

Form **990**  
 Department of the Treasury  
 Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

# 2009

**Open to Public Inspection**

The organization may have to use a copy of this return to satisfy state reporting requirements

**A For the 2009 calendar year, or tax year beginning 01-01-2009 and ending 12-31-2009**

- B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

Please use IRS label or print or type. See Specific Instructions.

**C** Name of organization  
 GREATER TWIN CITIES UNITED WAY

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite  
 404 SOUTH EIGHTH STREET

City or town, state or country, and ZIP + 4  
 MINNEAPOLIS, MN 554041084

**D** Employer identification number  
 41-1973442

**E** Telephone number  
 (612) 340-7400

**G** Gross receipts \$ 89,625,119

**F** Name and address of principal officer  
 SARAH CARUSO  
 404 SOUTH EIGHTH STREET  
 MINNEAPOLIS, MN 554041084

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** Are all affiliates included?  Yes  No  
 If "No," attach a list (see instructions)

**H(c)** Group exemption number

**I** Tax-exempt status  501(c) ( 3 ) (insert no )  4947(a)(1) or  527

**J** Website: WWW UNITEDWAYTWINCITIES ORG

**K** Form of organization  Corporation  Trust  Association  Other

**L** Year of formation 2001

**M** State of legal domicile MN

**Part I Summary**

Activities & Governance	<b>1</b>	Briefly describe the organization's mission or most significant activities United Way works in 3 areas - basic needs, education & Health - addressing poverty's root causes		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	50
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	50
	<b>5</b>	Total number of employees (Part V, line 2a)	<b>5</b>	191
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	26,162
	<b>7a</b>	Total gross unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0
<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0	
Revenue	<b>8</b>	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b>	Program service revenue (Part VIII, line 2g)	93,258,890	83,439,147
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	313,688	186,355
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-376,835	-602,656
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,424,259	1,378,553
			94,620,002	84,401,399
Expenses	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	77,631,482	75,821,098
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)		0
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	10,904,696	11,033,716
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)		0
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) <b>6,448,181</b>		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	7,728,455	7,213,582
<b>18</b>	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	96,264,633	94,068,396	
<b>19</b>	Revenue less expenses Subtract line 18 from line 12	-1,644,631	-9,666,997	
Net Assets or Fund Balances	<b>20</b>	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b>	Total liabilities (Part X, line 26)	148,978,225	142,436,014
	<b>22</b>	Net assets or fund balances Subtract line 21 from line 20	18,297,070	15,586,386
		130,681,155	126,849,628	

**Part II Signature Block**

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

**Sign Here**

Signature of officer: \*\*\*\*\* Date: 2010-08-06

SARAH CARUSO PRESIDENT & CEO  
 Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Check if self-employed

Firm's name (or yours if self-employed), address, and ZIP + 4: RYAN J TERRY LTD  
 550 MAIN STREET SUITE 220  
 ST PAUL, MN 55112

Preparer's identifying number (see instructions): \_\_\_\_\_  
 EIN: \_\_\_\_\_  
 Phone no: (651) 636-3806

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

**Part III Statement of Program Service Accomplishments**

**1** Briefly describe the organization's mission

Greater Twin Cities United Way (United Way), a not-for-profit organization, unites caring people to build pathways out of poverty, creating opportunity for all We work in three areas to provide the building blocks for a good life Basic Needs, Education and Health, and measure our progress against ten specific goals that address the root causes of poverty United Way partners with business, government and nonprofit organizations to create lasting solutions and invites broad community involvement to LIVE UNITED by encouraging everyone to give, advocate and volunteer United Way serves Anoka, Carver, Chisago, Dakota, Hennepin, Isanti, Ramsey, Scott, and western Washington counties of Minnesota

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

If "Yes," describe these changes on Schedule O

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**4a** (Code ) (Expenses \$ 23,140,575 including grants of \$ 21,445,792 ) (Revenue \$ 87,737 )  
 Basic Needs - Helping to reduce hunger, providing housing stability, increase earnings and reduce domestic violence Includes Claim It! a Community-Wide Partnership as well as ongoing program support United Way supports more than 400 programs at partner agencies across the nine-county region

**4b** (Code ) (Expenses \$ 22,134,659 including grants of \$ 20,397,038 ) (Revenue \$ 41,319 )  
 Education - Helping prepare children for school, improve students' third-grade reading scores and increase the number of youth in quality out-of-school-time programs Includes the Early Learning Initiative as well as ongoing program support United Way supports more than 400 programs at partner agencies across the nine-county region

**4c** (Code ) (Expenses \$ 16,216,797 including grants of \$ 14,983,086 ) (Revenue \$ )  
 Health - Improving access to healthcare, increasing healthy behaviors for children, and helping seniors and people with disabilities remain independent Includes United Way Bright Smiles oral health program as well as ongoing program support United Way supports more than 400 programs at partner agencies across the nine-county region

(Code ) (Expenses \$ 22,720,591 including grants of \$ 18,995,182 ) (Revenue \$ 57,299 )  
 Nonprofit Sector Support - program funding for United Way 2-1-1TM, a 24/7 information and referral service linking people to a broad array of community resources In 2009, United Way 2-1-1TM made over 381,000 referrals Donor designations - contributions to United Way that donors direct to specific agencies There were approximately 32,140 donor designations to 2,514 agencies in 2009

**4d** Other program services (Describe in Schedule O )  
 (Expenses \$ 22,720,591 including grants of \$ 18,995,182 ) (Revenue \$ 57,299 )

**4e Total program service expenses** \$ 84,212,622

**Part IV Checklist of Required Schedules**

		Yes	No
<b>1</b>	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> <input checked="" type="checkbox"/>	Yes	
<b>2</b>	Is the organization required to complete Schedule B, Schedule of Contributors? <input checked="" type="checkbox"/>	Yes	
<b>3</b>	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> <input checked="" type="checkbox"/>		No
<b>4</b>	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> <input checked="" type="checkbox"/>	Yes	
<b>5</b>	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
<b>6</b>	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> <input checked="" type="checkbox"/>		No
<b>7</b>	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i> <input checked="" type="checkbox"/>		No
<b>8</b>	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> <input checked="" type="checkbox"/>		No
<b>9</b>	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> <input checked="" type="checkbox"/>		No
<b>10</b>	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> <input checked="" type="checkbox"/>	Yes	
<b>11</b>	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</i> <input checked="" type="checkbox"/>	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	◆ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
	◆ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	◆ Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
	◆ Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	◆ 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? <i>If "Yes," complete Schedule D, Part X.</i>		
<b>12</b>	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i> <input checked="" type="checkbox"/>	Yes	
<b>12A</b>	Was the organization included in consolidated, independent audited financial statements for the tax year? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	<i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.</i> <input checked="" type="checkbox"/> <b>12A</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>13</b>	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
<b>14a</b>	Did the organization maintain an office, employees, or agents outside of the United States?		No
<b>14b</b>	<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		No
<b>15</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Part II</i>		No
<b>16</b>	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? <i>If "Yes," complete Schedule F, Part III</i>		No
<b>17</b>	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		No
<b>18</b>	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
<b>19</b>	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
<b>20</b>	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		No

**Part IV Checklist of Required Schedules** *(continued)*

<p><b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . . </p>	<p><b>21</b></p>	<p>Yes</p>	
<p><b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . . </p>	<p><b>22</b></p>		<p>No</p>
<p><b>23</b> Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . . </p>	<p><b>23</b></p>	<p>Yes</p>	
<p><b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i> . . . . .</p>	<p><b>24a</b></p>		<p>No</p>
<p><b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .</p>	<p><b>24b</b></p>		
<p><b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .</p>	<p><b>24c</b></p>		
<p><b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .</p>	<p><b>24d</b></p>		
<p><b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .</p>	<p><b>25a</b></p>		<p>No</p>
<p><b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .</p>	<p><b>25b</b></p>		<p>No</p>
<p><b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> . . . . .</p>	<p><b>26</b></p>		<p>No</p>
<p><b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .</p>	<p><b>27</b></p>		<p>No</p>
<p><b>28</b> Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)</p>			
<p><b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .</p>	<p><b>28a</b></p>		<p>No</p>
<p><b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .</p>	<p><b>28b</b></p>		<p>No</p>
<p><b>c</b> An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .</p>	<p><b>28c</b></p>		<p>No</p>
<p><b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> </p>	<p><b>29</b></p>	<p>Yes</p>	
<p><b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . . </p>	<p><b>30</b></p>		<p>No</p>
<p><b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . . </p>	<p><b>31</b></p>		<p>No</p>
<p><b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .</p>	<p><b>32</b></p>		<p>No</p>
<p><b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .</p>	<p><b>33</b></p>		<p>No</p>
<p><b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .</p>	<p><b>34</b></p>		<p>No</p>
<p><b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .</p>	<p><b>35</b></p>		<p>No</p>
<p><b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .</p>	<p><b>36</b></p>		<p>No</p>
<p><b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i></p>	<p><b>37</b></p>		<p>No</p>
<p><b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .</p>	<p><b>38</b></p>	<p>Yes</p>	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable . . . . .		
	<b>1a</b> 118		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	Yes	
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return . . . . .		
	<b>2a</b> 191		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) . . . . .	Yes	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .		No
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .		
<b>4a</b>	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)? . . . . .		No
<b>b</b>	If "Yes," enter the name of the foreign country <input type="checkbox"/> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts . . . . .		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .		No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .		No
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .		
<b>6a</b>	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? . . . . .		No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .		No
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .		No
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .		
	<b>7d</b>		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .		No
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .		No
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .		
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .		
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the organization make any taxable distributions under section 4966? . . . . .		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter		
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>	

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body (50); 1b Enter the number of voting members that are independent (50); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (Yes); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a material diversion of the organization's assets? (No); 6 Does the organization have members or stockholders? (No); 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? (No); 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 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 in Schedule O (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?; 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11A Describe in Schedule O the process, if any, used by the organization to review the Form 990; 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done (Yes); 13 Does the organization have a written whistleblower policy? (Yes); 14 Does the organization have a written document retention and destruction policy? (Yes); 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? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); 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? (No); 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the States with which a copy of this Form 990 is required to be filed (MN); 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply: [X] Own website, [X] Another's website, [X] Upon request; 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table; 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: JULIE NEVILLE, 404 SOUTH EIGHTH STREET, MINNEAPOLIS, MN 55404, (612) 340-7400.

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors****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. Use Schedule J-2 if additional space is needed.

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

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

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

• List all of the organization's **former** officers, key employees, or 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any current or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LAUREN SEGAL PRESIDENT AND CEO (FORMER)	40 00			X				372,337	0	91,381
SARAH CARUSO PRESIDENT AND CEO (EFFECTIVE 11/30)	40 00			X				24,655	0	26
JULIE NEVILLE VP OF FINANCE	40 00			X				119,959	0	18,768
CHRISTOPHER AMUNDSEN CHIEF OPER. OFFICER	40 00			X				201,845	0	36,410
RANDI YODER SVP DONOR RELATIONS	40 00				X			171,541	0	34,202
FRANK FORSBERG SVP COMMUNITY IMPACT	40 00					X		145,057	0	33,696
BARBARA BEARD DIRECTOR-MAJOR GIFTS	40 00					X		122,001	0	29,737
ANDREW GOLDMAN-GRAY SVP MARKETING	40 00					X		112,229	0	8,049
CAROL STODIECK VP - HUMAN RESOURCES	40 00					X		108,536	0	23,031
JON CABELL CHAIR AND BOARD MEMBER	1 00	X		X				0	0	0
CHRISTOPHER POLICINSKI VICE CHAIR AND BOARD MEM	1 00	X		X				0	0	0
BRAD KEIL SECRETARY TREASURER AND BOARD MEMB	1 00	X		X				0	0	0
CALVIN ALLEN BOARD MEMBER	1 00	X						0	0	0
JULIE BAKER BOARD MEMBER	1 00	X						0	0	0
TIMOTHY BAYLOR BOARD MEMBER	1 00	X						0	0	0
PETER BELL BOARD MEMBER	1 00	X						0	0	0
IVY BERNHARDSON BOARD MEMBER	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WILLAM BUCKNER BOARD MEMBER	1 00	X						0	0	0
KENNETH BURDICK BOARD MEMBER	1 00	X						0	0	0
JENNIE CARLSON BOARD MEMBER	1 00	X						0	0	0
LYNN CASEY BOARD MEMBER	1 00	X						0	0	0
MICHAEL CONNELLY BOARD MEMBER	1 00	X						0	0	0
TOBIN DAYTON BOARD MEMBER	1 00	X						0	0	0
FRED EASTER BOARD MEMBER	1 00	X						0	0	0
JOHN EWALDT BOARD MEMBER	1 00	X						0	0	0
SONG FAWCETT BOARD MEMBER	1 00	X						0	0	0
SEE SCH J-2 FOR CONTINUATION	1 00	X						0	0	0
LES FUJITAKE BOARD MEMBER	1 00	X						0	0	0
DAVID GOODWIN BOARD MEMBER	1 00	X						0	0	0
JEFFREY GREINER BOARD MEMBER	1 00	X						0	0	0
MICHAEL HAWTHORNE BOARD MEMBER	1 00	X						0	0	0
MICHAEL HOFFMAN BOARD MEMBER	1 00	X						0	0	0
BETH JACOB BOARD MEMBER	1 00	X						0	0	0
JOHN JOHNSON BOARD MEMBER	1 00	X						0	0	0
SEAN KERSHAW BOARD MEMBER	1 00	X						0	0	0
SUZANNE KOEPLINGER BOARD MEMBER	1 00	X						0	0	0
JAMES KOLAR BOARD MEMBER	1 00	X						0	0	0
NANCY LINDAHL BOARD MEMBER	1 00	X						0	0	0
ROBERT MOELLER BOARD MEMBER	1 00	X						0	0	0
LINDA MONA BOARD MEMBER	1 00	X						0	0	0
JEFFREY NODDLE BOARD MEMBER	1 00	X						0	0	0
MICHAEL O'CONNELL BOARD MEMBER	1 00	X						0	0	0
MITCHELL PEARLSTEIN BOARD MEMBER	1 00	X						0	0	0
KATHLEEN PINKETT BOARD MEMBER	1 00	X						0	0	0
KENDALL POWELL BOARD MEMBER	1 00	X						0	0	0
PAULA PRAHL BOARD MEMBER	1 00	X						0	0	0
MARY RICKER BOARD MEMBER	1 00	X						0	0	0
SHEILA RIGGS BOARD MEMBER	1 00	X						0	0	0
ARTHUR ROLNICK BOARD MEMBER	1 00	X						0	0	0
STEVEN ROTHSCHILD BOARD MEMBER	1 00	X						0	0	0
FRANK RUSSOMANNO BOARD MEMBER	1 00	X						0	0	0
JEAN SHOMPHE BOARD MEMBER	1 00	X						0	0	0
DOUGLAS STEENLAND BOARD MEMBER	1 00	X						0	0	0
DAVID VANDER HAAR BOARD MEMBER	1 00	X						0	0	0
SANDRA VARGAS BOARD MEMBER	1 00	X						0	0	0
KEVIN WARREN BOARD MEMBER	1 00	X						0	0	0
MICHAEL WEBER BOARD MEMBER	1 00	X						0	0	0
IRVING WEISER BOARD MEMBER	1 00	X						0	0	0
TIMOTHY WELSH BOARD MEMBER	1 00	X						0	0	0
MARCIA ZIMMERMAN BOARD MEMBER	1 00	X						0	0	0
<b>1b Total</b>								1,378,160	0	275,300

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **8**

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

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
HAWORTH MARKETING & MEDIA COMPANY PO BOX 12-2595 MINNEAPOLIS, MN 55486	ADVERTISING/BROADCASTING	228,522
GRADSTAFF INC PO BOX 1691 MINNEAPOLIS, MN 55480	TEMPORARY STAFFING	193,316
COMPREHENSIVE CONSULTING SERVICES INC 120 SOUTH 6TH STREET SUITE 400 MINNEAPOLIS, MN 55402	CONSULTING SERVICES	166,309
STARQUEST SECURITIES LLC 9401 JAMES AVENUE SOUTH SUITE 180 BLOOMINGTON, MN 55431	CONSULTING SERVICES	126,647
DELL MARKETING PO BOX 802816 CHICAGO, IL 60680	CONSULTING AND IT SERVICES	124,648

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **6**

**Part VIII Statement of Revenue**

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b>	Federated campaigns . . . . . <b>1a</b> 87,312					
	<b>b</b>	Membership dues . . . . . <b>1b</b>					
	<b>c</b>	Fundraising events . . . . . <b>1c</b>					
	<b>d</b>	Related organizations . . . . . <b>1d</b>					
	<b>e</b>	Government grants (contributions) <b>1e</b> 101,879					
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above <b>1f</b> 83,249,956					
	<b>g</b>	Noncash contributions included in lines 1a-1f \$ 3,686,995					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶	83,439,147				
<b>Program Service Revenue</b>	<b>2a</b>	FEES FOR SERVICE	900,099	71,830	71,830		
	<b>b</b>	PROGRAM RENTAL INCOME	900,099	41,319	41,319		
	<b>c</b>	MEMBERSHIPS	900,099	36,555	36,555		
	<b>d</b>	MISCELLANEOUS PROGRAM	900,099	14,083	14,083		
	<b>e</b>	UNITED WAY 2-1-1	900,099	5,376	5,376		
	<b>f</b>	All other program service revenue		17,192	17,192		
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . . ▶	186,355				
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	947,886			947,886	
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . ▶					
	<b>5</b>	Royalties . . . . . ▶					
	<b>6a</b>	(i) Real					
		(ii) Personal					
		Gross Rents	24,518				
		Less rental expenses					
	<b>c</b>	Rental income or (loss)	24,518				
	<b>d</b>	Net rental income or (loss) . . . . . ▶	24,518			24,518	
	<b>7a</b>	(i) Securities					
		(ii) Other					
		Gross amount from sales of assets other than inventory	3,673,178				
Less cost or other basis and sales expenses		3,686,995	1,536,725				
<b>c</b>	Gain or (loss)	-13,817	-1,536,725				
<b>d</b>	Net gain or (loss) . . . . . ▶	-1,550,542			-1,550,542		
<b>8a</b>	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b>						
<b>b</b>	Less direct expenses . . . . . <b>b</b>						
<b>c</b>	Net income or (loss) from fundraising events . . ▶						
<b>9a</b>	Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b>						
<b>b</b>	Less direct expenses . . . . . <b>b</b>						
<b>c</b>	Net income or (loss) from gaming activities . . ▶						
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . . <b>a</b>						
<b>b</b>	Less cost of goods sold . . . . . <b>b</b>						
<b>c</b>	Net income or (loss) from sales of inventory . . ▶						
	Miscellaneous Revenue	Business Code					
<b>11a</b>	DESIGNATION COST RECOV	900,099	1,303,151	1,303,151			
<b>b</b>	MISCELLANEOUS INCOME	900,099	50,884	50,884			
<b>c</b>							
<b>d</b>	All other revenue . . . . .						
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶		1,354,035				
<b>12</b>	<b>Total revenue.</b> See Instructions . . . . . ▶		84,401,399	1,540,390	0	-578,138	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b>	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	75,821,098	75,821,098		
<b>2</b>	Grants and other assistance to individuals in the U S See Part IV, line 22				
<b>3</b>	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
<b>4</b>	Benefits paid to or for members				
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	1,074,037	175,164	509,243	389,630
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b>	Other salaries and wages	7,786,935	3,043,146	1,341,734	3,402,055
<b>8</b>	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	717,168	316,875	131,178	269,115
<b>9</b>	Other employee benefits . . . . .	798,848	356,240	145,321	297,287
<b>10</b>	Payroll taxes . . . . .	656,728	251,281	135,872	269,575
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management . . . . .				
<b>b</b>	Legal . . . . .	57,802	32,029	18,127	7,646
<b>c</b>	Accounting . . . . .	72,543	2,154	68,132	2,257
<b>d</b>	Lobbying . . . . .	85,596	85,596		
<b>e</b>	Professional fundraising See Part IV, line 17 . . . . .				
<b>f</b>	Investment management fees . . . . .	130,314	263	130,051	
<b>g</b>	Other . . . . .	2,964,219	2,689,987	106,808	167,424
<b>12</b>	Advertising and promotion . . . . .	984,839	223,968	109,704	651,167
<b>13</b>	Office expenses . . . . .	513,151	157,641	184,672	170,838
<b>14</b>	Information technology . . . . .				
<b>15</b>	Royalties . . . . .				
<b>16</b>	Occupancy . . . . .	416,768	153,727	102,017	161,024
<b>17</b>	Travel . . . . .	82,249	27,927	5,560	48,762
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b>	Conferences, conventions, and meetings . . . . .	240,434	128,997	52,320	59,117
<b>20</b>	Interest . . . . .				
<b>21</b>	Payments to affiliates . . . . .	576,349	209,604	147,194	219,551
<b>22</b>	Depreciation, depletion, and amortization . . . . .	593,447	215,821	151,561	226,065
<b>23</b>	Insurance . . . . .				
<b>24</b>	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
<b>a</b>	MISCELLANEOUS	495,871	321,104	68,099	106,668
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b>	All other expenses				
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24f	94,068,396	84,212,622	3,407,593	6,448,181
<b>26</b>	<b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	3,328,740	<b>1</b>	2,445,136
	<b>2</b> Savings and temporary cash investments . . . . .	23,952,194	<b>2</b>	22,833,919
	<b>3</b> Pledges and grants receivable, net . . . . .	72,443,374	<b>3</b>	66,257,561
	<b>4</b> Accounts receivable, net . . . . .	105,965	<b>4</b>	126,640
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	146,792	<b>9</b>	207,228
	<b>10a</b> Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D . . . . .	7,708,313		
	<b>b</b> Less accumulated depreciation . . . . .	5,454,999		
	<b>11</b> Investments—publicly traded securities . . . . .	2,758,487	<b>10c</b>	2,253,314
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	13,813,615	<b>11</b>	13,517,417
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	30,447,884	<b>12</b>	32,584,077
	<b>14</b> Intangible assets . . . . .		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .		<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	1,981,174	<b>15</b>	2,210,722	
	148,978,225	<b>16</b>	142,436,014	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	3,820,204	<b>17</b>	2,707,891
	<b>18</b> Grants payable . . . . .	14,476,866	<b>18</b>	12,878,495
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities. Complete Part X of Schedule D . . . . .		<b>25</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	18,297,070	<b>26</b>	15,586,386
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	32,802,409	<b>27</b>	34,557,139
	<b>28</b> Temporarily restricted net assets . . . . .	80,123,821	<b>28</b>	73,593,779
	<b>29</b> Permanently restricted net assets . . . . .	17,754,925	<b>29</b>	18,698,710
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	130,681,155	<b>33</b>	126,849,628	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	148,978,225	<b>34</b>	142,436,014	

**Part XI Financial Statements and Reporting**

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? . . .		No
<b>2b</b>	Were the organization's financial statements audited by an independent accountant? . . . . .	Yes	
<b>2c</b>	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O . . . .	Yes	
<b>2d</b>	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .		No
<b>3b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . . .		

**SCHEDULE A**  
(Form 990 or 990EZ)

**Public Charity Status and Public Support**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

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. ▶ See separate instructions.

Department of the Treasury  
Internal Revenue Service

Name of the organization  
GREATER TWIN CITIES UNITED WAY

Employer identification number

41-1973442

**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 11, check only one box )

- 1  A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state
  
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 8  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )
- 9  An 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 )
- 10  An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11  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 that describes the type of supporting organization and complete lines 11e through 11h  
 a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f  If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
 (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?  
 (ii) a family member of a person described in (i) above?  
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

	Yes	No
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	86,196,278	83,693,273	89,255,334	93,258,890	83,439,147	435,842,922
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	86,196,278	83,693,273	89,255,334	93,258,890	83,439,147	435,842,922
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						13,314,137
<b>6 Public Support.</b> Subtract line 5 from line 4						422,528,785

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4	86,196,278	2,973,057	89,255,334	93,258,890	83,439,147	435,842,922
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,041,893	2,973,057	3,213,617	2,045,308	972,404	11,246,279
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets	392,581	235,716	260,470	1,399,704	1,354,035	3,642,506
<b>11 Total support</b> (Add lines 7 through 10)						450,731,707
<b>12</b> Gross receipts from related activities, etc (See instructions )					<b>12</b>	1,373,022

**13 First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>14</b> Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	<b>14</b>	93.740 %
<b>15</b> Public Support Percentage for 2008 Schedule A, Part II, line 14	<b>15</b>	94.100 %

**16a 33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

**17a 10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization

**18 Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public Support</b> (Subtract line 7c from line 6 )						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support</b> (Add lines 9, 10c, 11 and 12 )						

**14 First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here**

**Section C. Computation of Public Support Percentage**

<b>15</b> Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2009</b> (line 10c column (f) divided by line 13 column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2008</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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**Part IV** **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 41-1973442  
**Name:** GREATER TWIN CITIES UNITED WAY

### Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	<b>Business Code</b>	<b>(A) Total Revenue</b>	<b>(B) Related or Exempt Function Revenue</b>	<b>(C) Unrelated Business Revenue</b>	<b>(D) Revenue Excluded from Tax under IRC 512, 513, or 514</b>
FEES FOR SERVICE	900,099	71,830	71,830		
PROGRAM RENTAL INCOME	900,099	41,319	41,319		
MEMBERSHIPS	900,099	36,555	36,555		
MISCELLANEOUS PROGRAM	900,099	14,083	14,083		
UNITED WAY 2-1-1	900,099	5,376	5,376		

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

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

2009

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. See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, 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," to 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," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

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

Table with 2 columns: Name of the organization (GREATER TWIN CITIES UNITED WAY) and Employer identification number (41-1973442)

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
2 Political expenditures \$
3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$
2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
4a Was a correction made? Yes No
b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received



**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)).**

	(a)		(b)
	Yes	No	Amount
<b>1</b> 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			
<b>a</b> Volunteers?		No	
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
<b>c</b> Media advertisements?		No	
<b>d</b> Mailings to members, legislators, or the public?		No	
<b>e</b> Publications, or published or broadcast statements?		No	
<b>f</b> Grants to other organizations for lobbying purposes?		No	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		85,596
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
<b>i</b> Other activities? If "Yes," describe in Part IV		No	
<b>j</b> Total lines 1c through 1i			85,596
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carryover lobbying and political expenditures from the prior year?	<b>3</b>	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>	
<b>2</b> Section 162(e) non-deductible lobbying and political expenditures ( <b>do not include amounts of political expenses for which the section 527(f) tax was paid</b> ).		
<b>a</b> Current year	<b>2a</b>	
<b>b</b> Carryover from last year	<b>2b</b>	
<b>c</b> Total	<b>2c</b>	
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>	
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>	
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>	

**Part IV Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1.  
Also, complete this part for any additional information

Identifier	Return Reference	Explanation
Part II-B, Line 1i	Explanation of Other Lobbying Activities	LOBBYING ACTIVITIES TOPICS CONSISTED OF TAX DEDUCTIBILITY OF CHARITABLE CONTRIBUTIONS, LIMITS ON LOBBYING BY CHARITIES, EARLY CHILDHOOD DEVELOPMENT, FEDERAL FUNDING FOR UNITED WAY 2-1-1, TANF(TEMPORARY ASSISTANCE FOR NEEDY FAMILIES), THE EARNED INCOME TAX CREDIT, AND LOW INCOME HOUSING

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2009

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

Name of the organization GREATER TWIN CITIES UNITED WAY

Employer identification number 41-1973442

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

- a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06

Table with 2 columns: Held at the End of the Year. Rows 2a, 2b, 2c, 2d.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

- 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1; (ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1; b Assets included in Form 990, Part X

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

**3** Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a**  Public exhibition
- b**  Scholarly research
- c**  Preservation for future generations
- d**  Loan or exchange programs
- e**  Other

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

**5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

**b** If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
<b>1c</b>	
<b>1d</b>	
<b>1e</b>	
<b>1f</b>	

**2a** Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

**b** If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
<b>1a</b> Beginning of year balance . . . . .	27,113,217	34,405,112			
<b>b</b> Contributions . . . . .	1,543,265	1,512,787			
<b>c</b> Investment earnings or losses . . . . .	3,104,904	-7,646,529			
<b>d</b> Grants or scholarships . . . . .	1,280,009	1,158,153			
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	30,481,377	27,113,217			

**2** Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment ▶ 33 700 % %
- b** Permanent endowment ▶ 56 600 % %
- c** Term endowment ▶ 9 700 % %

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
<b>(i)</b> unrelated organizations . . . . .	<b>3a(i)</b> Yes	
<b>(ii)</b> related organizations . . . . .	<b>3a(ii)</b> Yes	
<b>b</b> If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .	<b>3b</b>	

**4** Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (Investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		33,083		33,083
<b>b</b> Buildings . . . . .		5,642,459	3,818,823	1,823,636
<b>c</b> Leasehold improvements . . . . .		14,174	11,219	2,955
<b>d</b> Equipment . . . . .		2,018,597	1,624,957	393,640
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				2,253,314



**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

<b>1</b>	Total revenue (Form 990, Part VIII, column (A), line 12)	<b>1</b>	84,401,399
<b>2</b>	Total expenses (Form 990, Part IX, column (A), line 25)	<b>2</b>	94,068,396
<b>3</b>	Excess or (deficit) for the year Subtract line 2 from line 1	<b>3</b>	-9,666,997
<b>4</b>	Net unrealized gains (losses) on investments	<b>4</b>	4,974,660
<b>5</b>	Donated services and use of facilities	<b>5</b>	
<b>6</b>	Investment expenses	<b>6</b>	
<b>7</b>	Prior period adjustments	<b>7</b>	
<b>8</b>	Other (Describe in Part XIV)	<b>8</b>	860,810
<b>9</b>	Total adjustments (net) Add lines 4 - 8	<b>9</b>	5,835,470
<b>10</b>	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	<b>10</b>	-3,831,527

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	71,779,829
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains on investments	<b>2a</b>	4,974,660
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV)	<b>2d</b>	229,548
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	5,204,208
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	66,575,621
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV)	<b>4b</b>	17,825,778
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	17,825,778
<b>5</b>	Total Revenue Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 12)	<b>5</b>	84,401,399

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	76,221,789
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIV)	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	0
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	76,221,789
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIV)	<b>4b</b>	17,846,607
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	17,846,607
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This should equal Form 990, Part I, line 18)	<b>5</b>	94,068,396

**Part XIV Supplemental Information**

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	UNRESTRICTED GRANTS ARE MADE FROM THE ENDOWMENT FUND TO SUPPORT GENERAL OPERATING COSTS, PROGRAMS, AGENCIES, AND INITIATIVES
Part X	Description of Uncertain Tax Positions Under FIN 48	THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS DURING 2009
Part XI, Line 8 - Other Adjustments		CHANGE IN FAIR VALUE OF BENEFICIAL INTERESTS IN CHARITABLE TRUSTS 229548 PENSION RELATED CHANGES OTHER THAN NET PERIODIC PENSION COST 631262
Part XII, Line 2d - Other Adjustments		CHANGE IN FAIR VALUE OF BENEFICIAL INTEREST IN CHARITABLE TRUSTS 229548
Part XII, Line 4b - Other Adjustments		DONOR DESIGNATED CONTRIBUTIONS FOR OTHER AGENCIES 17846607 LOSS ON DISPOSAL OF ASSETS - 20829
Part XIII, Line 4b - Other Adjustments		DONOR DESIGNATED CONTRIBUTIONS FOR OTHER AGENCIES 17846607

Schedule I (Form 990)

OMB No 1545-0047

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

2009

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization GREATER TWIN CITIES UNITED WAY

Employer identification number 41-1973442

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC Code section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Row 1: See Additional Data Table

2 Enter total number of section 501(c)(3) and government organizations
3 Enter total number of other organizations



**Software ID:**  
**Software Version:**  
**EIN:** 41-1973442  
**Name:** GREATER TWIN CITIES UNITED WAY

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A CHANCE TO GROW1800 SECOND STREET NORTHEAST MINNEAPOLIS, MN 55418	41-1444113	501 (C)(3)	100,000				Program Operating Cost
ACCESSABILITY INC360 HOOVER STREET NE MINNEAPOLIS, MN 554132940	41-0735909	501 (C)(3)	299,985				Program Operating Cost
ACCESSIBLE SPACE INC 2550 UNIVERSITY AVENUE WEST SUITE 330N ST PAUL, MN 551141085	41-1330242	501 (C)(3)	29,826				Program Operating Cost
ACTION FOR HEALTHY KIDS INC4711 WEST GOLF ROAD SUITE 625 SKOKIE, IL 60076	47-0902020	501 (C)(3)	10,000				Program Operating Cost
AEON HOMES1625 PARK AVENUE SOUTH MINNEAPOLIS, MN 554041634	41-1558711	501 (C)(3)	31,439				Program Operating Cost
AFRICAN AMERICAN FAMILY SERVICES INC 2616 NICOLLET AVENUE SOUTH MINNEAPOLIS, MN 554081628	41-1303326	501 (C)(3)	223,897				Program Operating Cost
ALEXANDRA HOUSE INC POBOX 49039 BLAINE, MN 554490039	41-1309977	501 (C)(3)	238,147				Program Operating Cost
AMERICAN INDIAN OIC INC1845 EAST FRANKLIN AVENUE MINNEAPOLIS, MN 554044062	41-1365561	501 (C)(3)	120,000				Program Operating Cost
AMERICAN RED CROSS OF THE TWIN CITIES1201 WEST RIVER PARKWAY MINNEAPOLIS, MN 554542020	53-0196605	501 (C)(3)	495,748				Program Operating Cost
ANEW DIMENSION CHILD ENRICHMENT CENTER1819 MINNEHAHA AVENUE SOUTH MINNEAPOLIS, MN 554042286	41-1628289	501 (C)(3)	58,005				Program Operating Cost

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ANNEX TEEN CLINIC 4915 NORTH 42nd AVENUE ROBBINSDALE, MN 554221730	23-7236943	501 (C)(3)	100,000				Program Operating Cost
ANOKA COUNTY COMMUNITY ACTION PROGRAM INC 1201 NE 89th AVENUE SUITE 345 BLAINE, MN 554343346	41-6048575	501 (C)(3)	160,651				Program Operating Cost
ARC GREATER TWIN CITIES 2446 UNIVERSITY AVENUE WEST ST PAUL, MN 551141740	41-0782848	501 (C)(3)	928,249				Program Operating Cost
BIG BROTHERS BIG SISTERS OF THE GREATER TWIN CITIES 2550 UNIVERSITY AVENUE WEST SUITE 410n ST PAUL, MN 551141085	32-0017737	501 (C)(3)	798,590				Program Operating Cost
BLOOMINGTON DIVISION OF PUBLIC HEALTH 1900 WEST OLD SHAKOPEE ROAD BLOOMINGTON, MN 554313033	41-6004990	501 (C)(3)	43,249				Program Operating Cost
BOYS & GIRLS CLUBS OF THE TWIN CITIES 2575 UNIVERSITY AVENUE WEST SUITE 100 ST PAUL, MN 55114	41-0842657	501 (C)(3)	315,750				Program Operating Cost
BRAHAM FOOD SHELF 105 WEST CENTRAL DRIVE BRAHAM, MN 55006	41-1647405	501 (C)(3)	13,600				Program Operating Cost
BRIDGE FOR RUNAWAY YOUTH INC 2200 EMERSON AVENUE SOUTH MINNEAPOLIS, MN 554052628	41-0983062	501 (C)(3)	400,814				Program Operating Cost
BROOKLYN CENTER SCHOOLS ISD #28665 HUMBOLDT AVENUE NORTH BROOKLYN, MN 554301897	41-6009038	501 (C)(3)	37,500				Program Operating Cost
CAMP FIRE USA MINNESOTA COUNCIL 2610 UNIVERSITY AVENUE WEST ST PAUL, MN 551141090	41-0706116	501 (C)(3)	248,743				Program Operating Cost

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARVER COUNTY COMMUNITY SOCIAL SERVICES HUMAN SERVICES BLDG 600 EAST 4th STREET CHASKA, MN 553182180	41-6005768	501 (C)(3)	60,224				Program Operating Cost
CARVER-SCOTT EDUCATIONAL COOPERATIVE 401 EAST 4th STREET CHASKA, MN 553182099	41-1295656	501 (C)(3)	85,618				Program Operating Cost
CASA de ESPERANZA PO BOX 75177 ST PAUL, MN 551750177	41-1414710	501 (C)(3)	187,226				Program Operating Cost
CATHOLIC CHARITIES OF THE ARCHDIOCESE OF ST PAUL AND MINNEAPOLIS 1200 SECOND AVENUE SOUTH MINNEAPOLIS, MN 554032513	41-1302487	501 (C)(3)	2,503,249				Program Operating Cost
CATHOLIC CHARITIES OF THE DIOCESE OF ST CLOUD 157 ROOSEVELT ROAD SUITE 200 ST CLOUD, MN 56301	41-0737799	501 (C)(3)	17,000				Program Operating Cost
CENTER FOR EXCELLENCE IN URBAN TEACHING HAMLIN UNIVERSITY 1536 HEWITT AVENUE MB-231 ST PAUL, MN 55104	41-0693960	501 (C)(3)	87,500				Program Operating Cost
CENTER SCHOOL INC 2421 BLOOMINGTON AVENUE SOUTH MINNEAPOLIS, MN 55404	36-3591386	501 (C)(3)	130,000				Program Operating Cost
CENTRAL CENTER FOR FAMILY RESOURCES 1485 NE 81st AVENUE SPRING LAKE PARK, MN 554322111	41-1354967	501 (C)(3)	128,602				Program Operating Cost
CENTRE FOR ASIANS AND PACIFIC ISLANDERS 3702 EAST LAKE STREET SUITE 101 MINNEAPOLIS, MN 55406	41-1417198	501 (C)(3)	67,400				Program Operating Cost
CENTRO CULTURAL CHICANO INC 1915 CHICAGO AVENUE SOUTH MINNEAPOLIS, MN 554041904	41-1290349	501 (C)(3)	351,579				Program Operating Cost

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CENTRO LEGAL INC 2610 UNIVERSITY AVENUE SUITE 450 ST PAUL, MN 55114	41-1410379	501 (C)(3)	93,273				Program Operating Cost
CHARITIES REVIEW COUNCIL OF MINNESOTA INC 46 EAST 4th STREET SUITE 636 ST PAUL, MN 551011112	41-0652474	501 (C)(3)	75,000				Program Operating Cost
CHILDREN'S HOME SOCIETY & FAMILY SERVICES 1605 EUSTIS STREET ST PAUL, MN 551081219	41-0693906	501 (C)(3)	1,399,145				Program Operating Cost
CHISAGO COUNTY SENIOR CITIZENS BOARD ON AGING PO BOX 542 NORTH BRANCH, MN 55056	41-1390811	501 (C)(3)	5,000				Program Operating Cost
CHISAGO-ISANTI COUNTY HEARTLAND EXPRESS 555 18th AVENUE SOUTHWEST CAMBRIDGE, MN 550089386	41-6005772	501 (C)(3)	10,000				Program Operating Cost
COMMONBOND COMMUNITIES 328 KELLOGG BOULEVARD WEST ST PAUL, MN 551021900	41-1260469	501 (C)(3)	32,319				Program Operating Cost
COMMUNITIES INVESTING IN FAMILIES 2237 397TH AVENUE NE STANCHFIELD, MN 55080	38-3657996	501 (C)(3)	30,000				Program Operating Cost
COMMUNITY ACTION COUNCIL INC 20730 HOLYOKE AVENUE WEST PO BOX 1256 LAKEVILLE, MN 550441256	41-0987708	501 (C)(3)	526,174				Program Operating Cost
COMMUNITY ACTION PARTNERSHIP OF RAMSEY WASHINGTON COUNTIES 1397 GENEVA AVENUE ROOM 103 OAKDALE, MN 55128	41-0883443	501 (C)(3)	230,692				Program Operating Cost
COMMUNITY EMERGENCY ASSISTANCE PROGRAM INC 6840 NORTH 78TH AVENUE BROOKLYN PARK, MN 554452700	41-0990340	501 (C)(3)	356,055				Program Operating Cost

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COMMUNITY INITIATIVE FOR CHILDREN2314 ELLIOT AVENUE MINNEAPOLIS, MN 55404	41-1638879	501 (C)(3)	35,000				Program Operating Cost
COMMUNITY INVOLVEMENT PROGRAMS 1600 BROADWAY NE SUITE 1 MINNEAPOLIS, MN 554132617	41-0972546	501 (C)(3)	27,589				Program Operating Cost
COMMUNITY PARTNERSHIP WITH YOUTH AND FAMILIES38694 TANGER DRIVE NORTH BRANCH, MN 55056	41-1729520	501 (C)(3)	9,500				Program Operating Cost
Community-University Health Care CenterVariety Children's Clinic2001 BLOOMINGTON AVENUE SOUTH MINNEAPOLIS, MN 55404	41-6007513	501 (C)(3)	200,678				Program Operating Cost
Comunidades Latinas Unidas En Servicio Inc220 SOUTH ROBERT STREET SUITE 103 ST PAUL, MN 551071626	41-1386986	501 (C)(3)	413,149				Program Operating Cost
Confederation of Somali Community in Minnesota420 15th AVENUE SOUTH MINNEAPOLIS, MN 554541114	41-1817894	501 (C)(3)	32,883				Program Operating Cost
Cornerstone Advocacy Service9730 IRVING AVENUE SOUTH BLOOMINGTON, MN 554312625	41-1476268	501 (C)(3)	24,910				Program Operating Cost
COURAGE CENTER3915 GOLDEN VALLEY ROAD GOLDEN VALLEY, MN 554229958	41-0706118	501 (C)(3)	792,691				Program Operating Cost
CRISIS CONNECTION6400 PENN AVENUE SOUTH PO BOX 19550 19550 RICHFIELD, MN 55438	41-0960031	501 (C)(3)	134,868				Program Operating Cost
DAKOTA COUNTY PUBLIC HEALTH DEPARTMENT1 MENDOTA ROAD WEST SUITE 400 WEST ST PAUL, MN 551184773		501 (C)(3)	500,000				PROGRAM OPERATING GRANT

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DARTS1645 MARTHALER LANE WEST ST PAUL, MN 551183517	41-1326631	501 (C)(3)	122,808				Program Operating Cost
Division of Indian Work of the Greater Minneapolis Council of Churches1001 EAST LAKE STREET PO BOX 7509 MINNEAPOLIS, MN 554070509	41-0693933	501 (C)(3)	345,928				Program Operating Cost
DOMESTIC ABUSE PROJECT INC204 WEST FRANKLIN AVENUE MINNEAPOLIS, MN 554042398	41-1356278	501 (C)(3)	371,662				Program Operating Cost
EAST METRO WOMEN'S COUNCIL213 EAST METRO PLACE 3521 CENTURY AVENUE NORTH WHITE BEAR LAKE, MN 55110	36-3578158	501 (C)(3)	55,492				Program Operating Cost
East Side Learning Center740 YORK AVENUE ST PAUL, MN 55106	04-3699678	501 (C)(3)	115,000				Program Operating Cost
East Side Neighborhood Services Inc1700 SECOND STREET NE MINNEAPOLIS, MN 55413	41-0873798	501 (C)(3)	1,174,423				Program Operating Cost
ElderCare Rights Alliance 2626 EAST 82nd STREET SUITE 220 BLOOMINGTON, MN 554251381	41-1307995	501 (C)(3)	106,817				Program Operating Cost
ELIM TRANSITIONAL HOUSING3989 CENTRAL AVENUE NORTHEAST SUITE 565 MINNEAPOLIS, MN 554213974	36-3381870	501 (C)(3)	75,000				Program Operating Cost
EMERGE COMMUNITY DEVELOPMENT1101 WEST BROADWAY AVENUE MINNEAPOLIS, MN 554112570	41-1277423	501 (C)(3)	369,588				Program Operating Cost
EMERGENCY FOODSHELF NETWORK INC6714 WALKER STREET ST LOUIS PARK, MN 554263011	41-1246504	501 (C)(3)	177,903				Program Operating Cost

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EPISCOPAL COMMUNITY SERVICES INC1730 CLIFTON PLACE SUITE 104 MINNEAPOLIS, MN 554033242	41-0873401	501 (C)(3)	194,568				Program Operating Cost
Face to Face Health and Counseling Service Inc1165 ARCADE STREET ST PAUL, MN 55106	41-0986780	501 (C)(3)	50,000				Program Operating Cost
FAIRVIEW FOUNDATION 6121 WOODDALE AVENEU SOUTH SUITE 2 EDINA, MN 554241810	41-1573810	501 (C)(3)	32,191				Program Operating Cost
FAMILY & CHILDREN'S SERVICE414 SOUTH 8th STREET MINNEAPOLIS, MN 55404	41-0693858	501 (C)(3)	1,844,137				Program Operating Cost
Family Hope Services IncTREEHOUSE3315 FERNBROOK LANE NORTH PLYMOUTH, MN 554475326	36-3287099	501 (C)(3)	29,874				Program Operating Cost
FAMILY HOUSING FUND801 NICOLLET MALL SUITE 1650 MINNEAPOLIS, MN 55402	41-1380923	501 (C)(3)	8,000				Program Operating Cost
FAMILY NETWORKS INC 4930 WEST 77th STREET SUITE 350 BLOOMINGTON, MN 554354809	41-1374957	501 (C)(3)	68,859				Program Operating Cost
FAMILY PATHWAYS26796 KETTLE RIVER BOULEVARD WYOMING, MN 55092	41-1332828	501 (C)(3)	81,425				Program Operating Cost
FamilyMeans216 WEST MYRTLE STREET STILLWATER, MN 550824805	41-6045574	501 (C)(3)	79,874				Program Operating Cost
FREEPORT WEST INC2219 OAKLAND AVENUE SOUTH MINNEAPOLIS, MN 554043749	41-0965380	501 (C)(3)	333,390				Program Operating Cost

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FREMONT COMMUNITY HEALTH SERVICES INC 3300 FREMONT AVENUE NORTH MINNEAPOLIS, MN 554122499	41-1235064	501 (C)(3)	211,029				Program Operating Cost
FRIENDS IN NEED FOOD SHELFPO BOX 6 COTTAGE GROVE, MN 55016	41-1794212	501 (C)(3)	10,000				Program Operating Cost
GENESIS II FOR FAMILIES INC3036 UNIVERSITY AVENUE SE MINNEAPOLIS, MN 554143342	41-1343909	501 (C)(3)	227,862				Program Operating Cost
GIRL SCOUTS OF MINNESOTA AND WISCONSIN RIVER VALLEYS INC400 ROBERT STREET SOUTH ST PAUL, MN 551072297	41-0693910	501 (C)(3)	801,384				Program Operating Cost
GOODWILLEASTER SEALS MINNESOTA553 FAIRVIEW AVENUE NORTH ST PAUL, MN 551041708	41-0706171	501 (C)(3)	250,000				Program Operating Cost
GREATER MINNEAPOLIS COUNCIL OF CHURCHES 1001 EAST LAKE STREET PO BOX 7509 MINNEAPOLIS, MN 554070509	41-0693933	501 (C)(3)	71,755				Program Operating Cost
GREATER MINNEAPOLIS CRISIS NURSERY5400 GLENWOOD AVENUE GOLDEN VALLEY, MN 554225120	41-1379021	501 (C)(3)	217,799				Program Operating Cost
GUADALUPE ALTERNATIVE PROGRAMS381 EAST ROBIE STREET ST PAUL, MN 551072415	41-0906127	501 (C)(3)	150,711				Program Operating Cost
Hallie Q Brown Community Center Inc270 KENT STREET NORTH ST PAUL, MN 551021744	41-0693846	501 (C)(3)	278,841				Program Operating Cost
HENNEPIN HEALTHCARE SYSTEM701 PARK AVENUE MINNEAPOLIS, MN 55415	42-1707837	501 (C)(3)	200,000				Program Operating Cost

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HIRED1200 PLYMOUTH AVENUE NORTH MINNEAPOLIS, MN 554114085	41-6078344	501 (C)(3)	226,000				Program Operating Cost
HMONG AMERICAN PARTNERSHIP1073 PAYNE AVENUE ST PAUL, MN 55101	41-1667580	501 (C)(3)	273,897				Program Operating Cost
Home Free Battered Women's Services (Missions Inc Programs)3405 EAST MEDICINE LAKE BOULEVARD PLYMOUTH, MN 554412396	41-0693952	501 (C)(3)	29,357				Program Operating Cost
HOUSE OF CHARITY510 SOUTH 8th STREET MINNEAPOLIS, MN 554041079	41-0795347	501 (C)(3)	85,274				Program Operating Cost
Human Services Inc in Washington County Minnesota 7066 STILLWATER BLVD NORTH OAKDALE, MN 55128	41-0955577	501 (C)(3)	64,332				Program Operating Cost
HUNGER SOLUTIONS MINNESOTA528 HENNEPIN AVENUE SUITE 704 MINNEAPOLIS, MN 554031810	23-7392140	501 (C)(3)	202,891				Program Operating Cost
IMMIGRANT LAW CENTER OF MINNEOTA450 SYNDICATE STRAEET NORTH SUITE 175 ST PAUL, MN 55104	41-0909036	501 (C)(3)	109,706				Program Operating Cost
INDIAN HEALTH BOARD OF MINNEAPOLIS INC1315 EAST 24th STREET MINNEAPOLIS, MN 554043959	41-0977740	501 (C)(3)	122,962				Program Operating Cost
INDUSTRIES INC601 SOUTH CLEVELAND CAMBRIDGE, MN 55008	41-0915848	501 (C)(3)	25,000				Program Operating Cost
INTERCONGREGATION COMMUNITIES ASSOCIATION12990 ST DAVID ROAD MINNETONKA, MN 55305	41-0979010	501 (C)(3)	10,000				Program Operating Cost

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INTERFAITH OUTREACH & COMMUNITY PARTNERS 110 GRAND AVENUE SOUTH WAYZATA, MN 553911872	36-3482724	501 (C)(3)	97,423				Program Operating Cost
INTERNATIONAL INSTITUTE OF MINNESOTA 1694 COMO AVENUE ST PAUL, MN 551082784	41-0693912	501 (C)(3)	276,283				Program Operating Cost
ISANTI COUNTY FOOD PANTRY INC PO BOX 506 CAMBRIDGE, MN 55008	41-1695509	501 (C)(3)	6,100				Program Operating Cost
JABBOK FAMILY SERVICES 2608 BLAISDELL AVENUE MINNEAPOLIS, MN 55408	41-1889548	501 (C)(3)	25,000				Program Operating Cost
JEWISH COMMUNITY CENTER OF GREATER MINNEAPOLIS 4330 SOUTH CEDAR LAKE ROAD ST LOUIS PARK, MN 554163702	41-0833543	501 (C)(3)	66,455				Program Operating Cost
JEWISH COMMUNITY CENTER OF THE GREATER SAINT PAUL AREA 1375 ST PAUL AVENUE ST PAUL, MN 551162798	41-0698596	501 (C)(3)	291,528				Program Operating Cost
JEWISH FAMILY & CHILDREN'S SERVICE 13100 WAYZATA BLVD SUITE 400 MINNETONKA, MN 553051842	41-0693860	501 (C)(3)	639,807				Program Operating Cost
Jewish Family Service of St Paul 1633 WEST 7th STREET ST PAUL, MN 55102	41-0694697	501 (C)(3)	247,001				Program Operating Cost
Keystone Community Services 2000 ST ANTHONY AVENUE ST PAUL, MN 551045199	41-0693924	501 (C)(3)	653,141				Program Operating Cost
LA OPORTUNIDAD 2233 UNIVERSITY AVENUE SUITE 150 ST PAUL, MN 551141629	36-3537919	501 (C)(3)	117,910				Program Operating Cost

**Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States**

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LAKES AREA YOUTH SERVICE BUREAU 244 NORTH LAKE STREET FOREST LAKE, MN 55025	41-1322058	501 (C)(3)	34,961				Program Operating Cost
LAO FAMILY COMMUNITY OF MINNESOTA INC 320 UNIVERSITY AVENUE WEST ST PAUL, MN 55103	41-1434916	501 (C)(3)	159,357				Program Operating Cost
LEARNING DISABILITIES ASSOCIATION INC 4301 HIGHWAY 7 SUITE 160 ST LOUIS PARK, MN 554165807	23-7297031	501 (C)(3)	165,007				Program Operating Cost
LEGAL ASSISTANCE OF WASHINGTON COUNTY INC 275 SOUTH 3rd STREET SUITE 103 STILLWATER, MN 55082	23-7259374	501 (C)(3)	31,218				Program Operating Cost
LEGAL RIGHTS CENTER INC 1611 PARK AVENUE SOUTH MINNEAPOLIS, MN 554041683	41-0961835	501 (C)(3)	57,251				Program Operating Cost
LIFETRACK RESOURCES INC 709 UNIVERSITY AVENUE WEST ST PAUL, MN 551044804	41-0874507	501 (C)(3)	1,054,841				Program Operating Cost
LINNEA RESIDENTIAL HOME INC 28770 OLD TOWNE ROAD PO BOX 450 CHISAGO CITY, MN 55013	41-1319468	501 (C)(3)	5,000				Program Operating Cost
LOAVES AND FISHES TOO 1917 LOGAN AVENUE SOUTH MINNEAPOLIS, MN 554032897	41-1421522	501 (C)(3)	71,371				Program Operating Cost
LUTHERAN SOCIAL SERVICE OF MINNESOTA 2485 COMO AVENUE ST PAUL, MN 551081445	41-0872993	501 (C)(3)	1,068,616				Program Operating Cost
LYNDALE NEIGHBORHOOD ASSOCIATION 3537 NICOLLET AVENUE SOUTH MINNEAPOLIS, MN 554084559	41-1309335	501 (C)(3)	35,852				Program Operating Cost

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MANAGEMENT ASSISTANCE PROGRAM FOR NONPROFITS INC2233 UNIVERSITY AVENUE WEST SUITE 360 ST PAUL, MN 551141629	41-1479097	501 (C)(3)	404,000				Program Operating Cost
MEDIATION SERVICES FOR ANOKA COUNTY2520 COON RAPIDS BOULEVARD SUITE 100 COON RAPIDS, MN 554333908	41-1574959	501 (C)(3)	40,577				Program Operating Cost
MENTAL HEALTH ASSOCIATION OF MINNESOTA2021 EAST HENNEPIN AVENUE SUITE 412 412 MINNEAPOLIS, MN 55413	41-0722639	501 (C)(3)	273,198				Program Operating Cost
MERRICK COMMUNITY SERVICES1526 EAST 6th STREET ST PAUL, MN 55106	41-0693851	501 (C)(3)	458,630				Program Operating Cost
MID-MINNESOTA LEGAL ASSISTANCE430 1st AVENUE NORTH SUITE 300 MINNEAPOLIS, MN 554011453	41-1412710	501 (C)(3)	959,746				Program Operating Cost
MIDWEST SPECIAL SERVICES INC900 OCEAN STREET ST PAUL, MN 551063447	41-0746072	501 (C)(3)	152,006				Program Operating Cost
MINNEAPOLIS AMERICAN INDIAN CENTER1530 EAST FRANKLIN AVENUE MINNEAPOLIS, MN 554042136	41-0966005	501 (C)(3)	332,758				Program Operating Cost
MINNEAPOLIS MEDICAL RESEARCH FOUNDATION 914 SOUTH 8th STREET 600 SHAPIRO BOULDING MINNEAPOLIS, MN 55404	41-1677920	501 (C)(3)	50,000				Program Operating Cost
MINNEAPOLIS URBAN LEAGUE2100 PLYMOUTH AVENUE NORTH MINNEAPOLIS, MN 55411	41-0706915	501 (C)(3)	1,048,999				Program Operating Cost
MINNEAPOLIS YOUTH COORDINATING BOARD 330 2nd AVENUE SOUTH SUITE 540 MINNEAPOLIS, MN 55501	41-1566656	501 (C)(3)	189,500				Program Operating Cost

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MINNESOTA AIDS PROJECT 1400 PARK AVENUE SOUTH MINNEAPOLIS, MN 554041550	41-1524746	501 (C)(3)	57,951				Program Operating Cost
MINNESOTA COUNCIL OF NON PROFITS 2314 UNIVERSITY AVENUE WEST SUITE 20 ST PAUL, MN 551141802	35-3501477	501 (C)(3)	5,000				Program Operating Cost
MINNESOTA COUNCIL ON CRIME & JUSTICE 822 SOUTH 3RD STREET SUITE 100 MINNEAPOLIS, MN 554151242	41-0798280	501 (C)(3)	168,748				Program Operating Cost
MINNESOTA INDIAN WOMEN'S RESOURCE CENTER 2300 SOUTH 15th AVENUE MINNEAPOLIS, MN 554043935	41-1500950	501 (C)(3)	197,286				Program Operating Cost
MINNESOTA INTERNATIONAL HEALTH VOLUNTEERS 122 WEST FRANKLIN AVENUE SUITE 510 MINNEAPOLIS, MN 55404	41-1397062	501 (C)(3)	77,626				Program Operating Cost
MINNESOTA TEAMSTERS FOOD SHELF 3001 UNIVERSITY AVENUE SOUTHEAST MINNEAPOLIS, MN 55414	41-1447807	501 (C)(3)	5,000				Program Operating Cost
MINNESOTA VISITING NURSE AGENCY 2021 EAST HENNEPIN AVENUE SUITE 230 230 MINNEAPOLIS, MN 554131714	41-0693895	501 (C)(3)	760,568				Program Operating Cost
MODEL CITIES OF ST PAUL INC 849 UNIVERSITY AVENUE ST PAUL, MN 551044808	41-1687873	501 (C)(3)	423,294				Program Operating Cost
NEIGHBORHOOD HOUSE 179 ROBIE STREET EAST ST PAUL, MN 551072395	41-0693916	501 (C)(3)	600,555				Program Operating Cost
NEIGHBORHOOD INVOLVEMENT PROGRAM INC 2431 HENNEPIN AVENUE SOUTH MINNEAPOLIS, MN 554052605	41-0956858	501 (C)(3)	239,097				Program Operating Cost

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NEIGHBORS INC 218 13th AVENUE SOUTH SOUTH ST PAUL, MN 55075 2234	41-1360294	501 (C)(3)	136,800				Program Operating Cost
Network for the Development of Children of African Descent 655 NORTH FAIRVIEW AVENUE ST PAUL, MN 55104	41-1936394	501 (C)(3)	75,000				Program Operating Cost
NEW FOUNDATIONS INC 287 EAST 6th STREET SUITE 270 ST PAUL, MN 55101	41-1798573	501 (C)(3)	75,000				Program Operating Cost
NEW PATHWAYS INC PO BOX 366 CAMBRIDGE, MN 55008 0366	41-1945426	501 (C)(3)	10,000				Program Operating Cost
NORTH ANOKA COUNTY EMERGENCY FOODSHELFB PO BOX 2 CEDAR, MN 55011	31-1673282	501 (C)(3)	10,000				Program Operating Cost
NORTHERN STAR COUNCIL BOY SCOUTS OF AMERICA 393 MARSHALL AVENUE ST PAUL, MN 55102 1795	41-0694686	501 (C)(3)	1,005,356				Program Operating Cost
Northpoint Health & Wellness Center Inc 1313 PENN AVENUE NORTH MINNEAPOLIS, MN 55411	20-0898277	501 (C)(3)	57,400				Program Operating Cost
NORTHPOINT HEALTH & WELLNESS CENTER INC 1315 PENN AVENUE NORTH MINNEAPOLIS, MN 55411 13047	20-0898277	501 (C)(3)	125,259				Program Operating Cost
OPEN CITIES HEALTH CENTER 409 NORTH DUNLAP STREET ST PAUL, MN 55104	36-3381598	501 (C)(3)	16,000				Program Operating Cost
Opportunity Partners Inc 5500 OPPORTUNITY COURT MINNETONKA, MN 55343 9093	41-0737221	501 (C)(3)	118,501				Program Operating Cost

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PARENTS IN COMMUNITY ACTION INC 700 HUMBOLDT AVENUE NORTH MINNEAPOLIS, MN 554113931	41-0956226	501 (C)(3)	56,936				Program Operating Cost
Parmly LifePointes - Ecumen Corp 28210 OLD TOWN ROAD CHISAGO CITY, MN 55013	41-1568278	501 (C)(3)	32,773				Program Operating Cost
PERSPECTIVES INC 3581 GORHAM AVENUE ST LOUIS PARK, MN 554261074	41-1288300	501 (C)(3)	30,000				Program Operating Cost
PHYLLIS WHEATLEY COMMUNITY CENTER INC 915 EMERSON AVENUE NORTH MINNEAPOLIS, MN 554114135	41-0706132	501 (C)(3)	563,730				Program Operating Cost
PILLSBURY UNITED COMMUNITIES 1201 NORTH 37th AVENUE MINNEAPOLIS, MN 554122005	41-0916478	501 (C)(3)	2,338,566				Program Operating Cost
PLYMOUTH CHRISTIAN YOUTH CENTER 2301 OLIVER AVENUE NORTH MINNEAPOLIS, MN 554111878	41-0794440	501 (C)(3)	454,805				Program Operating Cost
PORTICO HEALTHNET 2610 UNIVERSITY AVENUE SUITE 500 ST PAUL, MN 55114	41-1814659	501 (C)(3)	116,493				Program Operating Cost
PPL INDUSTRIES INC 1179 - 15th AVENUE SOUTHEAST MINNEAPOLIS, MN 55414	23-7098388	501 (C)(3)	130,000				Program Operating Cost
ProAct INC 3195 NEIL ARMSTRON BLVD EAGAN, MN 55121	23-7239408	501 (C)(3)	55,637				Program Operating Cost
PROJECT FOR PRIDE IN LIVING INC 2516 CHICAGO AVENUE SOUTH MINNEAPOLIS, MN 554044598	23-7232208	501 (C)(3)	806,157				Program Operating Cost

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PROJECT PATHFINDER INC 1821 UNIVERSITY AVENUE WEST ST PAUL, MN 55104	41-1724920	501 (C)(3)	24,178				Program Operating Cost
RELATE COUNSELING CENTER15320 MINNETONKA BLVD SUITE 200 MINNETONKA, MN 553451511	41-0993494	501 (C)(3)	149,725				Program Operating Cost
RESOURCE INC1900 CHICAGO AVENUE MINNEAPOLIS, MN 554041903	41-0828779	501 (C)(3)	874,992				Program Operating Cost
REUBEN LINDH FAMILY SERVICES3616 SOUTH 12th AVENUE MINNEAPOLIS, MN 554072799	41-1251871	501 (C)(3)	193,651				Program Operating Cost
RISE INC8406 SUNSET ROAD NORTHEAST SPRING LAKE, MN 554321317	41-0972476	501 (C)(3)	212,039				Program Operating Cost
RIVER VALLEY COMMUNITY PARTNERSHIPS792 CANTERBURY ROAD SHAKOPEE, MN 55379	20-2886410	501 (C)(3)	30,000				Program Operating Cost
RS EDEN357 ONEIDA STREET ST PAUL, MN 551023642	41-1948604	501 (C)(3)	159,905				Program Operating Cost
RUSH CITY CARES53120 FAIRFIELD AVENUE PO BOX 73 RUSH CITY, MN 55069	41-1522616	501 (C)(3)	15,100				Program Operating Cost
SABATHANI COMMUNITY CENTER INC310 EAST 38th STREET MINNEAPOLIS, MN 554091300	41-0984859	501 (C)(3)	509,714				Program Operating Cost
SCOTT-CARVER-DAKOTA CAP AGENCY INC712 CANTERBURY ROAD SOUTH SHAKOPEE, MN 553791840	41-0903890	501 (C)(3)	420,315				Program Operating Cost

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SECOND HARVEST HEARTLAND1140 GERVAIS AVENUE MAPLEWOOD, MN 551092042	23-7417654	501 (C)(3)	838,000				Program Operating Cost
SENIOR COMMUNITY SERVICES10709 WAYZATA BLVD SUITE 111 MINNETONKA, MN 553051529	41-0720473	501 (C)(3)	443,332				Program Operating Cost
SERVEMINNESOTA431 SOUTH 7th STREET SUITE 2540 MINNEAPOLIS, MN 55415	41-2010058	501 (C)(3)	352,000				Program Operating Cost
SHARING KORNER595 ARUNDEL STREET ST PAUL, MN 551031602	41-1631989	501 (C)(3)	33,253				Program Operating Cost
SIGHT & HEARING ASSOCIATION674 TRANSFER ROAD ST PAUL, MN 551141402	41-0724037	501 (C)(3)	120,000				Program Operating Cost
SIMPSON HOUSING SERVICES INC2740 FIRST AVENUE SOUTH MINNEAPOLIS, MN 554081682	41-1759477	501 (C)(3)	166,930				Program Operating Cost
SOJOURNER PROJECT INC 904 MAIN STREET SUITE 330 HOPKINS, MN 553438863	41-1363580	501 (C)(3)	44,349				Program Operating Cost
SOMEWHERE ELSE INC144 SOUTHEAST SECOND AVENUE CAMBRIDGE, MN 550081601	41-1963038	501 (C)(3)	5,000				Program Operating Cost
SOUTHEAST ASIAN COMMUNITY COUNCIL INC 430 BRYANT AVENUE NORTH MINNEAPOLIS, MN 554051306	41-1675917	501 (C)(3)	27,360				Program Operating Cost
SOUTHEAST ASIAN REFUGEE COMMUNITY HOME1421 PARK AVENUE SOUTH MINNEAPOLIS, MN 554041579	41-1729008	501 (C)(3)	32,340				Program Operating Cost

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SOUTHERN MINNESOTA REGIONAL LEGAL SERVICES INC 300 MN BLDG 46 FOURTH STREET EAST ST PAUL, MN 55101	41-1316151	501 (C)(3)	169,061				Program Operating Cost
SOUTHERN VALLEY ALLIANCE FOR BATTERED WOMEN PO BOX 166 BELLE PLAINE, MN 560110166	41-1483575	501 (C)(3)	36,830				Program Operating Cost
SOUTHSIDE FAMILY NURTURING CENTER 2448 SOUTH 18th AVENUE MINNEAPOLIS, MN 554044048	41-1274177	501 (C)(3)	253,418				Program Operating Cost
SPECIAL SCHOOL DISTRICT NUMBER 1 MINNEAPOLIS PUBLIC SCHOOLS 807 NORTHEAST BROADWAY MINNEAPOLIS, MN 55413	41-1429208	501 (C)(3)	277,500				PROGRAM OPERATING COSTS
ST DAVID'S CHILD DEVELOPMENT AND FAMILY SERVICES 3395 PLYMOUTH ROAD MINNETONKA, MN 553053913		501 (C)(3)	91,393				Program Operating Cost
ST MARY'S HEALTH CLINIC 1884 RANDOLPH AVENUE ST PAUL, MN 55105	41-1760632	501 (C)(3)	45,000				Program Operating Cost
ST PAUL AREA COUNCIL OF CHURCHES 1671 SUMMIT AVENUE ST PAUL, MN 551051884	41-0694741	501 (C)(3)	195,538				Program Operating Cost
ST PAUL INTERVENTION PROJECT INC 1509 MARSHALL AVENUE ST PAUL, MN 55104	36-3339157	501 (C)(3)	75,238				Program Operating Cost
ST PAUL SCHOOLS JACKSON MAGNET SCHOOL 437 EDMOND STREET ST PAUL, MN 55103	41-0693925	501 (C)(3)	100,000				PROGRAM OPERATING COSTS
ST PAUL URBAN LEAGUE 401 SELBY AVENUE ST PAUL, MN 551021797		501 (C)(3)	66,864				Program Operating Cost

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ST PAUL YOUTH SERVICES INC1167 ARCADE STREET ST PAUL, MN 551062615	41-1316444	501 (C)(3)	29,111				Program Operating Cost
ST STEPHEN'S HUMAN SERVICES INC2211 CLINTON AVENUE SOUTH MINNEAPOLIS, MN 55404	01-0639118	501 (C)(3)	139,059				Program Operating Cost
SUMMIT ACADEMY OIC935 OLSON MEMORIAL HIGHWAY MINNEAPOLIS, MN 554051360	41-0908458	501 (C)(3)	383,901				Program Operating Cost
SUMMIT UNIVERSITY TEEN CENTER INC1063 INGLEHART AVENUE ST PAUL, MN 551045431	41-0919201	501 (C)(3)	295,942				Program Operating Cost
THE CITY INC1315 NORTH 12th AVENUE MINNEAPOLIS, MN 554114045	41-0942352	501 (C)(3)	408,971				Program Operating Cost
THE REFUGE NETWORKPO BOX 323 CAMBRIDGE, MN 550080323	36-3385000	501 (C)(3)	69,978				Program Operating Cost
The Salvation Army2445 PRIOR AVENUE ROSEVILLE, MN 551132714	41-0698597	501 (C)(3)	765,102				Program Operating Cost
The Storefront Group6425 NICOLLET AVENUE SOUTH RICHFIELD, MN 554231668	41-0996115	501 (C)(3)	217,736				Program Operating Cost
The Wayside House Inc3705 PARK CENTER BOULEVARD ST LOUIS PARK, MN 554162526	41-0873104	501 (C)(3)	118,997				Program Operating Cost
Tubman Family Alliance & Chrysalis A Center For Women Inc3111 SOUTH 1st AVENUE MINNEAPOLIS, MN 554089998	41-2022341	501 (C)(3)	648,064				Program Operating Cost

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TWIN CITIES RISE800 WASHINGTON AVENUE NORTH SUITE 203 MINNEAPOLIS, MN 554011153	41-1761118	501 (C)(3)	220,000				Program Operating Cost
UNITED CAMBODIAN ASSOCIATION OF MINNESOTA INC1101 SNELLING AVENUE NORTH ST PAUL, MN 55108	41-1631017	501 (C)(3)	69,392				Program Operating Cost
UNITED FAMILY PRACTICE HEALTH CENTERS545 WEST SEVENTH STREET ST PAUL, MN 55102	27-0052697	501 (C)(3)	50,000				Program Operating Cost
VAIL PLACE15 NINTH AVENUE SOUTH HOPKINS, MN 55343	41-1394766	501 (C)(3)	101,533				Program Operating Cost
VIETNAMESE SOCIAL SERVICES OF MINNESOTA 1159 UNIVERSITY AVENUE WEST SUITE 1 1 ST PAUL, MN 55104	36-3532232	501 (C)(3)	104,262				Program Operating Cost
VISION LOSS RESOURCES INC1936 LYNDAL AVENUE SOUTH MINNEAPOLIS, MN 554033101	41-0694713	501 (C)(3)	397,442				Program Operating Cost
VOLUNTEER LAWYERS NETWORK LTD600 NICOLLET MALL SUITE 390A MINNEAPOLIS, MN 55402	41-0988459	501 (C)(3)	30,201				Program Operating Cost
Volunteer Resource Center Inc2021 HENNEPIN AVENUE EAST MINNEAPOLIS, MN 554132726	41-0694710	501 (C)(3)	100,000				Program Operating Cost
VOLUNTEERS ENLISTED TO ASSIST PEOPLE INC9728 IRVING AVENUE SOUTH BLOOMINGTON, MN 55431	41-6175999	501 (C)(3)	15,000				Program Operating Cost
VOLUNTEERS OF AMERICA OF MINNESOTA5905 GOLDEN VALLEY ROAD SUITE 112 MINNEAPOLIS, MN 554224490	41-1554078	501 (C)(3)	671,359				Program Operating Cost

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WASHBURN CHILD GUIDANCE CENTER 2430 NICOLLET AVENUE SOUTH MINNEAPOLIS, MN 554043492	41-0711618	501 (C)(3)	221,906				Program Operating Cost
WAY TO GROW 2610 GRAND AVENUE SOUTH MINNEAPOLIS, MN 554081400	71-0956749	501 (C)(3)	118,867				Program Operating Cost
WE BELIEVE FOUNDTION 1350 WEST 106TH STREET BLOOMINGTON, MN 55431	75-3256058	501 (C)(3)	150,000				Program Operating Cost
West Seventh Community Center Inc 265 ONEIDA STREET ST PAUL, MN 551022883	23-7319301	501 (C)(3)	218,239				Program Operating Cost
WEST SUBURBAN TEEN CLINIC 478 SECOND STREET EXCELSIOR, MN 553311923	23-7152735	501 (C)(3)	33,081				Program Operating Cost
WOMEN'S ADVOCATES INC 588 GRAND AVENUE ST PAUL, MN 551022696	23-7310701	501 (C)(3)	62,434				Program Operating Cost
WomenVenture 2324 UNIVERSITY AVENUE SUITE 200 ST PAUL, MN 551141802	41-1463426	501 (C)(3)	150,000				Program Operating Cost
YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER ST PAUL 476 ROBERT STREET NORTH ST PAUL, MN 551012238	41-0693932	501 (C)(3)	478,539				Program Operating Cost
Young Men's Christian Association of Metropolitan Minneapolis 30 SOUTH 9th STREET MINNEAPOLIS, MN 554023106	41-0695629	501 (C)(3)	1,703,305				Program Operating Cost
YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF ST PAUL 198 WESTERN AVENUE NORTH ST PAUL, MN 551021790	41-0693892	501 (C)(3)	694,399				Program Operating Cost

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YOUTH SERVICE BUREAU INC101 WEST PINE STREET STILLWATER, MN 55082	41-1333578	501 (C)(3)	32,232				Program Operating Cost
YOUTHLINK41 NORTH 12th STREET MINNEAPOLIS, MN 554031394	41-1341773	501 (C)(3)	200,620				Program Operating Cost
YOUTH RIVE400 SELBY AVENUE SUITE G-3 ST PAUL, MN 55105	56-2536131	501 (C)(3)	75,000				Program Operating Cost
YWCA OF MINNEAPOLIS 1130 NICOLLET MALL MINNEAPOLIS, MN 554032405	41-0693891	501 (C)(3)	1,431,328				Program Operating Cost

**Schedule J**  
**(Form 990)**

**Compensation Information**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.**

**▶ Attach to Form 990. ▶ See separate instructions.**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
GREATER TWIN CITIES UNITED WAY

**Employer identification number**

41-1973442

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input checked="" type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input checked="" type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input checked="" type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input checked="" type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p><b>1b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain.</p>	Yes									
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</p>	Yes									
<p><b>3</b> Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
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<p><b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</p> <p><b>a</b> Receive a severance payment or change-of-control payment?</p>		No								
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	Yes									
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>		No								
<p><b>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</b></p>										
<p><b>5</b> For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p><b>a</b> The organization?</p>		No								
<p><b>b</b> Any related organization?</p> <p>If "Yes," to line 5a or 5b, describe in Part III.</p>		No								
<p><b>6</b> For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p><b>a</b> The organization?</p>		No								
<p><b>b</b> Any related organization?</p> <p>If "Yes," to line 6a or 6b, describe in Part III.</p>		No								
<p><b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>		No								
<p><b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>		No								
<p><b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>										

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

**Note.** The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
LAUREN SEGAL PRESIDENT	(i)	256,770	0	115,567	71,400	21,207	464,944	23,354
	(ii)	0	0	0	0	0	0	0
CHRISTOPHER AMUNDSEN	(i)	201,412	0	433	14,479	22,728	239,052	0
	(ii)	0	0	0	0	0	0	0
RANDI YODER	(i)	170,884	0	657	12,346	22,256	206,143	0
	(ii)	0	0	0	0	0	0	0
FRANK FORSBERG	(i)	144,874	0	183	11,525	22,893	179,475	0
	(ii)	0	0	0	0	0	0	0
BARBARA BEARD	(i)	121,605	0	396	9,004	20,733	151,738	0
	(ii)	0	0	0	0	0	0	0

**Part III Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
Supplemental Information	Part III	COMPENSATION SUMMARY FOR LAUREN SEGAL, CEO PART II, LINE 1 * BASE COMPENSATION \$256,770 * OTHER COMPENSATION - DEFERRED COMPENSATION PAYOUT 61,921 - ACCUMULATED PAID TIME OFF PAYOUT 48,513 - MISCELLANEOUS 5,133 TOTAL OTHER COMPENSATION \$115,567 * RETIREMENT AND DEFERRED COMPENSATION \$71,400 * NON-TAXABLE BENEFITS \$21,207 TOTAL COMPENSATION AND BENEFITS \$464,944

**SCHEDULE M  
(Form 990)**

**NonCash Contributions**

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

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

Department of the Treasury  
Internal Revenue Service

Name of the organization  
GREATER TWIN CITIES UNITED WAY

Employer identification number  
41-1973442

**Part I Types of Property**

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	603	3,625,540	QUOTED MARKET PRICES
10 Securities—Closely held stock . . . . .	X	3	61,455	ESTIMATED FAIR VALUE
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( _____ )				
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

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

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

**Part II**

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
Third Party Use	Part I, Line 32b	DONATED PUBLICLY TRADED SECURITIES WERE TRANSFERRED TO BROKERAGE HOUSES AND SOLD WITHIN TWENTY FOUR HOURS

**SCHEDULE O**  
(Form 990)

**Supplemental Information to Form 990**

OMB No 1545-0047

**2009**

**Open to Public Inspection**

**Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.**  
▶ **Attach to Form 990.**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
GREATER TWIN CITIES UNITED WAY

**Employer identification number**

41-1973442

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		THE FOLLOWING BOARD MEMBERS OF GREATER TWIN CITIES UNITED WAY HAVE A SEPARATE PROFESSIONAL OR BUSINESS RELATIONSHIP WITH EACH OTHER JENNIE CARLSON AND SANDY VARGAS LYNN CASEY AND SANDY VARGAS JEFF GREINER AND SANDY VARGAS MICHAEL CONNELLY AND MARY CATHRYN RICKER DAVID VANDER HAAR AND JEFF GREINER KEVIN WARREN AND MICHAEL HOFFMAN JEFF NODDLE AND MICHAEL HOFFMAN
Form 990, Part VI, Section B, line 11		The Audit Committee review s the completed draft of the Form 990 w ith management The Governance Committee review s and approves required governance disclosures included in the Form 990 The Executive Compensation Committee review s and approves required disclosures regarding the process follow ed for determning compensation of the CEO and senior management included in the Form 990 Once these review s have been performed, the completed Form 990 is made available to the Board prior to its filing
Form 990, Part VI, Section B, line 12c		Every year, all Board members and staff are required to submit a signed Conflict of Interest form to the Governance Committee The Governance Committee review s all submissions, and if necessary, follow s up on any possible conflicts If the conflict is deemed material, a Board member w ould be asked to step dow n from the Board of Directors, per our bylaw s In the case of staff, staff are asked to eliminate any conflicts of interest as soon as management is made aware of them
Form 990, Part VI, Section B, line 15		An independent body (Executive Compensation Committee consisting of the Chair of the Board, Immediate Past Chair of the Board, Vice Chair of the Board and Chair of the Human Capital Committee) annually conducts the CEO's performance review aligned w ith the organization's strategic direction and measures of success The process includes gathering feedback from each Executive Committee Member (13 members) Market comparability data is collected from an outside consultant, RSM McGladrey, and is supplemented by other data collected by internal human resources staff Market comparability data includes compensation ranges and supplemental benefits established for the CEO and key executives - Chief Operating Officer, Sr Vice President of Donor Relations, Sr Vice President of Community Impact and Sr Vice President of Marketing Market comparability data is reviewed by the Executive Compensation Committee prior to making recommendations regarding pay and benefits The Executive Compensation Committee determnes and recommends to the Executive Committee of the Board of Directors approval of the follow ing - CEO's total compensation and supplemental benefits - CEO's performance goals and objectives for the next performance evaluation period - Key executives' compensation and benefits based on the CEO's performance evaluation and recommendations for these executives The chair of the Executive Compensation Committee reports to the Board of Directors at a subsequent meeting the actions reported and recommendations approved by the Executive Committee The Executive Compensation Committee documents the basis for making its determination concurrently w ith making its decision
Form 990, Part VI, Section C, line 19		Form 990, Part VI, Section C, Line 19 GREATER TWIN CITIES UNITED WAY MAKES ITS FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON ITS WEBSITE AS WELL AS UPON REQUEST GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST