** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

<u> </u>	or the	e 2023 calendar year, or tax year beginning ar	na enaing		
B (Check if applicab	C Name of organization		D Employer identifie	cation number
	Addre				
	Name chang	Doing business as		41-09164	78
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suit	E Telephone number	•
	Final return	3650 FREMONT AVENUE NORTH	130	612-302-	3400
	termir	City or town, state or province, country, and ZIP or foreign postal code	•	G Gross receipts \$	18,758,499.
	Amen return	ded MINNEADOLIC MN 55/12		H(a) Is this a group re	eturn
	Application			for subordinates	
	pendi			H(b) Are all subordinates in	—
T 7	Гах-ех	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 52	-	list. See instructions
	Websi		.,	H(c) Group exemptio	
		forganization: X Corporation Trust Association Other	L Yea		1 State of legal domicile; MN
	art I	Summary	1= 100	or formation, — o o o pr	· Otato of logal dofficino, ===-
	1	Briefly describe the organization's mission or most significant activities: SEE	SCHEDI	ULE O.	
Se	Ι.	briefly describe the organization of most organization and activities.	, , , , , ,		
Jan	2	Check this box if the organization discontinued its operations or disp	nosed of mor	e than 25% of its net ass	eate
Veri	3	· · · · · · · · · · · · · · · · · · ·		3	13
Ĝ	4	Number of independent voting members of the governing body (Part VI, line 1b)			13
<u>«</u>	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)			257
ţį	6	Total number of volunteers (estimate if necessary)			200
Activities & Governance	7 2	* ***		7a	0.
Ā	′ °	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
	 	Tet unrelated business taxable income nontrolling 350-1,1 art i, line 11		Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		12,141,762.	12,825,458.
ine	9			1,465,803.	1,783,362.
Revenue	10	Investment income (Part VIII, Ine 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	24,051.
Be	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,107,225.	1,508,160.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		14,714,790.	16,141,031.
_	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		347,204.	0.
	14			0.	0.
	45	Salaries, other compensation, employee benefits (Part IX, column (A), line 4)		7,674,214.	7,677,475.
ses	160	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	loa	Total fundraising expenses (Part IX, column (A), line 25) 397,	930		<u></u>
Ä	17			6,676,857.	6,546,188.
	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		14,698,275.	14,223,663.
	18 19			16,515.	1,917,368.
		Revenue less expenses. Subtract line 18 from line 12		eginning of Current Year	End of Year
Net Assets or		Total caseta (Part V. line 16)	F	18,203,394.	20,921,144.
SSE	20	Total lassets (Part X, line 16) Total liabilities (Part X, line 26)	·····-	4,660,262.	5,460,644.
let /	21 22	Net assets or fund balances. Subtract line 21 from line 20	·····	13,543,132.	15,460,500.
	art II	Signature Block		13,343,132.	13,400,300.
		alties of perjury, I declare that I have examined this return, including accompanying schedu	ulac and etaton	agente, and to the heat of my	knowledge and helief it is
		ct, and complete. Declaration of preparer (other than officer) is based on all information of			Kilowieuge allu bellel, it is
uue	, correc	I DI IDI IC DISCI OSI IDE CODV	willon prepare	I lias ally kilowieuge.	
C:	_	Signature of officer		I Date	
Sig		CINNAMON PELLY, PRESIDENT & CEO		Duto	
Her	е	Type or print name and title			
				Date Check	PTIN
Paid		Print/Type preparer's name Preparer's signature MARC COLIN MARC COLIN		11/14/24 of self-employ	
			TD.	_	1-1534805
	Only		• עדדר	Firm's EIN 4	T-1334003
use	Only	Firm's address 7760 FRANCE AVE S, SUITE 940 BLOOMINGTON, MN 55435		Dhaw / 0	52\
_	. 41 22	•		Phone no. (9	52) 831-0085
May	y the II	RS discuss this return with the preparer shown above? See instructions			X Yes No

Pa	Check if Schedule O contains a response or note to any line in this Part III		X
4			21
1	Briefly describe the organization's mission:	י א דווכיה כי	CTEMV
	WE ARE COMMUNITY BUILDERS CO-CREATING CHANGE TOWARDS		
	WE IMAGINE THRIVING COMMUNITIES WHERE EVERY PERSON H	AS PERSON,	SUCTAL,
	AND ECONOMIC POWER.		
2	Did the organization undertake any significant program services during the year which were not listed o	n the	
	prior Form 990 or 990-EZ?		Yes X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program se	anvices?	Yes X No
•	If "Yes," describe these changes on Schedule O.	DI VICCO:	103110
4	Describe the organization's program service accomplishments for each of its three largest program service.	icos, as moasurad b	w ovnoncos
-			
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations	s to others, the total	expenses, and
	revenue, if any, for each program service reported. (Code:) (Expenses \$11,133,774. including grants of \$		2 000 150
4a		_) (Revenue \$	2,300,133.)
	SEE SCHEDULE O.		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)
4e	11 122 774		
		•	Farm 990 (0000)

Form 990 (2023) PILLSBURY UNITED COMMUNITIES Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
•	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۰		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	- '-		1
0	, ,			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?			- v
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	_X_	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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		X
h	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	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the appropriation projection of the control of the Light of the Light of the Light of the Control	14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	 17 a		
D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		1
15		45		x
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		1
16		40		_ v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			37
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			,,
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

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Form 990 (2023) PILLSBURY UNITED COMMUNITIES
Part IV Checklist of Required Schedules (continued)

			Yes	No
22 Di	id the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	art IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
	id the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	nd former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			7.7
	chedule J	23		<u>X</u>
	id the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	st day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	040		Х
	chedule K. If "No," go to line 25aid the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		
	id the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? id the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
	ny tax-exempt bonds?	24c		
	id the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	ection 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	ansaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
	the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
th	nat the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
So	chedule L, Part I	25b		<u>X</u>
26 Di	id the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	r former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	ontrolled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u>X</u>
	id the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	reator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	0=		v
	ntity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<u> </u>
	/as the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	structions for applicable filing thresholds, conditions, and exceptions): current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	/es," complete Schedule L, Part IV	28a		Х
	family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
	/es," complete Schedule L, Part IV	28c		X
	id the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
	id the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
CC	ontributions? If "Yes," complete Schedule M	30		X
31 Di	id the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u>X</u>
32 Di	id the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	chedule N, Part II	32		<u>X</u>
	id the organization own 100% of an entity disregarded as separate from the organization under Regulations			7.7
	ections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
	/as the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	04		Х
	art V, line 1	34		X
	id the organization have a controlled entity within the meaning of section 512(b)(13)? "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
	ithin the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	ection 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	"Yes," complete Schedule R, Part V, line 2	36		Х
	id the organization conduct more than 5% of its activities through an entity that is not a related organization			
ar	nd that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
	id the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	ote: All Form 990 filers are required to complete Schedule O	38	Х	
Part \	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			<u> </u>
			Yes	No
	nter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 289			
	nter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
	ambling) winnings to prize winners?	1c	х	

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PILLSBURY UNITED COMMUNITIES

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

		_		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	257							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	[:	2b	X					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	[;	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	<u>L</u>	1 a		Х				
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	[!	5a		Х				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<u>L</u>	5b		X				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	🖳	5c						
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	:							
	any contributions that were not tax deductible as charitable contributions?	🔟	ôа		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	🔟	6b						
7	Organizations that may receive deductible contributions under section 170(c).								
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the p	ayor?	7a		X				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<u>L</u>	7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?		7с		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e 7f		X				
f									
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required		7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098	3-C?	7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
_	sponsoring organization have excess business holdings at any time during the year?		8						
9 Sponsoring organizations maintaining donor advised funds.									
a Did the sponsoring organization make any taxable distributions under section 4966?									
b 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	📑	9b						
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12								
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	_							
11	Section 501(c)(12) organizations. Enter:								
''	Gross income from members or shareholders 11a								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
-	amounts due or received from them.)								
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	1	2a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
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?		3a						
	Note: See the instructions for additional information the organization must report on Schedule O.								
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans								
С	Enter the amount of reserves on hand								
14a	Did the organization receive any payments for indoor tanning services during the tax year?	1	4a		X				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	1	4b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or				_				
	excess parachute payment(s) during the year?	<u>L</u>	15		X				
	If "Yes," see the instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	<u>L</u>	16		X				
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	······ 📙	17						
	If "Yes," complete Form 6069.								

Form **990** (2023) 332005 12-21-23

PILLSBURY UNITED COMMUNITIES 41-0916478 Form 990 (2023) Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 13 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 13 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes 10a Did the organization have local chapters, branches, or affiliates?

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

Section C. Disclosure

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Own website Another's website X Upon request Other (explain on Schedule O)

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records THE ORGANIZATION -612-302-3400

3650 FREMONT AVENUE NORTH, 130, MINNEAPOLIS, MN 55

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

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

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

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

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

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

(A)	(B)	(C) Position		(D)	(E)	(F)				
Name and title	Average hours per	(do	not c	heck i	more	than	one h an	Reportable compensation	Reportable compensation	Estimated amount of
	week		cer ar					from	from related	other
	(list any	rector						the	organizations	compensation
	hours for related	e or di	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	truste	al trus		yee	mpen		1099-NEC)	1099-1120)	and related
	below	Individual trustee or director	Institutional trustee	Je.	Key employee	Highest compensated employee	Je.	'		organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(1) CINNAMON PELLY	40.00			l				120 460		2 252
PRESIDENT & CEO				Х				138,462.	0.	3,853.
(2) HEATH RUDDUCK	2.00								•	•
CHAIR		Х		Х				0.	0.	0.
(3) KAORI YAMADA VICE CHAIR	2.00	X		х				0.	0.	0.
(4) LINDSAY BENJAMIN	2.00	Α		^				0.	0.	<u></u>
SECRETARY	2.00	x		Х				0.	0.	0.
(5) ERICA PRALLE	2.00	<u> </u>								
TREASURER		Х		х				0.	0.	0.
(6) MELINDA EMERSON	2.00								-	-
DIRECTOR		Х						0.	0.	0.
(7) TAYLOR HARWOOD	2.00									
DIRECTOR		Х						0.	0.	0.
(8) MAHROUS KANDIL	2.00									
DIRECTOR		Х						0.	0.	0.
(9) LIZ MASCOLO	2.00								_	_
DIRECTOR		Х						0.	0.	0.
(10) KENJI OKUMURA	2.00	l								
DIRECTOR		Х						0.	0.	0.
(11) JAY SIVASAILAM	2.00									•
DIRECTOR	2 00	Х						0.	0.	0.
(12) ANUPAMA SREEKANTH DIRECTOR	2.00	X						0.	0.	0
(13) AARON THOMAS	2.00	^						0.	0.	0.
DIRECTOR	2.00	X						0.	0.	0.
(14) EDRIN WILLIAMS	2.00	^						0.	0.	<u></u>
DIRECTOR	2.00	x						0.	0.	0.
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Name and title Average hours per week (list any hours for week (list any hours for related organizations below line) But bottotal But botto	Section A. Officers, Directors, Tru		DIOY	ees,			gnes	t C		,	1		
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Subtotal 138,462,	Name and title	"	(do not check more than one						•				
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(A) Name and business address NONE Description of services Compensation Compensation Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization O											sation	from	
Name and business address NONE Description of services Compensation 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation 0	the organization. Report compensation fo	r the calendar ye	ear e	ndin	ıg w	ith c	or wi	thin T		ear.			
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0		e address	NT/	\NTE	,					ervices	Com	(C)	n
\$100,000 of compensation from the organization	Name and basines	,	IAC)IN E	-			\dashv	Decemplian of a	CI VIOCO	00111	perioditio	
\$100,000 of compensation from the organization													
\$100,000 of compensation from the organization								\dashv					
\$100,000 of compensation from the organization			_	_			_	_					
\$100,000 of compensation from the organization								\sqcap			_		
\$100,000 of compensation from the organization								_					
\$100,000 of compensation from the organization													
\$100,000 of compensation from the organization								\dashv					
\$100,000 of compensation from the organization													
\$100,000 of compensation from the organization	2 Total number of independent continues to a	(including but =	ot lin	oito -	1+0	tha	ao lic	+0~	aboug) who reasings!	are then			
4100,000 of compensation from the organization			טנ וווו	mec	וטו		_	ıeu	above) willo received mo	ne ulali			
FOILII OOO IXIIXA	\$100,000 or compensation from the organ										For	m 990 ((2023)

Form 990 (2023) PILLSBU
Part VIII Statement of Revenue

			Check if Schedule O contains	a response (or note to any lin	e in this Part VIII			
			Officer if deficable o contains	a response (or riote to arry iiii	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded
							function revenue	business revenue	from tax under sections 512 - 514
$\overline{}$				T. T	565 000				Sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1		Federated campaigns		565,900.				
iz a			Membership dues						
S, C		С	Fundraising events	. 1c					
ij k		d	Related organizations	. 1d					
s, C		е	Government grants (contributions) 1e	4,045,293.				
Sign		f	All other contributions, gifts, grants, a	nd					
he			similar amounts not included above		8,214,265.				
를		а	Noncash contributions included in lines 1a-1f						
Son		_	Total. Add lines 1a-1f	· 3 1+		12,825,458.			
<u> </u>		•	Totall / Red II/100 Ta 11		Business Code	, ,			
_	2	_	PROGRAM FEES		900099	1,783,362.	1,783,362.		
ice	2	_	- Indolum 1 HHD		300033	1,700,302.	1,700,002.		
er ne		b							
n S		С							
Ja Se		d							
Program Service Revenue		е							
Δ.			All other program service revenue						
		g	Total. Add lines 2a-2f			1,783,362.			
	3		Investment income (including divide	dends, intere	st, and				
			other similar amounts)			24,051.			24,051.
	4		Income from investment of tax-exc						
	5		Royalties						
				(i) Real	(ii) Personal				
	6	а	Gross rents 6a						
			Less: rental expenses 6b						
			Rental income or (loss) 6c						
			Net rental income or (loss)						
			` '	Securities	(ii) Other				
	'	а	assets other than inventory 7a	, 0000	(.,, 0				
		L	Less: cost or other basis						
•		D							
ž			and sales expenses 7b Gain or (loss) 7c						
e e			. ,						
her Revenue			Net gain or (loss)		······				
ipe L	8	а	Gross income from fundraising events	(not					
ŏ				of					
			contributions reported on line 1c).	I					
			Part IV, line 18	8a					
			Less: direct expenses						
		С	Net income or (loss) from fundrais	ing events					
	9	а	Gross income from gaming activit	ies. See					
			Part IV, line 19	9a					
		b	Less: direct expenses						
			Net income or (loss) from gaming						
			Gross sales of inventory, less retu						
			and allowances		3,822,265.				
		b	Less: cost of goods sold						
			Net income or (loss) from sales of			1,204,797.	1,204,797.		
			· · · · · · · · · · · · · · · · · · ·		Business Code	, ,	, ,		
sno	11	а	OTHER		900099	303,363.			303,363.
Miscellaneous Revenue	• •	b				,			, ,
la Ven									
Sce		C C	All other revenue						
Ξ			All other revenue			303,363.			
		е	Total revenue See instructions			16,141,031.	2,988,159.	0.	327,414.
	12		Total revenue. See instructions			10,141,031.	1 2,500,159.	1	527,414.

332009 12-21-23

Form 990 (2023) PILLSBURY UNITED COMMUNITIES Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othi	er organizations must con	nnlete column (Δ)	
Secu					X
	Check if Schedule O contains a respon	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		expenses	gerierai experises	ехрепвев
	- I				
•	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
•	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	6 122 OEA	F 122 640	1,042,748.	256,454.
7	Other salaries and wages	6,432,850.	5,133,648.	1,044,140.	430,434.
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	774 004	620 000	116,089.	20 025
9	Other employee benefits	774,994.	630,880. 429,500.		28,025. 21,924.
10	Payroll taxes	469,631.	449,500.	18,207.	Z1,9Z4.
11	Fees for services (nonemployees):				
a	Management				
b	•				
С	9				
d	, 0				
е	,				
f	Investment management fees				
g	,	2 260 746	1 742 240	E C E 0 2 0	E0 E60
	column (A), amount, list line 11g expenses on Sch O.)	2,368,746.	1,743,248.	565,938.	59,560.
12	Advertising and promotion	344,015.	287,615.	35,571.	20 020
13	Office expenses	201,432.	193,448.	7,984.	20,829.
14	Information technology	201,432.	193,440.	7,304.	
15	Royalties	794,548.	856,303.	-61,755.	
16	Occupancy	135,662.	125,930.	9,604.	128.
17	Travel	133,002.	123,930.	9,004.	120.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	652,633.	180,031.	472,602.	
22	Depreciation, depletion, and amortization	054,033.	100,031.	4/4,004.	
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.) PARTICIPANT EXPENSE	1,189,582.	991,487.	196,828.	1 267
a	MISCELLANEOUS	811,372.	531,268.	270,555.	1,267. 9,549.
b	STAFF AND VOLUNTEER	48,198.	30,416.	17,588.	9,549. 194.
C	SIALL WAD AOTOMIETE	40,130.	30,410.	1/,300.	194.
d	All all and an area				
e		1/ 222 662	11,133,774.	2 601 050	397,930.
<u>25</u>	Total functional expenses. Add lines 1 through 24e	14,223,663.	11,133,114.	2,691,959.	331,330.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
	Check here if following SOP 98-2 (ASC 958-720)				000

Form 990 (2023)
Part X | Balance Sheet

Par	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			4,190,542.	1	4,047,343.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			1,448,000.	3	3,857,202.
	4	Accounts receivable, net	981,193.	4	727,224.		
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial c	contributor, or 35%			
		controlled entity or family member of any of thes	se perso	ons		5	
	6	Loans and other receivables from other disqualit					
		under section 4958(f)(1)), and persons described	l in sec	tion 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			143,461.	8	168,985.
۲	9	Prepaid expenses and deferred charges			279,292.	9	467,464.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D					
	b	Less: accumulated depreciation			11,160,906.	10c	10,968,661.
	11	Investments - publicly traded securities				11	318,063.
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line		13			
	14	Intangible assets		14	255 222		
	15	Other assets. See Part IV, line 11			0.	15	366,202.
	16	Total assets. Add lines 1 through 15 (must equa			18,203,394.	16	20,921,144.
	17	Accounts payable and accrued expenses		1	765,406.	17	899,373.
	18	Grants payable		18			
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities		1		20	
	21	Escrow or custodial account liability. Complete I				21	
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
Lia k		controlled entity or family member of any of thes	-	······	3,796,144.	22	4,220,000.
_	23	Secured mortgages and notes payable to unrela		· · · · · · · · · · · · · · · · · · ·	3,790,144.	23	4,220,000.
	24	Unsecured notes and loans payable to unrelated	-			24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines of Schedule D	-	·	98,712.	25	341,271.
	26	of Schedule D Total liabilities. Add lines 17 through 25			4,660,262.	26	5,460,644.
	20	Organizations that follow FASB ASC 958, che			1,000,202.	20	3,100,011
es es		and complete lines 27, 28, 32, and 33.	OK HOL	·			
ğ	27	Net assets without donor restrictions			8,890,913.	27	8,614,971.
3als	28	Net assets with donor restrictions			4,652,219.	28	6,845,529.
힏		Organizations that do not follow FASB ASC 9					, ,
ᆵ		and complete lines 29 through 33.	,				
þ	29	Capital stock or trust principal, or current funds				29	
šets	30	Paid-in or capital surplus, or land, building, or ed				30	
Ass	31	Retained earnings, endowment, accumulated in				31	
Net Assets or Fund Balances	32	Total net assets or fund balances		13,543,132.	32	15,460,500.	
_	33	Total liabilities and net assets/fund balances		1	18,203,394.	33	20,921,144.

Pa	rt XI Reconciliation of Net Assets				<u> </u>		
	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	16,14				
2	Total expenses (must equal Part IX, column (A), line 25)	2	14,22				
3	Revenue less expenses. Subtract line 2 from line 1	3	1,91				
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	13,54	<u>3,1</u>	<u>32.</u>		
5	Net unrealized gains (losses) on investments	5					
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	15,46	0,5	00.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				X		
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.						
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	Separate basis X Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		<u> </u>		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				
			Form	990	(2023)		

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization

PILLSBURY UNITED COMMUNITIES

Employer identification number 41-0916478

OMB No. 1545-0047

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

Schedule A (Form 990) 2023 PILLSBURY UNITED COMMUNITIES 41-0916

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

	_			
(Complete only if yo	ou checked the box on line 5, 7, or	8 of Part I or if the organizati	on failed to qualify und	ler Part III. If the organization
fails to qualify unde	er the tests listed below, please con	nolete Part III)		

Sec	tion A. Public Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and	, ,	, ,	, ,	, ,	, ,	
	membership fees received. (Do not						
	include any "unusual grants.")	7472792.	13226328.	13498671.	12141762.	12825458.	59165011.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	7472792.	13226328.	13498671.	12141762.	12825458.	59165011.
	The portion of total contributions						
Ū	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,						
							1184938.
6	Public support. Subtract line 5 from line 4.						57980073.
	etion B. Total Support						57300073•
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4				12141762.	12825458	
	Gross income from interest,	, _ , _ , _ ,					0000000
Ŭ	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources					24,051.	24,051.
9	Net income from unrelated business					21,001	22,0320
3	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						59189062.
	Gross receipts from related activities,	etc (see instructio	ine)				,492,994.
	First 5 years. If the Form 990 is for th	•	,	fourth or fifth tax \			7 - 2 - 7 - 2 - 2
	organization, check this box and stop	· ·		•		. , . ,	
Sec	ction C. Computation of Publi						
	Public support percentage for 2023 (li			column (f))		14	97.96 %
	Public support percentage from 2022					15	97.04 %
	33 1/3% support test - 2023. If the o					ore, check this bo	
	stop here. The organization qualifies						77
b	stop here. The organization qualifies as a publicly supported organization						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	-					
	meets the facts-and-circumstances te					viriow the organiz	
h	10% -facts-and-circumstances test	-	•		-		
J	more, and if the organization meets the	-					. 5,0 51
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization						
	organizatio	c. ioon u i		, , , 01 110	, box at		(Form 990) 2023

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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
78	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						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support	Т	T	T	1	T	1
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
40	assets (Explain in Part VI.)				-		
	Total support. (Add lines 9, 10c, 11, and 12.)				<u> </u>	04(-)(0) - : ::	
14	First 5 years. If the Form 990 is for the	•		•	•		
Se	check this box and stop here ction C. Computation of Publi						
	Public support percentage for 2023 (I			column (fl)		15	%
	Public support percentage from 2022	, (,,	,			16	<u>%</u> %
	ction D. Computation of Inves					, 10	70
	Investment income percentage for 20			ne 13. column (f))		17	%
	Investment income percentage from					18	<u> </u>
	33 1/3% support tests - 2023. If the						
	more than 33 1/3%, check this box ar						
b	33 1/3% support tests - 2022. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

 If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
_		
За		
- Ou		
OI-		
3b		
_		
3c		
4a		
4b		
4c		
F		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
36		
00		
9c		
10a		
10b		

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

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	ov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must		•	
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		
	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):			
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	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		
	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 integrated	d Type III supporting orga	nization (see
	inate actional	, 5	3 9-	`

Schedule A (Form 990) 2023

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

Schedule A (Form 990) 2023

Schedule B

(Form 990)

Schedule of Contributors

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

OMB No. 1545-0047

	PILLSBURY UNITED COMMUNITIES	41-0916478				
Organization type (check one):						
Filers of:	Section:					
Form 990 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization	\overline{X} 501(c)($\overline{3}$) (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
Check if your organization is covered by the General Rule or a Special Rule . Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special Rules						
X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$						
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify hat it doesn't meet the filing requirements of Schedule B (Form 990).						

Schedule B (Form 990) (2023)

Name of organization Employer identification number

PILLSBURY UNITED COMMUNITIES

41-0916478

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
1		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
2		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
3		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 4	Name, address, and ZIP + 4	Total contributions Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
5		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
6		Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2023)

Name of organization Employer identification number

PILLSBURY UNITED COMMUNITIES

41-0916478

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$3,513,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
110.	Nume, dudress, and Zii + +	\$	Person Payroll Ocomplete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)

Name of organization Employer identification number

PILLSBURY UNITED COMMUNITIES

41-0916478

Part II	Noncash Property (see instructions). Use duplicate copies of Part II	if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
323453 12-26			Schedule B (Form 990) (2023)

Page 4

Schedule B (Form 990) (2023) Name of organization **Employer identification number** PILLSBURY UNITED COMMUNITIES 41-0916478 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE C (Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

2023

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

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

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

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

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

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

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

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

• Section 501(c)(4), (5), or (6) organizat	ions: Complete Part III.					
Name of organization				Employer identification number		
PILLSBU	RY UNITED COMMUN	ITIES		41-0916478		
Part I-A Complete if the org	anization is exempt und	er section 501(c)	or is a section 52	7 organization.		
 Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai 	ures					
Part I-B Complete if the org	anization is exempt und	er section 501(c)(3).			
1 Enter the amount of any excise tax			-	\$		
2 Enter the amount of any excise tax						
3 If the organization incurred a sectio	n 4955 tax, did it file Form 4720	for this year?		Yes No		
4a Was a correction made?						
b If "Yes," describe in Part IV.						
Part I-C Complete if the org	anization is exempt und	er section 501(c),	except section 5	01(c)(3).		
1 Enter the amount directly expended	by the filing organization for se	ction 527 exempt funct	tion activities	\$		
2 Enter the amount of the filing organ	ization's funds contributed to ot	her organizations for se	ection 527			
exempt function activities				\$		
3 Total exempt function expenditures	. Add lines 1 and 2. Enter here a	and on Form 1120-POL,	,			
line 17b						
4 Did the filing organization file Form						
5 Enter the names, addresses, and er						
made payments. For each organiza				-		
contributions received that were propositical action committee (PAC). If	• •		·	parate segregated fund or a		
(a) Name	(b) Address	(c) EIN	(d) Amount paid filing organizatio	1 ' '		
			funds. If none, enter			
				delivered to a separate		
				political organization. If none, enter -0		
				in Herie, eriter 5:		

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

Schedule C (Form 990) 2023

Schedule C (Form 990) 2023			NITED COMMU			1916478 Page 2
Part II-A Complete if the org section 501(h)).	ganization	is exen	npt under sectioi	n 501(c)(3) and file	d Form 5768 (el	ection under
A Check if the filing organization				n Part IV each affiliated	group member's nam	ne, address, EIN,
expenses, and sha			. ,			
	ation checked its on Lobby		nd "limited control" pro	ovisions apply.	(a) Filing	(b) Affiliated group totals
(The term "expen	ditures" me	ans amou	nts paid or incurred.)	organization's totals	totals
1a Total lobbying expenditures to infl	luence public	opinion (g	grassroots lobbying)			
b Total lobbying expenditures to infl	luence a legis	slative bod	ly (direct lobbying)			
c Total lobbying expenditures (add l						
d Other exempt purpose expenditur						
e Total exempt purpose expenditure						
f Lobbying nontaxable amount. Ent	er the amour	nt from the				
If the amount on line 1e, column (a)			bying nontaxable am			
not over \$500,000,			the amount on line 1e.			
over \$500,000 but not over \$1,000	0.000.		00 plus 15% of the exc			
over \$1,000,000 but not over \$1,5	<i>'</i>		00 plus 10% of the exc	·		
over \$1,500,000 but not over \$17.			00 plus 5% of the exce	· <i>' '</i>		
over \$17,000,000,	,,,	\$1,000,	•			
g Grassroots nontaxable amount (er	nter 25% of li	46				
h Subtract line 1g from line 1a. If ze						
i Subtract line 1f from line 1c. If zer	•					
j If there is an amount other than ze	•					
reporting section 4911 tax for this			,			Yes No
. opermig coaten rear task for a me	•		eraging Period Under			
(Some organizations t	that made a	section 50		have to complete all o	f the five columns b	elow.
	Lobby	ing Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 20)20	(b) 2021	(c) 2022	(d) 2023	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount (150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount						
(150% of line 2d, column (e))						
f Grassroots lobbying expenditures						

Schedule C (Form 990) 2023

Schedule C (Form 990) 2023 PILLSBURY UNITED COMMUNITIES 41-09164 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
	e lobbying activity.	Yes No		Amo	ount	
1	During the year, did the filing organization attempt to influence foreign, national, state, or					
	local legislation, including any attempt to influence public opinion on a legislative matter					
	or referendum, through the use of:					
	Volunteers?		X			
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X			
	Media advertisements?		X			
d	Mailings to members, legislators, or the public?		X			
	Publications, or published or broadcast statements?		X			
	Grants to other organizations for lobbying purposes?		X			
	Direct contact with legislators, their staffs, government officials, or a legislative body?	X				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X			
	Other activities?		X	_		
	Total. Add lines 1c through 1i		77		0.	
	Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?		X			
	If "Yes," enter the amount of any tax incurred under section 4912					
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
Dor	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? t III-A Complete if the organization is exempt under section 501(c)(4), section	2 E01/2\/	<u> </u>	otion		
Par	501(c)(6).	1 50 1 (6)(o), or so	ection		
	50 t(c)(o).			Yes	Na	
					No	
1	Were substantially all (90% or more) dues received nondeductible by members?					
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?					
3 Dar	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section	e prior year	? 3			
ı aı	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered		•		3 is	
	answered "Yes."	110 011	(b) i di	<i>7</i> .,c	0, 10	
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political					
	expenses for which the section 527(f) tax was paid).					
а	Current year		28	1		
	Carryover from last year					
	Total			1		
	A					
	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the exc					
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and po					
	expenditures next year?		4			
5	Taxable amount of lobbying and political expenditures. See instructions		5			
Par						
Prov	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list): Part II-	A. lines 1	and 2 (see		
	uctions); and Part II-B, line 1. Also, complete this part for any additional information.	,,	, .,ee .	ua _ (000		
	actions), and rate in B, into 117 tipo, complete time part for any additional information.					

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

PILLSBURY UNITED COMMUNITIES

Employer identification number 41-0916478

Pai			or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at and of year	(a) Borior advised funds	(b) i dilas ana otner accounts
2	Total number at end of 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	writing that the assets held in donor advis	sed funds
Ū	are the organization's property, subject to the organization's	-	
6	Did the organization inform all grantees, donors, and donor a		
•	for charitable purposes and not for the benefit of the donor of		
Par			
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation of	f a historically important land area
	Protection of natural habitat	Preservation of	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included on line 2c acqu		
	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by the	e organization during the tax
	year		
4	Number of states where property subject to conservation ear		
5	Does the organization have a written policy regarding the per		□ v _{ee} □ Ne
6	violations, and enforcement of the conservation easements in Staff and volunteer hours devoted to monitoring, inspecting,		
U	Stan and volunteer riours devoted to monitoring, inspecting,	Transing of violations, and emorcing con	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserva	ation easements during the year
-	3,		,
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of section 170(l	n)(4)(B)(i)
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial statem	ents that describes the
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in f	urtherance of public
	service, provide in Part XIII the text of the footnote to its final	ncial statements that describes these iter	ns.
b	If the organization elected, as permitted under FASB ASC 95	-	
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in furt	herance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical tre		al gain, provide
	the following amounts required to be reported under FASB A		•
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instructions	5 IUI FUIII 99U.	Schedule D (Form 990) 2023

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

Par	t III Organizations Maintaining C	ollections of Art	t, Histo	rical Tre	asures, o	r Other	Simil	ar Assets	contii	nued)	
3	Using the organization's acquisition, accession	on, and other records	s, check a	iny of the f	ollowing that	make si	gnifican	t use of its			
	collection items (check all that apply).										
а	Public exhibition	d	Lo	oan or excl	nange progra	am					
b	Scholarly research	е	<u></u> □ o	ther							
С	Preservation for future generations										
4	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets										
_	to be sold to raise funds rather than to be ma								Yes		No
Pai	t IV Escrow and Custodial Arrang		te if the o	rganization	answered "	Yes" on F	Form 99	0, Part IV, I	ne 9, or		
	reported an amount on Form 990, Par	· · ·									
1a	Is the organization an agent, trustee, custodi	,	,					_	٦.,		٦
	on Form 990, Part X?							L	_ Yes		_ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing tab	ole:				1	Amoun	+	
_	Daniming halance						4-		Amoun		
	Beginning balance										
	Additions during the year										
e f	Distributions during the year						1 <u>e</u>				
	Ending balance Did the organization include an amount on Fe							 	Yes		No
	If "Yes," explain the arrangement in Part XIII.						·y:		_ 103	F]
	t V Endowment Funds Complete if).				
		(a) Current year		or year	(c) Two year			years back	(e) Fou	r years	back
1a	Beginning of year balance	293,972.	2	219,609.	199	9,177.		192,023.		172,	723.
b	Contributions	6,258.		97,457.				•			
С	Net investment earnings, gains, and losses	17,833.	-	23,094.	20	,432.		7,184.		19,	,300.
d	Grants or scholarships										
	Other expenditures for facilities										
	and programs							30.			
f	Administrative expenses										
g	End of year balance	318,063.	2	293,972.	219	609.		199,177.		192,	,023.
2	Provide the estimated percentage of the curr		e (line 1g,	column (a)) held as:						
а	Board designated or quasi-endowment	95.1346	_%								
b	Permanent endowment 4.8650	%									
С	Term endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
За	Are there endowment funds not in the posse	ssion of the organiza	tion that a	are held an	d administer	ed for the	е		1		T
	organization by:									Yes	No
									3a(i)		X
									3a(ii)		X
	If "Yes" on line 3a(ii), are the related organiza								3b		
4 Dai	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment fur	nds.							
Fai	Complete if the organization answere		Dart IV	line 11a S	00 Form 000	Dart Y I	lina 10				
								4	(d) Daa	le contro	
	Description of property	(a) Cost or o		(b) Cost basis (I		ccumula oreciatio		(d) Boo	k valu	е
	Land	,	icitij		0,437.	ucr	Jicciatio	11	1,06	<u>n 4</u>	37
	Land				6,963.	6 1	L74,5	723	8,69		
b	Buildings		+	<u>,00</u>	0,,000.	0,1	. / . , .	23.	5,03	4,4	
	Equipment Equipment			3.22	1,834.	2. ()58,8	340.	1,16	2.9	94.
	Other		+		2,571.		229,5			$\frac{2}{2}, 9$	
	. Add lines 1a through 1e. (Column (d) must e		X line 10a						0,96		
	ioolaniii jajinlast e	gaar om oou, rall		, colullii				Schodule	_	_	

Schedule D (Form 990) 2023

Part VII Investments - Other Securities	TIED COMMONI	11110 41	L UJIUI/U Page
Complete if the organization answered "Yes" o	n Form 990 Part IV line	11h See Form 990 Part X line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	nd-of-vear market value
A =	(b) Book value	(c) Welliod of Valdation. Cost of cit	id of year market value
Closely held equity interests Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
otal. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o	n Form 990 Part IV line	11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	nd-of-vear market value
	(b) Dook value	(c) Welliod of Valdation. Cost of cit	id of year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Fort IX Other Assets			
Complete if the organization answered "Yes" o	n Form 990 Part IV line	11d See Form 990 Part X line 15	
-	Description		(b) Book value
(1)			(5) 20011 14.16.0
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990, Part X, line 15, col.	(D))		
Part X Other Liabilities	(D))		
Complete if the organization answered "Yes" o	n Form 990. Part IV. line	11e or 11f. See Form 990. Part X. line 25	5.
(a) Description of liability	,	,	(b) Book value
(1) Federal income taxes			(2) = 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
(2) OPERATING LEASE LIABILTIES			341,271
(3)			J=1,2/1
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total (Column /b) must equal Form 000 Part V line 25 and	(D))		341 271

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

Schedule D (Form 990) 2023

Sche	edule D (F	Form 990) 2023	PILLSBURY	UNITED CO	MMUNITIES	3	41	0916478	Page 4
Paı	rt XI	Reconciliation of	Revenue per A	Audited Financia	al Statement	s With Reven	ue per Retur	n	
		Complete if the organiz	ation answered "Y	es" on Form 990, Pa	art IV, line 12a.				
1	Total re	evenue, gains, and othe	r support per audi	ted financial stateme	ents		1		
2	Amount	ts included on line 1 bu	ıt not on Form 990), Part VIII, line 12:					
а	Net unr	realized gains (losses) o	n investments			2a			
b	Donate	d services and use of fa	acilities			2b			
С		eries of prior year grants				2c			
d		Describe in Part XIII.)				2d			
е							26	•	
3	Subtrac	ct line 2e from line 1					3	3	
4		ts included on Form 99							
а	Investm	nent expenses not inclu	ided on Form 990,	, Part VIII, line 7b		4a			
b	Other ([Describe in Part XIII.)				4b			
С	Add line	es 4a and 4b					40	:	
5	Total re	evenue. Add lines 3 and	d 4c. (This must ea	nual Form 990. Part I.	line 12.)		5		
Pa	rt XII	Reconciliation of	Expenses per	Audited Financ	ial Statemen	ts With Expe	nses per Ret	urn	
	(Complete if the organiz	ation answered "Y	es" on Form 990, Pa	art IV, line 12a.				
1	Total ex	xpenses and losses per	audited financial	statements			<u>_1</u>		
2	Amoun	ts included on line 1 bu	ıt not on Form 990), Part IX, line 25:					
а	Donate	d services and use of fa	acilities			2a			
b	Prior ye	ear adjustments				2b			
С	Other Id	osses				2c			
d	Other ([Describe in Part XIII.)				2d			
е	Add line	es 2a through 2d					26)	
3	Subtrac	ct line 2e from line 1					3	1	
4		ts included on Form 99							
а	Investm	nent expenses not inclu	ided on Form 990,	, Part VIII, line 7b		4a			
b	Other ([Describe in Part XIII.)				4b			
_	Add line	os 4a and 4b					14	、 l	

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Part XIII Supplemental Information

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

PART X, LINE 2:

THE ORGANIZATION HAS A TAX-EXEMPT STATUS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND HAS ADOPTED ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, ASC 740-10. THE ORGANIZATION'S POLICY IS TO EVALUATE UNCERTAIN TAX POSITIONS, AT LEAST ANNUALLY, FOR THE POTENTIAL FOR INCOME TAX EXPOSURE FROM UNRELATED BUSINESS INCOME OR FROM LOSS OF NONPROFIT STATUS. THE ORGANIZATION CONTINUES TO OPERATE CONSISTENT WITH ITS ORIGINAL EXEMPTION APPLICATION AND EACH YEAR TAKES THE NECESSARY ACTIONS TO MAINTAIN ITS EXEMPT STATUS. IT HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER THE INTERNAL REVENUE CODE AND CHARITABLE CONTRIBUTIONS BY DONORS ARE TAX DEDUCTIBLE.

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023	PILLSBURY	UNITED	COMMUNITIES	41-0916478	Page 5
Schedule D (Form 990) 2023 Part XIII Supplemental Inform	mation (continued)			

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

PILLSBURY UNITED COMMUNITIES

Employer identification number 41-0916478

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
WE ARE COMMUNITY BUILDERS CO-CREATING CHANGE TOWARDS A JUST SOCIETY. WE
IMAGINE THRIVING COMMUNITIES WHERE EVERY PERSON HAS PERSON, SOCIAL, AND
ECONOMIC POWER.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
PEOPLE:
- NORTH MARKET, A SOCIAL ENTERPRISE OF PILLSBURY UNITED EMPLOYED 25
INDIVIDUALS PAID AN AVERAGE OF \$15.17 PER HOUR WITH 76% FROM NORTH
MINNEAPOLIS; YIELDED NEARLY 2,500 WEEKLY TRANSACTIONS TOTALING MORE
THAN \$2.6M IN SALES; GENERATED \$175,000 IN RETAIL SALES FOR 26 BLACK,
BROWN, AND NORTHSIDE SMALL BUSINESSES; AND FRESH PRODUCE ACCOUNTED FOR
25% OF SALES THROUGH WEEKLY PRODUCE DISCOUNT
- WITHIN FOOD SYSTEMS IMPACT AREA, OVER 1.8M POUNDS OF FOOD DISTRIBUTED
THROUGH CULTURALLY SPECIFIC FOOD SHELVES; NEARLY 1,000 MEALS SERVED PER
WEEK AT OAK PARK AND WAITE HOUSE COMMUNITY CAFES; AND GENERATED \$11,000
IN PRODUCE SALES THROUGH PILLSBURY UNITED FARMS' INDOOR HYDROPONICS
- WITHIN COMMUNITY HEALTH IMPACT AREA, OVER 800 SENIOR CLIENTS AGE 60+
SERVED THROUGH INDIVIDUALIZED HEALTH AND SOCIAL SERVICES; 500 CLIENTS
RECEIVED RENT ASSISTANCE; 389 CLIENTS VACCINATED OR SCREENED FOR HEALTH
CONDITIONS; AND 8,437 INDIVIDUALS REACHED BY HEALTH MESSAGING ON SOCIAL
MEDIA AND CULTURALLY-SPECIFIC MEDIA
- 25 ADULTS WITH DISABILITIES EXCEED SOCIAL-EMOTIONAL GOALS THROUGH
COMMINITY ACCESSIBILITY PROGRAMMING

332211 11-14-23

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

Schedule O (Form 990) 2023

Schedule O (Form 990) 2023 Page 2

Name of the organization **Employer identification number** 41-0916478 PILLSBURY UNITED COMMUNITIES - 132 WOMEN AND FAMILIES EQUIPPED AND EMPOWERED TO SURVIVE DOMESTIC, SEXUAL, AND GENDER-BASED VIOLENCE THROUGH THE IMMIGRANT WOMEN'S ADVOCACY PROGRAM ESTABLISHED PAID COMMUNITY ADVISORY COMMITTEE TO INFORM THE DEVELOPMENT OF REGIONAL TWIN CITIES COMMUNITY HEALTH WORKER HUB, LED BY PILLSBURY UNITED IN DEVELOPMENT FOR 2022 LAUNCH PLACE: 6,000 PILLSBURY HOUSE + THEATER PATRONS ACCESSED PROFESSIONAL THEATER THROUGH "PICK YOUR PRICE" TICKETS - RETURNED TO LIVE THEATER WITH SOLD OUT PRODUCTION OF WHAT TO SEND UP WHEN IT GOES DOWN 300 ARTISTS SUPPORTED TO CREATE TRANSFORMATIVE ART THROUGH PILLSBURY HOUSE + THEATER 50 KIDS EXCEEDED THEIR OWN EXPECTATIONS OF THEMSELVES THROUGH THE CHICAGO AVENUE PROJECT - 10,000 CORPORATE EMPLOYEES COMMITTED TO BUILDING EQUITY AND INCLUSION IN THEIR WORKPLACE AFTER A PERFORMANCE BY BREAKING ICE, A SOCIAL ENTERPRISE OF PILLSBURY UNITED PREMIERED AND HOSTED 16 EPISODES OF POWER PERSPECTIVES, A NEW RADIO SHOW INTERVIEWING CANDIDATES AND DISCUSSING POLICY ON KRSM, A SOCIAL ENTERPRISE OF PILLSBURY UNITED 40 COMMUNITY LEADERS' VOICES AMPLIFIED AS VOLUNTEER HOSTS OF KRSM RADIO PROGRAMS - MONTHLY CIRCULATION OF 10,000 NEWSPAPERS TO NORTH MINNEAPOLIS HOMES AND COMMUNITY LOCATIONS BY NORTH NEWS, A SOCIAL ENTERPRISE OF PILLSBURY

<u>Schedule O (Form 990) 2023</u> Page **2**

Employer identification number Name of the organization 41-0916478 PILLSBURY UNITED COMMUNITIES UNITED 400 CEDAR-RIVERSIDE COMMUNITY MEMBERS ATTENDED THE COYLE CUP AT BRIAN COYLE CENTER, A YOUTH BASKETBALL TOURNAMENT IN PARTNERSHIP WITH SEVERAL NEIGHBORHOOD ORGANIZATIONS AND BUSINESSES PROSPERITY: - ACOUISITION OF 3 HISTORICALLY DISINVESTED SITES IN EMERGING CULTURAL AND ECONOMIC CORRIDORS IN MINNEAPOLIS FOR FUTURE COMMUNITY-LED REDEVELOPMENT BY JUSTICE BUILT COMMUNITIES - 161 PAID YOUTH LADDERS-TO-LEADERSHIP INTERNS DURING SUMMER 2021 FOCUSED ON SOFT SKILLS, TECHNICAL SKILLS, NETWORKING, AND SUPPORT SERVICES INCLUDING BASIC NEEDS AND COLLEGE PREPARATION - 82 YOUTH SERVED THROUGH YOUTH & FUTURE FOCUS TUTORING, PAID INTERNSHIPS, AND PLACE-BASED PROGRAMMING DURING THE 2020-2021 SCHOOL YEAR 851 YOUTH EXPERIENCING HOMELESSNESS OR AT RISK FOR HOMELESSNESS RECEIVED SUPPLIES AND RESOURCE REFERRALS THROUGH STREET OUTREACH; 183 FREE BIKES DISTRIBUTED; AND 416 BIKES SOLD THROUGH FULL CYCLE, A SOCIAL ENTERPRISE OF PILLSBURY UNITED 53 YOUTH CLIENTS RECEIVED CULTURALLY-RELEVANT TRAINING, TUTORING, AND INDIVIDUALIZED SUPPORT THROUGH PAID INTERNSHIPS AT SISTERHOOD BOUTIQUE, A SOCIAL ENTERPRISE OF PILLSBURY UNITED 32 CHILDREN READY FOR KINDERGARTEN THROUGH PILLSBURY EARLY EDUCATION CENTER PROGRAMMING - APPROXIMATELY 9,400 STUDENTS ATTENDED 20 INNOVATIVE CHARTER SCHOOLS AUTHORIZED BY THE OFFICE OF PUBLIC CHARTER SCHOOLS DURING THE 2020-2021

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Schedule O (Form 990) 2023 Page 2

Employer identification number Name of the organization 41-0916478 PILLSBURY UNITED COMMUNITIES SCHOOL YEAR POLICY SECURED \$1M STATE CASH APPROPRIATION FOR COLLEGE AND CAREER READINESS PROGRAM CAREER PATHWAYS, IN DEVELOPMENT FOR 2022 LAUNCH IN PARTNERSHIP WITH DUNWOODY AND MINNEAPOLIS COLLEGE ATTENDED 20+ COALITION MEETINGS WITH THE MINNESOTA COMMUNITY HEALTH WORKER ALLIANCE TO EXPAND THE SCOPE OF MEDICAID REIMBURSEMENT AND SUSTAINABILITY CULTIVATED HENNEPIN COUNTY PARTNERSHIP TO GUIDE OVER \$1M ANNUAL BUDGET DESIGNATED FOR EFFORTS TO REDUCE THE HOMEOWNERSHIP RACIAL GAP SECURED \$3M PROGRAM RELATED INVESTMENT FROM HENNEPIN COUNTY FOR OUR COMMUNITY DEVELOPMENT CORPORATION, JUSTICE BUILT COMMUNITIES SERVED AS BACKBONE AGENCY OF THE METRO FOOD JUSTICE NETWORK, A BROAD COALITION OF PARTNERS IN THE 7-COUNTY METRO AREA 600+ VOTERS ENGAGED AT MINNEAPOLIS COMMUNITY EVENTS, INCLUDING VOTER EDUCATION AND ONSITE VOTER REGISTRATION CO-DEVELOPED VOTER GUIDE AND VOTER EDUCATION CAMPAIGN FOR 2021 LOCAL MINNEAPOLIS ELECTIONS IN PARTNERSHIP WITH SAHAN JOURNAL AND POLLEN FORM 990, PART VI, SECTION B, LINE 11B: THE FINANCE COMMITTEE MOVES THE DRAFT FORM 990 TO THE BOARD FOR REVIEW, DISCUSSION AND APPROVAL PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: THIS IS DONE ON MANY LEVELS THROUGHOUT THE ORGANIZATION. POLICIES AND PROCEDURES ARE BROUGHT TO THE GOVERNING BOARD ANNUALLY FOR EVALUATION AND

Schedule O (Form 990) 2023 Page 2

Schedule O (Form 990) 2023	Page 2
Name of the organization PILLSBURY UNITED COMMUNITIES	Employer identification number 41-0916478
COMPLIANCE ENFORCEMENT. THE ORGANIZATION ALSO HAS AN EFFE	CTIVE PROGRAM
EVALUATION SYSTEM - MANAGED BY AN ORGANIZATIONAL PERFORMAN	ICE TEAM.
FORM 990, PART VI, SECTION B, LINE 15:	
COMPENSATION IS LOOKED AT ANNUALLY INTERNALLY AND EXTERNAL	LLY. LIKED
POSITIONS ARE COMPARED TO REDUCE DISCREPENCIES, AS WELL AS	S LOCAL AND
NATIONAL DATA TO ENSURE THE ORGANIZATION IS IN ALIGNMENT W	VITH TREND.
FORM 990, PART VI, SECTION C, LINE 19:	
AVAILABLE UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
PROFESSIONAL FEES:	
PROGRAM SERVICE EXPENSES	1,743,248.
MANAGEMENT AND GENERAL EXPENSES	565,938.
FUNDRAISING EXPENSES	59,560.
TOTAL EXPENSES	2,368,746.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	2,368,746.
FORM 990, PART XII, LINE 2C	
NO CHANGE FROM PRIOR YEAR.	