 546		772	772
	LICENSES AND PERMITS	1,546.		773.	773.
b					
C					
d					
	All other expenses	772 071	61E 000	61 010	06 061
	Total functional expenses. Add lines 1 through 24e	773,071.	615,098.	61,912.	96,061.
	<b>Joint costs</b> . Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form <b>990</b> (2020

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Cash - non-interest-bearing Savings and temporary cash investments Pledges and grants receivable, net Accounts receivable, net

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

18,400. 2,500. 4 4 Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 7 Assets 19,159. 18,686. 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 **10a** Land, buildings, and equipment: cost or other 69,824. basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a 48,786. 27,498. 21,038. b Less: accumulated depreciation 10b 10c Investments - publicly traded securities 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 55,648. 69,533. Other assets. See Part IV, line 11 15 15 745,196. 666,583. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 22,260. 7,579. 17 Accounts payable and accrued expenses 17 226,171. 244,445. 18 18 Grants payable 19 19 Deferred revenue Tax-exempt bond liabilities 20 20 68,583. 45,794. Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, Liabilities trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 48,000. of Schedule D 25 383,288. 279,544. 26 26 Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here 🕨 🔀 Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 206,116. Net assets without donor restrictions 163,835. 27 27 Net assets with donor restrictions 198,073. 180,923. 28 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 30 31 Retained earnings, endowment, accumulated income, or other funds 31 361,908. 387,039. 32 Total net assets or fund balances 32 745,196. 666,583. 33 33 Total liabilities and net assets/fund balances Form 990 (2020)

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(B)

End of year

170,880.

224,415.

159,531.

(A)

Beginning of year

270,518.

218,664.

135,309.

1

2

3

Form 990 (2020)

1

2

3

Part X | Balance Sheet

Form	990 (2020) UNITED WAY OF DOUGLAS & POPE COUNTIES	23-74	50908	Pag	<sub>ge</sub> 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	784		
2	Total expenses (must equal Part IX, column (A), line 25)	2	773		
3	Revenue less expenses. Subtract line 2 from line 1	3			46.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	361		
5	Net unrealized gains (losses) on investments	5	13	, 88	85.
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	387	,0:	<u> 39.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a			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?		<b>2</b> b	X	
	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				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		<b>3</b> a		_X_
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		<b>3</b> b	000	

Form **990** (2020)

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(Form 990 or 990-EZ)

### **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.

OMB No. 1545-0047
2020
Open to Public Inspection

		f the Treasury nue Service			Attach to Form 990 or F			formation		Open to Public Inspection
Nam	o of t	he organizati			v/Form990 for instruction	and u	ie ialest ii	normation.	Employer	identification number
- ann		ine organizati		ED WAY OF	DOUGLAS & POI		INTTES	Į		3-7450908
Par	τI	Reason	for Public C	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	15. 15.	5 7450500
					For lines 1 through 12, cl					
1					on of churches described			VAVi).		
2	=	-			Attach Schedule E (Form			·//·//·		
3	=				anization described in se			i).		
4	=	•	•		njunction with a hospital			•	)(iii). Enter	the hospital's name.
		city, and stat			,				//···/-	,
5		•	-	or the benefit of a co	llege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in
				Complete Part II.)						
6					nental unit described in	section 17	70(b)(1)(A)	(v).		
7	Х		-	-	ntial part of its support fr				ne general p	oublic described in
				omplete Part II.)		•			<b>.</b> .	
8					(1)(A)(vi). (Complete Parl	t II.)				
9					in section 170(b)(1)(A)(i		ed in conju	nction with a	land-grant	college
					ulture (see instructions).					
		university:	-				-		-	
10		An organizati	on that norma	Ily receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membersh	ip fees, and	d gross receipts from
		activities rela	ted to its exen	npt functions, subjec	t to certain exceptions; a	and (2) no	more than	33 1/3% of it	s support fi	rom gross investment
		income and ι	Inrelated busir	ness taxable income	(less section 511 tax) fro	m busines	ses acquii	red by the org	ganization a	ifter June 30, 1975.
		See section	509(a)(2). (Co	mplete Part III.)						
11		An organizati	on organized a	and operated exclusi	ively to test for public saf	fety. See	section 50	)9(a)(4).		
12		An organizati	on organized a	and operated exclusi	ively for the benefit of, to	perform t	he functior	ns of, or to ca	rry out the	purposes of one or
		more publicly	v supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2).	See <b>section</b>	<b>509(a)(3).</b> (	Check the box in
		lines 12a thro	ough 12d that	describes the type o	f supporting organizatior	n and com	plete lines	12e, 12f, and	l 12g.	
а		<b>Type I.</b> A s	upporting orga	anization operated, s	upervised, or controlled	by its supp	ported orga	anization(s), t	ypically by	giving
		the suppor	ted organizatio	on(s) the power to reg	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	ipporting
		organizatio	n. <b>You must c</b>	complete Part IV, Se	ections A and B.					
b		<b>Type II.</b> A s	supporting org	anization supervised	l or controlled in connect	ion with it	s supporte	d organizatio	n(s), by hav	ring
		control or r	nanagement o	of the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
		- <sup>-</sup>	. ,	t complete Part IV,						
С			-	•	g organization operated				lly integrate	ed with,
			-		). You must complete F					
d					porting organization oper					
			,	5	zation generally must sati	,			an attentiv	/eness
	_	7			nplete Part IV, Sections					
е		_	0		written determination from			туре і, туре	п, туре п	
4	Finte	-	0		nally integrated supportir	0 0				
1			of supported o	n about the supporte	od organization(a)					
y		i) Name of supp		(ii) EIN	(iii) Type of organization	(iv) Is the org	anization listed	(v) Amount o	f monetary	(vi) Amount of other
	-	organization	ı		(described on lines 1-10	in your governi Yes	No	support (see ir	nstructions)	support (see instruction
					above (see instructions))					
Tota										

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 032021 01-25-21 Schedule A (Form 990 or 990-EZ) 2020 14

# Schedule A (Form 990 or 990-EZ) 2020 UNITED WAY OF DOUGLAS & POPE COUNTIES 23-7450908 Page 2 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	822,239.	826,030.	782,265.	832,138.	777,171.	4039843.
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	000 000	006 000	700 065	022 120		1020042
	Total. Add lines 1 through 3	822,239.	826,030.	782,265.	832,138.	777,171.	4039843.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)						
~	··· ······						4039843.
	Public support. Subtract line 5 from line 4.						4039043.
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	822,239.	826,030.	782,265.	832,138.	777,171.	4039843.
	Gross income from interest,	02272000	020,000	,02,2031	002/1001	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10000101
0	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	4,110.	941.	1,088.	1,010.	938.	8,087.
a	Net income from unrelated business	1,1100		1,0001	1,0101	5501	
5	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	5,656.	4,108.	2,439.	2,639.	2,728.	17,570.
11	<b>Total support.</b> Add lines 7 through 10		,	,	,		4065500.
	Gross receipts from related activities,	etc. (see instructio	ons)		•	12	201,679.
	First 5 years. If the Form 990 is for th		,			01(c)(3)	
	organization, check this box and stop	0					
Sec	tion C. Computation of Publi						
	Public support percentage for 2020 (I			olumn (f))		14	99.37 %
15	Public support percentage from 2019	Schedule A, Part	II, line 14			15	98.80 %
	33 1/3% support test - 2020. If the o					ore, check this bo	k and
	stop here. The organization qualifies	as a publicly supp	orted organization				<b>X</b>
b	33 1/3% support test - 2019. If the c	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 organization	ation			
17a	10% -facts-and-circumstances test	- 2020. If the org	anization did not c	check a box on line	e 13, 16a, or 16b, a	and 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	<b>re.</b> Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	est. The organizatio	n qualifies as a pu	blicly supported o	rganization		▶∟
b	10% -facts-and-circumstances test	- 2019. If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or 1	17a, and line 15 is <sup>.</sup>	10% or
	more, and if the organization meets the						
	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b			
					Sche	edule A (Form 990	or 990-EZ) 2020

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#### Schedule A (Form 990 or 990-EZ) 2020 UNITED WAY OF DOUGLAS & POPE COUNTIES 23-7450908 Page 3 Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support		-		_		
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	i01(c)(3) organizatio	on,
_	check this box and stop here	-					<b>&gt;</b>
Sec	ction C. Computation of Publi	ic Support Per	centage			<u> </u>	
	Public support percentage for 2020 (I		•	column (f))		15	%
-	Public support percentage from 2019					16	%
	ction D. Computation of Inves					<u> </u>	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2020. If the						7 is not
	more than 33 1/3%, check this box ar						▶∟
b	33 1/3% support tests - 2019. If the						
	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t			
03202	23 01-25-21		16	1	Sch	edule A (Form 990	or 990-EZ) 2020

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#### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? // "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 6 anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disgualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes." provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
- b Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to determine whether the organization had excess business holdings.)

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9c 10a 10b Schedule A (Form 990 or 990-EZ) 2020

Yes

1

2

3a

3b

3c

4a

4b

4c

5a

5b <u>5c</u>

6

7

8

9a

9b

No

#### Schedule A (Form 990 or 990-EZ) 2020 UNITED WAY OF DOUGLAS & POPE COUNTIES 23-7450908 Page 5 Part 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 in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described in line 11a above?	11b		
с	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	ction 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 <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1
2	Did the organization operate for the benefit of any supported organization other than the supported	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	

Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised	d. or controlled the supporting organization.	
Section C. Ty	ype II Supporting Organizations	

 Yes
 No

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed
 Image: Control or management of the support of the directors or trustees of each of the organization (s).
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Section D	. All Type III	Supporting	Organizations

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

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

1	Check the box next to the method that the organization used to s	satisfy the Integral Part	Test during the year	(see instructions).
•	Check the box heat to the method that the organization used to s		i est during the year	(000 1100 000010)

- 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.*

c 🗌	The organization supported a governmental entity.	Describe in Part VI how you supported a governmental entity (see instructions).
-----	---	---

18

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in 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.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

**a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.** 

**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.* 

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2a

2b

3a

3b

2

Yes No

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	dule A (Form 990 or 990 EZ) 2020 UNITED WAY OF DOUGLAS	POPE	COUNTIES	23-7450908 Page 6
Pa		<u> </u>		
1	Check here if the organization satisfied the Integral Part Test as a qualifyi			n in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st complete	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrat	ed Type III supporting of	organization (see

instructions).

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### Schedule A (Form 990 or 990-EZ) 2020 UNITED WAY OF DOUGLAS & POPE COUNTIES 23-7450908 Page 7

Par	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	inizations <sub>(contine</sub>	ued)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	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 <b>Part VI</b> )		5	
6	Other distributions ( <i>describe in Part VI</i> ). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	าร	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а	From 2015				
b	From 2016				
C	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
i_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, 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 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
е	Excess from 2020				

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 Schedule A (Form 990 or 990-EZ) 2020
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 Part VI
 Supplemental Information.
 Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
 Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

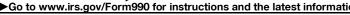
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

FEE INCOME	 	
2016 AMOUNT: \$ 5,656.	 	
2017 AMOUNT: \$ 4,108.		
2018 AMOUNT: \$ 2,439.	 	
2019 AMOUNT: \$ 2,639.	 	
2020 AMOUNT. C 2 729		
		orm 990 or 990-EZ) 2020

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.





Name	of the	organization
------	--------	--------------

UNITED WAY OF DOUGLAS & POPE COUNTIES

Employer identification number 23 - 7450908

Par	t I Organizations Maintaining Donor Advised		imilar Funds or A	ccounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6	6.		
		(a) Donor advise	ed funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in write	ting that the assets he	eld in donor advised fun	ds
	are the organization's property, subject to the organization's ex	clusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor adv	isors in writing that gra	ant funds can be used o	only
	for charitable purposes and not for the benefit of the donor or d	lonor advisor, or for ar	y other purpose confer	ring
Dec	impermissible private benefit?			
Par			s" on Form 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organization		7	
	Preservation of land for public use (for example, recreatio	n or education)	7	orically important land area
	Protection of natural habitat		Preservation of a cert	tified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contrib	ution in the form of a co	
	day of the tax year.			Held at the End of the Tax Year
a	<b>-</b> · · · · · · · · · · ·			
b				2b
C	Number of conservation easements on a certified historic struct			2c
d	Number of conservation easements included in (c) acquired after			
2	listed in the National Register			2d
3		sea, extinguishea, or i	erminated by the organ	lization during the tax
4	year ► Number of states where property subject to conservation easer	mont is located		
5	Does the organization have a written policy regarding the period		tion, handling of	
J	violations, and enforcement of the conservation easements it he	- 1-1-0	-	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, ha		nd enforcing conservation	
Ū		indining of violationic, a	a chiorenig concervati	on casemente adming the year
7	Amount of expenses incurred in monitoring, inspecting, handlin	o of violations, and en	forcing conservation ea	asements during the year
	▶ \$	<b>5</b> ,,		
8	Does each conservation easement reported on line 2(d) above s	satisfy the requirement	ts of section 170(h)(4)(B	)(ï)
	and section 170(h)(4)(B)(ii)?	· ·		Yes No
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footnot	e to the organization's	financial statements th	at describes the
	organization's accounting for conservation easements.			
Par	t III Organizations Maintaining Collections of A	Art, Historical Tre	asures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form 99	90, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958,	not to report in its rev	enue statement and bal	ance sheet works
	of art, historical treasures, or other similar assets held for public	exhibition, education	, or research in furthera	nce of public
	service, provide in Part XIII the text of the footnote to its financi	al statements that des	cribes these items.	
b	If the organization elected, as permitted under FASB ASC 958,	-		
	art, historical treasures, or other similar assets held for public ex	xhibition, education, o	r research in furtheranc	e of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
-	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical treas			provide
	the following amounts required to be reported under FASB ASC	-		<b>N</b>
a	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instructions for 12-01-20	or Form 990.		Schedule D (Form 990) 2020

		2	2				
^	~	^		^	-	~	^

		WAY OF DOUC				23-74			age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical Tre	asures, or Oth	er Simila	r Assets	contir	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that make	significant	use of its			
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co	ellections and explair	how they further th	e organization's ex	empt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations c	of art, historical treas	sures, or other simil	ar assets				
	to be sold to raise funds rather than to be ma	aintained as part of th	ne organization's co	llection?			Yes		No
Par	t IV Escrow and Custodial Arrang					0, Part IV, I	ine 9, or		
	reported an amount on Form 990, Par		Ū						
1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contributions	s or other assets no	t included				
	on Form 990, Part X?		•				Yes	X	No
b	If "Yes," explain the arrangement in Part XIII								
		ļ	5				Amoun	t	
с	Beginning balance				1c				
	Additions during the year								
	Distributions during the year								
f	Ending balance								
	Did the organization include an amount on Fo					X	Yes		No
	If "Yes," explain the arrangement in Part XIII.							X	_
Par									
	· · · · ·	(a) Current year	(b) Prior year	(c) Two years back		vears back	(e) Four	vears	back
1a	Beginning of year balance	55,648.	51,696.	47,810		44,132.	(0) 1 001		000.
	Contributions	,	,	,					903.
	Net investment earnings, gains, and losses	13,885.	3,952.	3,886		3,678.			229.
	Grants or scholarships								
	Other expenditures for facilities								
e									
4	and programs								
	Administrative expenses	69,533.	55,648.	51,696		47,810.		44	132.
g	End of year balance [ Provide the estimated percentage of the curr	,	,	,	•	17,010.		,	102.
2	Board designated or quasi-endowment		%	j fielu as.					
	Permanent endowment  14.3800		_%						
		%							
С		%							
•	The percentages on lines 2a, 2b, and 2c should be the second seco		4	al a destatata a dife					
3a	Are there endowment funds not in the posses	ssion of the organiza	tion that are held ar	a administered for	the organiz	ation	l	V	NI -
	by:							Yes X	No
	(i) Unrelated organizations						3a(i)		Х
	(ii) Related organizations						3a(ii)		
	If "Yes" on line 3a(ii), are the related organiza						3b		
4 Da	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment funds.						
Fai			Det N/ Kee dde O						
	Complete if the organization answered						( ) =		
	Description of property	(a) Cost or o	• •		Accumulat		<b>(d)</b> Boo	k value	e
		basis (investr	Dasis	(other) o	depreciation	·			
	Land								
	Buildings								
	Leasehold improvements				40 5			1 0	20
	Equipment		6	9,824.	48,7	80.	2	1,0:	58.
	Other							1 0	<u> </u>
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part J	<u>X, column (B), line 1</u>	0 <u>c.)</u>				1,0:	
						Schedule	D (Forn	n 990)	2020

Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.		•	
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11c. See Form 990, Part X, line 13.	
(a) Description of investment	<b>(b)</b> Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ► Part IX Other Assets.			
	on Form 000 Dort IV lin	a 11d Cap Form 000 Dart V line 15	
Complete if the organization answered "Yes" (a)	Description	e TTd. See Form 990, Part X, line 15.	(b) Book value
	OWMENT		69,533.
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	15.)		69,533.
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line			
2. Liability for uncertain tax positions. In Part XIII, provide		-	
organization's liability for uncertain tax positions under	FASB ASC 740. Check I	here if the text of the footnote has been prov	vided in Part XIII X

UNITED WAY OF DOUGLAS & POPE COUNTIES

Schedule D (Form 990) 2020

23-7450908 Page 3

032053 12-01-20

Schedule D (Form 990) 2020

Sche	dule D (Form 990) 2020 UNITED WAY OF DOUGLAS & P	OPE COUN	TIES	23-7	450908 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Staten	nents With F	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	833,774.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	13,885.		
b	Donated services and use of facilities	2b	16,028.		
с	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)		19,544.		
е	Add lines 2a through 2d			2e	49,457.
3	Subtract line 2e from line 1			3	784,317.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	784,317.
Pa	t XII Reconciliation of Expenses per Audited Financial State	ments With	Expenses per F	Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1				
1	Total expenses and losses per audited financial statements			1	808,643.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	16,028.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	19,544.		
е	Add lines 2a through 2d			2e	35,572.
3	Subtract line 2e from line 1			3	773,071.
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	773,071.
Pa	t XIII Supplemental Information.				

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

#### PART IV, LINE 2B:

THE FISCAL ACCOUNTS PAYABLE ARE FUNDS THAT THE UNITED WAY HOLDS ON BEHALF

OF OTHERS. THE USE OF THE FUNDS IS NOT CONTROLLED BY THE UNITED WAY. THE

ORGANIZATION ACTS AS A HOLDING AGENT.

PART V, LINE 4:

THE ORGANIZATION'S ENDOWMENT FUND CONSISTS OF ONE FUND ESTABLISHED WITH

WEST CENTRAL INITIATIVE, WHICH WAS ESTABLISHED TO USE FUNDS TO CREATE

SUSTAINABLE FUNDING FOR OUR INITIATIVES AND TO GENERALLY SUPPORT THE

UNITED WAY OF DOUGLAS AND POPE COUNTIES TAX EXEMPT PURPOSE.

PART X, LINE 2:

032054 12-01-20

09460216 131839 091-102361

Schedule D (Form 990) 2020       UNITED WAY OF DOUGLAS & POPE COUNTIES       23-7450908       Page 5         Part XIII       Supplemental Information (continued)
UNITED WAY OF DOUGLAS & POPE COUNTIES QUALIFIES AS A TAX-EXEMPT
ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.
THEREFORE, NO EXPENSE HAS BEEN RECOGNIZED FOR INCOME TAXES IN THE
ACCOMPANYING FINANCIAL STATEMENTS. THE ORGANIZATION IS NOT A PRIVATE
FOUNDATION AND CONTRIBUTIONS TO THE ORGANIZATION QUALIFY AS CHARITABLE
DEDUCTIONS BY THE CONTRIBUTOR.
THE ORGANIZATION FOLLOWS THE INCOME TAX STANDARD FOR UNCERTAIN TAX
POSITIONS. THE ORGANIZATION EVALUATED ITS TAX POSITIONS AND DETERMINED IT
HAS NO UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2021.
PART XI, LINE 2D - OTHER ADJUSTMENTS:
SPECIAL EVENT EXPENSES 19,544.
PART XII, LINE 2D - OTHER ADJUSTMENTS:
SPECIAL EVENT EXPENSES 19,544.

Schedule D (Form 990) 2020

032055 12-01-20

SCHEDULE G Supplemental Information Regarding Fundraising or Gaming Activities OMB No. 1545-0												
(Form 990 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.												
Department of the Treasury												
Internal Revenue Service			Inspection									
Name of the organization	23-7450	entification number										
	ing Activities.	Complete if the organization answe t.	red "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E2	I filers are not				
· · · ·		ed funds through any of the followin	g activ	ities. (	Check all that apply.							
a 📃 Mail solicitat												
b Internet and email solicitations f Solicitation of government grants												
c   Phone solicitations   g   Special fundraising events     d   In-person solicitations												
		r oral agreement with any individual	(includ	ling of	ficers, directors, trus	tees,	or					
		art VII) or entity in connection with pr				,	Yes	s 🗌 No				
b If "Yes," list the 10 compensated at le	•	viduals or entities (fundraisers) pursua organization.	ant to a	agreei	ments under which th	ne fur	ndraiser is to b	e				
			(iii)	Did		(v)	Amount paid					
(i) Name and addres or entity (fund		(ii) Activity	(iii) fundr have ci or con contribu	ustody itrol of	(iv) Gross receipts from activity	to (o	or retained by) fundraiser ted in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization				
			Yes	No	-							
Total												
		n is registered or licensed to solicit c		utions	or has been notified	it is e	exempt from re	egistration				
HA For Paperwork R	eduction Act Noti	ce, see the Instructions for Form 9	90 or	990-F	. <u>.</u>	Sche	dule G (Form 9	990 or 990-EZ) 2020				
			55 01	200 L	·· ```							

23-7450908 Page 2 Schedule G (Form 990 or 990 EZ) 2020 UNITED WAY OF DOUGLAS & POPE COUNTIES Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

of fundraising event contributions and gross income on Form 990-FZ lines 1 and 6b List events with gross againta graatar than \$5,000

	(event type) 23,047. 15,235. 7,812. 1,911. 6,471. n 9 in column (d)	RAFFLE (event type) 14,650. 14,650. 5,963.	(c) Other events 1 (total number) 7,749. 7,749. 2,159. ►	(d) Total events (add col. (a) through col. (c)) 45,446. 15,235. 30,211. 5,963. 1,911. 8,630. 16,504.
Gross receipts Less: Contributions Gross income (line 1 minus line 2) Cash prizes Noncash prizes Noncash prizes Rent/facility costs Food and beverages Food and beverages Entertainment Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from lin <b>Gaming.</b> Complete if the organization a	EVENT (event type) 23,047. 15,235. 7,812. 1,911. 6,471. n 9 in column (d)	RAFFLE (event type) 14,650. 14,650. 5,963.	(total number) 7,749. 7,749. 2,159.	(add col. (a) through col. (c)) 45,446. 15,235. 30,211. 5,963. 1,911. 8,630.
Gross receipts Less: Contributions Gross income (line 1 minus line 2) Cash prizes Cash prizes Noncash prizes Noncash prizes Rent/facility costs Food and beverages Food and beverages Entertainment Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from lin <b>Gaming.</b> Complete if the organization a	(event type) 23,047. 15,235. 7,812. 1,911. 6,471. n 9 in column (d)	(event type) 14,650. 14,650. 5,963.	(total number) 7,749. 7,749. 2,159.	col.(c)) 45,446. 15,235. 30,211. 5,963. 1,911. 8,630.
Less: Contributions <u>Gross income (line 1 minus line 2)</u> Cash prizes <u>Secondary Secondary Second</u>	23,047. 15,235. 7,812. 1,911. 6,471. n 9 in column (d)	14,650. 14,650. 5,963.	7,749. 7,749. 2,159.	45,446. 15,235. 30,211. 5,963. 1,911. 8,630.
Less: Contributions <u>Gross income (line 1 minus line 2)</u> Cash prizes <u>Secondary Secondary Second</u>	15,235. 7,812. 1,911. 6,471. n 9 in column (d)	14,650. 5,963.	2,159.	15,235. 30,211. 5,963. 1,911. 8,630.
Gross income (line 1 minus line 2) Cash prizes Noncash prizes Rent/facility costs Food and beverages Entertainment Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from lin Gaming. Complete if the organization a	7,812. 1,911. 6,471. 9 in column (d)	5,963.	2,159.	30,211. 5,963. 1,911. 8,630.
Cash prizes	1,911. 6,471. 9 in column (d)	5,963.	2,159.	5,963. 1,911. 8,630.
Noncash prizes Rent/facility costs Food and beverages Entertainment Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from line Gaming. Complete if the organization a	6,471. 9 in column (d) ne 3, column (d)			1,911
Rent/facility costs Food and beverages Entertainment Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from line Gaming. Complete if the organization a	6,471. 9 in column (d) ne 3, column (d)			1,911.
Food and beverages Entertainment Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from lin <b>Gaming.</b> Complete if the organization a	6,471. 9 in column (d) ne 3, column (d)			8,630.
Entertainment Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from line Gaming. Complete if the organization a	6,471. 9 in column (d) ne 3, column (d)			8,630
Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from line <b>Gaming.</b> Complete if the organization a	6,471. 9 in column (d) ne 3, column (d)			
Other direct expenses Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from line <b>Gaming.</b> Complete if the organization a	6,471. 9 in column (d) ne 3, column (d)			
Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from line <b>Gaming.</b> Complete if the organization a	n 9 in column (d) ne 3, column (d)			
Net income summary. Subtract line 10 from line <b>Gaming.</b> Complete if the organization a	ne 3, column (d)			
<b>Gaming.</b> Complete if the organization a				13,707
	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c
Gross revenue				
Cash prizes				
Noncash prizes				
Rent/facility costs				
Other direct expenses				
Volunteer labor	└── Yes % └── No	└── Yes % └── No	Yes % No	
Direct expense summary. Add lines 2 through	n 5 in column (d)			
Net gaming income summary. Subtract line 7	from line 1, column (d)			
or the state(s) in which the organization condu	icte asmina activitios:			
				Yes No
			ear?	Yes No
/es," explain:				
25.20			Schodula C (Fa	m 990 or 990 E7) 991
	Cash prizes	Gross revenue	Gross revenue	Gross revenue

Sch	edule G (Form 990 or 990-EZ) 2020 UNITED WAY OF DOUGLAS & POPE COUNTIES 23-7450908 Page 3
11	Does the organization conduct gaming activities with nonmembers?
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed
	to administer charitable gaming?
13	Indicate the percentage of gaming activity conducted in:
a	a The organization's facility 13a %
k	An outside facility 13b %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ABBEY KVIDT, JENNIFER JABAS
	Address <b>503 HAWTHORNE ST, SUITE 1148 - ALEXANDRIA, MN 56308</b>
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?
k	If "Yes," enter the amount of gaming revenue received by the organization 🕨 💲 and the amount
	of gaming revenue retained by the third party $\blacktriangleright$ \$
c	: If "Yes," enter name and address of the third party:
	Address
16	Gaming manager information:
10	
	Name
	Gaming manager compensation ▶ \$
	Gaming manager compensation 🕨 5
	Description of services provided 🕨
	Director/officer Employee Independent contractor
17	Mandatory distributions:
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to
	retain the state gaming license? Yes No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the
Da	organization's own exempt activities during the tax year <b>s</b> <b>Int IV</b> Supplemental Information. Provide the explanations required by Part L line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,
Га	<b>Supplemental Information.</b> Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.
0000	
0320	<sup>83</sup> 11-25-20 Schedule G (Form 990 or 990-EZ) 2020 29

Schedule G	a (Form 990 or 990-EZ) Supplemental Info	UNITED WAY	OF	DOUGLAS	&	POPE	COUNTIES	23-7450908	Page 4
Part IV	Supplemental Info	rmation (continued)							
								Schedule G (Form 990 or	990-EZ)

SCHEDULE I		arants and Oth					OMB No. 1545-0047						
(Form 990)	Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.												
Department of the Treasury Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.													
Name of the organization Employer identification number													
UNITED WAY OF DOUGLAS & POPE COUNTIES 23-7450908													
Part I General Information on Grants and Assistance													
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection													
criteria used to award the grants or assis	criteria used to award the grants or assistance?												
<ul> <li>2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.</li> <li>Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any</li> </ul>													
	-				anization answered "	res" on Form 990, Par	t IV, line 21, for any						
recipient that received more than \$ 1 (a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant						
or government		(if applicable)	cash grant	non-cash assistance	valuation (book, FMV, appraisal, other)	noncash assistance	or assistance						
							FUNDING FROM THE UNITED						
ALEXANDRIA YMCA							WAY PROVIDES FINANCIAL						
110 KARL DR							ASSISTANCE FOR YMCA CHILD						
ALEXANDRIA, MN 56308	20-2231427	501(C)(3)	5,500.	0.	N/A	N/A	CARE FAMILIES WITH LOW						
COMMUNITY EDUCATION/MENTORING AND													
DISCOVERY ADVANTAGE - 1410 S MCKAY	41 6000000	SCHOOL DISTRICT					MENTORSHIP, LUNCH BUDDIES						
AVE, #201 - ALEXANDRIA, MN 56308	41-6000893	206	23,000.	0.	N/A	N/A	AND SUMMER PROGRAMMING						
ELDER NETWORK							VOLUNTEER BASED SENIOR ASSISTANCE TO PREVENT						
420 12TH AVE E $#32$							SENIORS FROM GOING INTO A						
ROCHESTER, MN 55901	41-1852680	501(C)(3)	8,500.	0	N/A	N/A	NURSING HOME PREMATURELY.						
	11 1052000	501(0)(0)	0,000										
LEGAL SERVICES OF NORTHWEST													
MINNESOTA - 426 BROADWAY ST -													
MOORHEAD, MN 56560	41-1291705	501(C)(3)	17,000.	0.	N/A	N/A	LEGAL AID ASSISTANCE.						
,			,										
LUTHERAN SOCIAL SERVICES													
507 22ND AVE E, #1							PARENTING, MENTAL HEALTH						
ALEXANDRIA, MN 56308	41-0872993	501(C)(3)	25,500.	0.	N/A	N/A	AND COUNSELING.						
							ASSIST FAMILIES IN THEIR						
MINNEWASKA EARLY CHILDHOOD FAMILY							SEARCH FOR QUALITY CHILD						
EDUCATION - 219 1ST ST SE -							CARE AND OFFER A VAST						
GLENWOOD, MN 56334	41-1746974	SCHOOL DISTRICT	8,000.	0.	N/A	N/A	ARRAY OF QUALITY						
2 Enter total number of section 501(c)(3) a	nd government org	ganizations listed in the	e line 1 table				▶ <u>10.</u>						
3 Enter total number of other organizations	s listed in the line <sup>-</sup>	1 table											
LHA For Paperwork Reduction Act Notice,	see the Instructi	ons for Form 990.					Schedule I (Form 990) 2020						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART IV FOR COLUMN (H) DESCRIPTIONS

#### UNITED WAY OF DOUGLAS & POPE COUNTIES

		LAS & POPE					23-7450908 Page
Part II Continuation of Grants and Other				vernments (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CODELL COLUMN FOOD DANK DOUGLAG							
IORTH COUNTY FOOD BANK - DOUGLAS							FOOD DANK HELD MEEM
	41-1459758	F01/(C)/(2)	38,000.	0	N/A	N/A	FOOD BANK, HELP MEET HUNGER NEEDS.
ROOKSTON, MN 56716	41-1459758	501(C)(3)	38,000.	0.	N/A	N/A	HUNGER NEEDS.
OMEPLACE SAFE - DOUGLAS							DOMESTIC VIOLENCE AND
00 CEDAR ST							SEXUAL ASSAULT
LEXANDRIA, MN 56308	41-1358654	501(C)(3)	32,000.	0	N/A	N/A	COUNSELING.
LIEAANDRIA, MN 30300	41-1320024	501(0)(3)	52,000.	0.	N/A	N/A	COUNSELING.
VILLAGE FAMILY SERVICES CENTER							
11111111111111111111111111111111111111							
ALEXANDRIA, MN 56308	45-0226423	F01/(C)/(2)	10 000	0	N/A	N/A	FAMILY COUNSELING.
DEXANDRIA, MN 30300	43-0220423	501(0)(3)	19,000.	0.	N/A	N/A	TO REDUCE EFFECTS OF
EST CENTRAL MN COMMUNITIES ACTION							POVERTY, HELP PEOPLE
11 INDUSTRIAL PARK BLVD							ACHIEVE SELF-SUFFICIENC
	41-0904808	F(1/2)/2	42 500	0	NT / N	NT / 7	
LBOW LAKE, MN 56531	41-0904808	501(C)(3)	42,500.	0.	N/A	N/A	AND IMPROVE QUALITY OF

Schedule I (Form 990)

Schedule I (Form 990) 2020

#### 20 UNITED WAY OF DOUGLAS & POPE COUNTIES

23-7450908

Page 2

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

(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
OBILE FOOD DROPS PROGRAM	3498	53,496.	16,500.	FMV	DONATED FOOD FROM HENRY'S
					DONATED SCHOOL SUPPLIES FROM
TUFF THE BUS PROGRAM OFFER	433	1,314.	6,047.	FMV	INDIVIDUALS AND BUSINESSES
					PROVIDE FOOD TO HUNGRY
					CHILDREN IN DOUGLAS AND POPE
ACKPACK ATTACK PROGRAM	417	58,482.	0.	FMV	COUNTY SCHOOLS.
					INDIVIDUALS AND BUSINESSES
					ADOPTED AND BOUGHT PRESENTS
DOPT A FAMILY	815	3,760.	37,000.	FMV	FOR CHILDREN
			,		
					DISTRIBUTE BOOKS TO CHILDREN
DOLLY PARTON IMAGINATION LIBRARY	265	3,211.	0.	FMV	BIRTH TO 5 YEARS OLD.

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

PART I, LINE 2:

ANNUAL ALLOCATED FUNDS:

FUNDING AMOUNTS ARE RECOMMENDED BY "CITIZEN REVEIW PANELS" WITH FINAL

FUNDING OR DEFUNDING DECISIONS MADE BY THE UNITED WAY BOARD OF DIRECTORS.

FUNDED AGENCIES ARE REQUIRED TO FILL OUT A REPORT ANNUALLY. EXPENDITURES

ARE MONITORED ON AN ANNUAL BASIS BY STAFF, BOARD AND THE "CITIZEN REVIEW

PANEL" VOLUNTEERS.

EMERGENCY GRANT FUNDS:

Schedule I (Form 990) UNITED WAY O	23-7450908 Pag				
Part III Continuation of Grants and Other Assistance to D	omestic Individuals	(Schedule I (Form 99	90), Part III.)		
(a) Type of grant or assistance	<b>(b)</b> Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
ALF PINT MILK	104.	538.	0.	FMV	PROVIDE MILK TO KINDERGARTENERS DURING SNACK TIME AT SCHOOL.
QUIPPED TO WORK	9.	0.	0	FMV	PROVIDES RESOURCES TO INDIVIDUALS THAT ALLOW THEM TO SECURE EMPLOYMENT.
		<b>`</b>			
TRAVELING TREE HOUSE	1,660.	8,587.	0.	FMV	VISIT COMMUNITIES TO PROVIDE SUMMER LEARNING TO CHILDREN.

Schedule I (Form 990)

Schedule I (Form 990) UNITED WAY OF DOUGLAS & POPE COUNTIES 23-7450908 Page 2
Part IV Supplemental Information
THESE ONE TIME GRANTS ARE MONITORED SEMI-ANNUALLY OR AS SOON AS SPENT BY
STAFF AND BOARD VOLUNTEERS TO ENSURE FUNDS ARE SPENT ACCORDING TO THEIR
REQUEST.
PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: ALEXANDRIA YMCA

(H) PURPOSE OF GRANT OR ASSISTANCE: FUNDING FROM THE UNITED WAY PROVIDES

FINANCIAL ASSISTANCE FOR YMCA CHILD CARE FAMILIES WITH LOW INCOMES, AND

FAMILIES EXPERIENCING TEMPORARY HARDSHIPS, CONTINUE CHILD CARE

UNINTERRUPTED AND/OR PAY FOR CHILD CARE SO THAT PARENTS MAY PURSUE

EMPLOYMENT OR EDUCATION LEADING TO EMPLOYMENT, AND GAIN FINANCIAL

STABILITY.

NAME OF ORGANIZATION OR GOVERNMENT:

MINNEWASKA EARLY CHILDHOOD FAMILY EDUCATION

(H) PURPOSE OF GRANT OR ASSISTANCE: ASSIST FAMILIES IN THEIR SEARCH FOR

QUALITY CHILD CARE AND OFFER A VAST ARRAY OF QUALITY EDUCATIONAL AND

RECREATIONAL SERVICES AT AN AFFORDABLE PRICE FOR ALL YOUNG CHILDREN AND

THEIR FAMILIES.

NAME OF ORGANIZATION OR GOVERNMENT: WEST CENTRAL MN COMMUNITIES ACTION (H) PURPOSE OF GRANT OR ASSISTANCE: TO REDUCE EFFECTS OF POVERTY, HELP PEOPLE ACHIEVE SELF-SUFFICIENCY, AND IMPROVE QUALITY OF RURAL LIFE.

032291 04-01-20

SCHEDULE	Μ
(Form 990)	

### **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

20 / Open to Public Inspection

►

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

Name of the organization								Employer identification number
	UNITED	WAY	OF	DOUGLAS	&	POPE	COUNTIES	23-7450908
Dart I Types of P	Property							

Par	LI	Types of Property						
			(a)	(b)	(c)	(d)		
			Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of de noncash contribu	•	te
			applicable		Form 990, Part VIII, line 1g	noncasir continuu	tion amoun	
1	Art - ۱	Works of art						
2	Art - I	Historical treasures						
3	Art - I	Fractional interests						
4		s and publications						
5	Cloth	ing and household goods	Х		11,263.	FMV		
6	Cars	and other vehicles						
7		s and planes						
8		ectual property						
9		rities - Publicly traded						
10		rities - Closely held stock						
11		rities - Partnership, LLC, or						
	trust	interests						
12	Secu	rities - Miscellaneous						
13	Quali	fied conservation contribution -						
	Histo	ric structures						
14	Quali	fied conservation contribution - Other						
15	Real	estate - Residential						
16	Real	estate - Commercial						
17		estate - Other						
18		ctibles						
19		inventory		8,000	16,500.	FMV		
20		s and medical supplies						
21		lermy						
22		rical artifacts						
23		ntific specimens						
24		eological artifacts						
25	Othe		X	37	11,201.	FMV		
26	Othe	r 🕨 ( SCHOOL SUPPLI )	X	19,505	6,841.	FMV		
27	Othe	r 🕨 ()						
28	Othe							
29	Num	ber of Forms 8283 received by the organ	ization during	g the tax year for co	ontributions			
	for w	hich the organization completed Form 82	283, Part V, D	onee Acknowledg	ement 29			
							Yes	No
30a	Durin	ng the year, did the organization receive b	oy contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it		
		hold for at least three years from the dat						
		npt purposes for the entire holding period			·		30a	X
b	lf "Ye	es," describe the arrangement in Part II.						
31	Does	the organization have a gift acceptance	policy that re	equires the review of	of any nonstandard contribut	ions?	31	X
32a		the organization hire or use third parties						
		ibutions?		•	· •		32a	X

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2020

032141 11-23-20

**b** If "Yes," describe in Part II.

<u>Sched</u> ule M	(Form 990) 2020					COUNTIES	23-7450908	Page <b>2</b>
Part II	Supplemental is reporting in Parl	Informatio	<b>DN.</b> Provide , the number	the information r	equired by Par	t I. lines 30b. 32b. a	nd 33, and whether the organiza a combination of both. Also comp	tion
	this part for any ac	ditional inform	mation.					
032142 11-23-2	20						Schedule M (Form	990) 2020
					37			

09460216 131839 091-102361

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.

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



23-7450908

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

- SENT OUT 100 BOOKS EACH MONTH TO CHILDREN BIRTH TO 5 YEARS.

- ADOPTED OUT 815 CHILDREN SO THAT THEY COULD RECEIVE HOLIDAY GIFTS.

UNITED WAY OF DOUGLAS & POPE COUNTIES

- 104 KINDERGARTENERS WERE GIVEN MILK TO ENJOY WITH THEIR PEERS DURING

SNACK TIME AT SCHOOL.

FORM 990, PART VI, SECTION A, LINE 1:

THE ORGANIZATION'S EXECUTIVE COMMITTEE CONSISTS OF THE OFFICERS OF THE

BOARD AND THE IMMEDIATE PAST PRESIDENT OF THE BOARD. THE EXECUTIVE

COMMITTEE HAS THE AUTHORITY TO CONDUCT THE BUSINESS OF THE BOARD IN

INTERVALS BETWEEN MEETINGS IN ACCORDANCE WITH THE RULES AND REGULATIONS AND

SUBJECT TO THE APPROVAL AND RATIFICATION BY THE BOARD.

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

BOARD MEMBERS AND STAFF REVIEW. THE REVIEW WILL BE DONE ONCE THE 990 IS DONE. IT WILL BE REVIEWED EXTENSIVELY BY THE FINANCE COMMITTEE AND THEN APPROVED BY THE BOARD PRIOR TO FILING THE RETURN.

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

BOARD MEMBERS COMPLETE AND SIGN A CONFLICT OF INTEREST STATEMENT ANNUALLY.

THE BOARD OF DIRECTORS' EXECUTIVE COMMITTEE REVIEWS AND MONITORS COMPLIANCE

THROUGHOUT THE YEAR. THE PROCEDURES IF A CONFLICT OF INTEREST ARISES ARE AS

A. PRIOR TO BOARD OR COMMITTEE ACTION ON A CONTRACT OR TRANSACTION INVOLVING A CONFLICT OF INTEREST, A DIRECTOR OR COMMITTEE MEMBER HAVING A CONFLICT OF INTEREST AND WHO IS IN ATTENDANCE AT THE MEETING SHALL DISCLOSE LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) 2020 032211 11-20-20

09460216 131839 091-102361

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Name of the organization UNITED WAY OF DOUGLAS & POPE COUNTIES	Employer identification number 23-7450908
ALL FACTS MATERIAL TO THE CONFLICT OF INTEREST. SUCH DISCL	OSURE SHALL BE
REFLECTED IN THE MINUTES OF THE MEETING.	
B. A DIRECTOR OR COMMITTEE MEMBER WHO PLANS NOT TO ATTEN	D A MEETING AT
WHICH HE OR SHE HAS REASON TO BELIEVE THAT THE BOARD OR CO	MMITTEE WILL ACT
ON A MATTER IN WHICH THE PERSON HAS A CONFLICT OF INTEREST	SHALL DISCLOSE
TO THE CHAIR OF THE MEETING ALL FACTS MATERIAL TO THE CONF	LICT OF INTEREST.
THE CHAIR SHALL REPORT THE DISCLOSURE AT THE MEETING AND T	HE DISCLOSURE
SHALL BE REFLECTED IN THE MINUTES OF THE MEETING.	
C. A PERSON WHO HAS A CONFLICT OF INTEREST SHALL NOT PAR	TICIPATE IN OR BE
PERMITTED TO HEAR THE BOARD'S OR COMMITTEE'S DISCUSSION OF	THE MATTER
EXCEPT TO DISCLOSE MATERIAL FACTS AND TO RESPOND TO QUESTI	ONS. SUCH PERSON
SHALL NOT ATTEMPT TO EXERT HIS OR HER PERSONAL INFLUENCE W	ITH RESPECT TO
THE MATTER, EITHER AT OR OUTSIDE THE MEETING.	
D. A PERSON WHO HAS A CONFLICT OF INTEREST WITH RESPECT	TO A CONTRACT OR
TRANSACTION THAT WILL BE VOTED ON AT A MEETING SHALL NOT B	E COUNTED IN
DETERMINING THE PRESENCE OF A QUORUM FOR PURPOSES OF THE V	OTE. THE PERSON
HAVING A CONFLICT OF INTEREST MAY NOT VOTE ON THE CONTRACT	OR TRANSACTION
AND SHALL NOT BE PRESENT IN THE MEETING ROOM WHEN THE VOTE	IS TAKEN, UNLESS
THE VOTE IS BY SECRET BALLOT. SUCH PERSON'S INELIGIBILITY	TO VOTE SHALL BE
REFLECTED IN THE MINUTES OF THE MEETING. FOR PURPOSES OF T	HIS PARAGRAPH, A
MEMBER OF THE BOARD OF DIRECTORS OF UNITED WAY OF DOUGLAS	& POPE COUNTIES
HAS A CONFLICT OF INTEREST WHEN HE OR SHE STANDS FOR ELECT	ION AS AN OFFICER
OR FOR RE-ELECTION AS A MEMBER OF THE BOARD OF DIRECTORS.	
E. RESPONSIBLE PERSONS WHO ARE NOT MEMBERS OF THE BOARD	OF DIRECTORS OF
UNITED WAY OF DOUGLAS & POPE COUNTIES, OR WHO HAVE A CONFL	ICT OF INTEREST
WITH RESPECT TO A CONTRACT OR TRANSACTION THAT IS NOT THE	SUBJECT OF BOARD
OR COMMITTEE ACTION, SHALL DISCLOSE TO THE CHAIR OR THE CH	AIR'S DESIGNEE
	WITH RESPECT TO A edule O (Form 990 or 990-EZ) 2020
39 60216 131839 091-102361 2020.05091 UNITED WAY OF	F DOUGLAS & P 091-102

Page **2** 

Employer identification number

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization

Schedule O (Form 990 or 990-EZ) 2020	Page <b>2</b>
Name of the organization UNITED WAY OF DOUGLAS & POPE COUNTIES	Employer identification number 23-7450908
CONTRACT OR TRANSACTION. SUCH DISCLOSURE SHALL BE MADE AS	SOON AS THE
CONFLICT OF INTEREST IS KNOWN TO THE RESPONSIBLE PERSON. T	HE RESPONSIBLE
PERSON SHALL REFRAIN FROM ANY ACTION THAT MAY AFFECT UNITE	D WAY OF DOUGLAS
& POPE COUNTIES' PARTICIPATION IN SUCH CONTRACT OR TRANSAC	TION. IN THE
EVENT IT IS NOT ENTIRELY CLEAR THAT A CONFLICT OF INTEREST	EXISTS, THE
INDIVIDUAL WITH THE POTENTIAL CONFLICT SHALL DISCLOSE THE	CIRCUMSTANCES TO
THE CHAIR OR THE CHAIR'S DESIGNEE, WHO SHALL DETERMINE WHE	THER THERE EXISTS
A CONFLICT OF INTEREST THAT IS SUBJECT TO THIS POLICY.	
FORM 990, PART VI, SECTION B, LINE 15A:	
THE EXECUTIVE COMMITTEE OF THE BOARD REVIEWS AND DETERMINE	S COMPENSATION.
COMPARABILITY DATA FROM OTHER UNITED WAYS OF SIMILAR SIZE	AS WELL AS A
COMPENSATION STUDY DONE IN OUR CITY OF SIMILAR POSITIONS A	RE REVIEWED. THE
BOARD CHAIR BRINGS THE RECOMMENDATION TO THE FULL BOARD WH	ICH THEN
DISCUSSES AND VOTES ON IT, AND THEN THEY SEND THE RECOMMEN	DATION TO THE

ACCOUNTANT FOR IMPLEMENTATION. THIS PROCESS WAS LAST CONDUCTED IN JUNE

2021.

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

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS

AVAILABLE TO THE PUBLIC DURING REGULAR BUSINESS HOURS AT THE ORGANIZATION'S PLACE OF BUSINESS.

032212 11-20-20

(Rev. January 2020)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

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

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

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

Type or	Name of exempt organization or other filer, see instru-	r other filer, see instructions.			Taxpayer identification number (TIN)	
print	UNITED WAY OF DOUGLAS & POPE COUNTIES				23-7450908	
File by the due date for						
filing your return. See	PO BOX 1148					
instructions.						
Enter the Return Code for the return that this application is for (file a separate application for each return)						
Application			Application			Return
Is For			Is For			Code
Form 990 or Form 990-EZ			Form 990-T (corporation)			07
Form 990-BL			Form 1041-A			08
Form 4720 (individual)			Form 4720 (other than individual)			09
Form 990-PF			Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)			Form 6069			11
Form 990-T (trust other than above) MARIA HAUG			Form 8870			12
<ul> <li>If this is box ▶ [</li> <li>1 I reached the ▶ [</li> <li>▶ [</li> </ul>	organization does not have an office or place of business         is for a Group Return, enter the organization's four digit (	Group Exe and atta MAX anization's	mption Number (GEN), 1 ch a list with the names and TINs of Z 16, 2022 , to file return for: d ending JUN 30, 2021	f this is fo all memb	r the whole ers the ext	e group, check this
	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.			3a	\$	0.
<ul> <li>b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter</li> </ul>			refundable credits and			
	estimated tax payments made. Include any prior year overpayment allowed as a credit.			Зb	\$	0.
using EFTPS (Electronic Federal Tax Payment System). See instructions.				3c	\$	0.
instructio	If you are going to make an electronic funds withdrawal ns. or Privacy Act and Paperwork Reduction Act Notice,			153-EO an		79-EO for payment