

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

OMB No 1545-0047
2011
Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	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 F Name and address of principal officer SARAH CARUSO 404 SOUTH EIGHTH STREET MINNEAPOLIS, MN 554041084	D Employer identification number 41-1973442 E Telephone number (612) 340-7400 G Gross receipts \$ 96,278,143 H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		J Website: WWW UNITEDWAYTWINCITIES ORG
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation 2001 M State of legal domicile MN

Part I Summary

1	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			
2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets				
3 Number of voting members of the governing body (Part VI, line 1a)				
		3		50
4 Number of independent voting members of the governing body (Part VI, line 1b)				
		4		50
5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)				
		5		186
6 Total number of volunteers (estimate if necessary)				
		6		59,876
7a Total unrelated business revenue from Part VIII, column (C), line 12				
		7a		0
b Net unrelated business taxable income from Form 990-T, line 34				
		7b		0
		Prior Year		Current Year
8 Contributions and grants (Part VIII, line 1h)		85,488,845		89,351,090
9 Program service revenue (Part VIII, line 2g)		173,493		141,663
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,445,341		1,584,708
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,476,030		1,374,490
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		88,583,709		92,451,951
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)		75,853,793		73,345,399
14 Benefits paid to or for members (Part IX, column (A), line 4)		0		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		9,621,434		9,681,141
16a Professional fundraising fees (Part IX, column (A), line 11e)		0		0
b Total fundraising expenses (Part IX, column (D), line 25) <u>7,397,357</u>				
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)		8,730,482		9,372,966
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		94,205,709		92,399,506
19 Revenue less expenses Subtract line 18 from line 12		-5,622,000		52,445
		Beginning of Current Year		End of Year
20 Total assets (Part X, line 16)		140,737,760		139,681,176
21 Total liabilities (Part X, line 26)		17,050,151		17,629,338
22 Net assets or fund balances Subtract line 21 from line 20		123,687,609		122,051,838

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	2012-08-01 Date
	SARAH CARUSO PRESIDENT AND CEO Type or print name and title	

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (see instructions) P01008921
	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			EIN 41-1654490 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

Check if Schedule O contains a response to any question in this Part III

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 UNITED WAY WORKS IN THREE AREAS TO PROVIDE THE BUILDING BLOCKS FOR A GOOD LIFE--BASIC NEEDS, EDUCATION AND HEALTH, AND MEASURES PROGRESS AGAINST TEN SPECIFIC GOALS 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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 \$ 22,709,476 including grants of \$ 20,847,145) (Revenue \$ 5,985)

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 338 PROGRAMS AT PARTNER AGENCIES ACROSS THE NINE-COUNTY REGION

4b (Code) (Expenses \$ 21,680,482 including grants of \$ 19,517,445) (Revenue \$ 31,073)

EDUCATION - HELPING PREPARE CHILDREN FOR SCHOOL, IMPROVE EARLY GRADE LITERACY, 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 338 PROGRAMS AT PARTNER AGENCIES ACROSS THE NINE-COUNTY REGION

4c (Code) (Expenses \$ 13,320,704 including grants of \$ 12,028,509) (Revenue \$ 0)

HEALTH - IMPROVING ACCESS TO HEALTH CARE, 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 338 PROGRAMS AT PARTNER AGENCIES ACROSS THE NINE-COUNTY REGION

(Code) (Expenses \$ 24,219,241 including grants of \$ 20,952,300) (Revenue \$ 1,456,152)

NONPROFIT SECTOR SUPPORT - PROGRAM FUNDING FOR UNITED WAY 2-1-1, A 24/7 INFORMATION AND REFERRAL SERVICE LINKING PEOPLE TO A BROAD ARRAY OF COMMUNITY RESOURCES IN 2011, UNITED WAY 2-1-1 MADE OVER 400,000 REFERRALS DONOR DESIGNATIONS - CONTRIBUTIONS TO UNITED WAY THAT DONORS DIRECT TO SPECIFIC AGENCIES THERE WERE 37,481 DONOR DESIGNATIONS TO 2,505 AGENCIES IN 2011

4d Other program services (Describe in Schedule O)

(Expenses \$ 24,219,241 including grants of \$ 20,952,300) (Revenue \$ 1,456,152)

4e Total program service expenses \$ 81,929,903

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> <input checked="" type="checkbox"/>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i> <input checked="" type="checkbox"/>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i> <input checked="" type="checkbox"/>	Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i> <input checked="" type="checkbox"/>		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> <input checked="" type="checkbox"/>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> <input checked="" type="checkbox"/>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> <input checked="" type="checkbox"/>		No
9 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
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> <input checked="" type="checkbox"/>	Yes	
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> <input checked="" type="checkbox"/>	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> <input checked="" type="checkbox"/>	Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> <input checked="" type="checkbox"/>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> <input checked="" type="checkbox"/>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>		No
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>	Yes	
12a 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 Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> <input checked="" type="checkbox"/>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i>		No
15 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 and IV.</i>		No
16 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 and IV.</i>		No
17 Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i>		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		No
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements.		

Part IV Checklist of Required Schedules (continued)

21	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>	21	Yes	
22	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>	22		No
23	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>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. 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>	25a		No
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>	25b		No
26	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>	26		No
27	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>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	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>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	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>	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 114		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 0		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	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. 186		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	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
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.		
13b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		
13c	Enter the aggregate amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (50), 1b (50), 2 (Yes), 3 (No), 4 (No), 5 (No), 6 (No), 7a (No), 7b (No), 8a (Yes), 8b (Yes), 9 (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 (No), 10b, 11a (Yes), 11b, 12a (Yes), 12b (Yes), 12c (Yes), 13 (Yes), 14 (Yes), 15a (Yes), 15b (Yes), 16a (No), 16b.

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed MN
18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization made 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

Check if Schedule O contains a response to any question in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, 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, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							1,228,446	0	281,952	

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

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

(A) Name and business address	(B) Description of services	(C) Compensation
CERIDIAN PO BOX 10989 NEWARK, NJ 07193	UW211 OUTSOURCE SERVICES	2,244,820
HAWORTH MARKETING AND MEDIA COMPANY PO BOX 12-2595 MINNEAPOLIS, MN 55486	ADVERTISING/BROADCASTING	349,293
MCGLADREY & PULLEN LLP 5155 PAYSHERE CIRCLE CHICAGO, IL 60674	CONSULTING SERVICES	143,055
TRUIST INC 15654 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	ELECTRONIC SERVICES	133,520
GRADSTAFF INC PO BOX 1691 MINNEAPOLIS, MN 55480	TEMPORARY STAFFING	125,259

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **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	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a 203,554					
	b	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations 1d					
	e	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 89,147,536					
	g	Noncash contributions included in lines 1a-1f \$ 3,169,887					
	h	Total. Add lines 1a-1f ▶	89,351,090				
Program Service Revenue			Business Code				
	2a	FEES FOR SERVICE	900099	56,405	56,405		
	b	MEMBERSHIPS	900099	39,273	39,273		
	c	PROGRAM RENTAL INCOME	531190	31,073	31,073		
	d	MISCELLANEOUS PROGRAM	900099	10,562	10,562		
	e	UNITED WAY 2-1-1	900099	4,350	4,350		
	f	All other program service revenue					
g	Total. Add lines 2a-2f ▶		141,663				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts) ▶		795,762		795,762	
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties ▶					
	6a	(i) Real		(ii) Personal			
			Gross rents	22,943			
		b	Less rental expenses	0			
		c	Rental income or (loss)	22,943			
	d	Net rental income or (loss) ▶		22,943		22,943	
	7a	(i) Securities		(ii) Other			
			Gross amount from sales of assets other than inventory	3,161,307	1,453,831		
		b	Less cost or other basis and sales expenses	3,169,887	656,305		
		c	Gain or (loss)	-8,580	797,526		
	d	Net gain or (loss) ▶		788,946		788,946	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b	Less direct expenses b					
c	Net income or (loss) from fundraising events . . ▶						
9a	Gross income from gaming activities See Part IV, line 19 a						
b	Less direct expenses b						
c	Net income or (loss) from gaming activities . . ▶						
10a	Gross sales of inventory, less returns and allowances a						
b	Less cost of goods sold b						
c	Net income or (loss) from sales of inventory . . ▶						
Miscellaneous Revenue		Business Code					
11a	DESIGNATION COST RECOV	900099	1,308,146	1,308,146			
b	MISCELLANEOUS INCOME	900099	43,401	43,401			
c							
d	All other revenue						
e	Total. Add lines 11a-11d ▶		1,351,547				
12	Total revenue. See Instructions ▶		92,451,951	1,493,210	0	1,607,651	

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)

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	73,345,399	73,345,399		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	681,357	178,203	331,314	171,840
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	7,107,617	1,810,644	1,334,756	3,962,217
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	595,004	172,203	110,332	312,469
9	Other employee benefits	714,779	204,936	127,667	382,176
10	Payroll taxes	582,384	150,636	109,699	322,049
11	Fees for services (non-employees)				
a	Management				
b	Legal	44,403	17,947	13,648	12,808
c	Accounting	78,296	1,741	72,709	3,846
d	Lobbying	25,236	25,236		
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	152,545		152,545	
g	Other	4,904,925	4,616,631	65,443	222,851
12	Advertising and promotion	1,183,285	314,401	112,311	756,573
13	Office expenses	420,437	107,324	88,987	224,126
14	Information technology	203,939	44,760	60,332	98,847
15	Royalties				
16	Occupancy	391,345	85,893	115,772	189,680
17	Travel	65,280	16,133	3,319	45,828
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	292,265	161,401	46,028	84,836
20	Interest				
21	Payments to affiliates	574,447	127,201	160,374	286,872
22	Depreciation, depletion, and amortization	447,413	96,297	134,259	216,857
23	Insurance				
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	MISCELLANEOUS	589,150	452,917	32,751	103,482
b					
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	92,399,506	81,929,903	3,072,246	7,397,357
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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
Assets	1 Cash—non-interest-bearing	4,093,762	1	6,510,032
	2 Savings and temporary cash investments	19,117,484	2	12,325,787
	3 Pledges and grants receivable, net	62,732,480	3	65,918,502
	4 Accounts receivable, net	118,427	4	127,921
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 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		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	208,979	9	217,121
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	7,749,750		
	b Less accumulated depreciation	5,786,301		
		1,954,748	10c	1,963,449
	11 Investments—publicly traded securities	16,586,530	11	17,127,529
	12 Investments—other securities See Part IV, line 11	33,698,922	12	33,406,204
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets See Part IV, line 11	2,226,428	15	2,084,631	
16 Total assets. Add lines 1 through 15 (must equal line 34)	140,737,760	16	139,681,176	
Liabilities	17 Accounts payable and accrued expenses	2,539,407	17	3,701,496
	18 Grants payable	14,510,744	18	13,927,842
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	17,050,151	26	17,629,338
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	30,437,430	27	28,173,397
	28 Temporarily restricted net assets	74,385,631	28	74,574,009
	29 Permanently restricted net assets	18,864,548	29	19,304,432
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	123,687,609	33	122,051,838	
34 Total liabilities and net assets/fund balances	140,737,760	34	139,681,176	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	92,451,951
2	Total expenses (must equal Part IX, column (A), line 25)	2	92,399,506
3	Revenue less expenses Subtract line 2 from line 1	3	52,445
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	123,687,609
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-1,688,216
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	122,051,838

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	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		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	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	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
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

2011

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
11g(i)		
11g(ii)		
11g(iii)		

(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	
Total									

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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	89,255,334	93,258,890	83,439,147	85,488,845	89,351,090	440,793,306
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	89,255,334	93,258,890	83,439,147	85,488,845	89,351,090	440,793,306
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						16,060,984
6 Public Support. Subtract line 5 from line 4						424,732,322

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	89,255,334	93,258,890	83,439,147	85,488,845	89,351,090	440,793,306
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,213,617	2,045,308	972,404	912,919	818,705	7,962,953
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	260,470	1,399,704	1,354,035	1,450,882	1,351,547	5,816,638
11 Total support (Add lines 7 through 10)						454,572,897
12 Gross receipts from related activities, etc (See instructions)					12	1,005,923

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

14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	93.440 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	93.380 %

16a 33 1/3% support test—2011. 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—2010. 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—2011. 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—2010. 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2011.** 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—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization
- 20 Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV **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. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2011

Open to Public Inspection

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

Complete if the organization is described below.

Attach to Form 990 or Form 990-EZ. See separate instructions.

Department of the Treasury Internal Revenue Service

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

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

If the organization answered "Yes," 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 35c (Proxy Tax), then

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

Name of the organization GREATER TWIN CITIES UNITED WAY

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 on behalf of or in opposition to candidates for public office 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?
4a Was a correction made?
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?
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments

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

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)
- B** Check if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount Enter the amount from the following table in both columns														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a If zero or less, enter -0-														
i Subtract line 1f from line 1c If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?		No	
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes		
c Media advertisements?		No	
d Mailings to members, legislators, or the public?		No	
e Publications, or published or broadcast statements?		No	
f Grants to other organizations for lobbying purposes?		No	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		25,236
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i Other activities? If "Yes," describe in Part IV		No	
j Total lines 1c through 1i			25,236
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d 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
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carryover lobbying and political expenditures from the prior year?	3	

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".

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 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?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

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 1i. Also, complete this part for any additional information.

Identifier	Return Reference	Explanation
PART IV, SUPPLEMENTAL INFORMATION		PART II-B, 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, THE EARNED INCOME TAX CREDIT, AND LOW INCOME HOUSING

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2011

Open to Public Inspection

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

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06.

- 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
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

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
1a Beginning of year balance	32,604,284	30,481,377	27,113,217	34,405,112	
b Contributions	313,505	149,643	1,543,265	1,512,787	
c Investment earnings or losses	636,151	3,234,866	3,104,904	-7,646,529	
d Grants or scholarships	1,225,399	1,261,602	1,280,009	1,158,153	
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	32,328,541	32,604,284	30,481,377	27,113,217	

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

- a** Board designated or quasi-endowment ▶ 34 000 %
- b** Permanent endowment ▶ 56 000 %
- c** Term endowment ▶ 10 000 %

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

	Yes	No
(i) unrelated organizations	3a(i) Yes	
(ii) related organizations	3a(ii)	No

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		33,083		33,083
b Buildings		5,601,476	4,326,107	1,275,369
c Leasehold improvements				
d Equipment		2,115,191	1,460,194	654,997
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				1,963,449

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	92,451,951
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	92,399,506
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	52,445
4	Net unrealized gains (losses) on investments	4	-491,320
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-1,196,896
9	Total adjustments (net) Add lines 4 - 8	9	-1,688,216
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-1,635,771

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

1	Total revenue, gains, and other support per audited financial statements	1	72,284,055
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-491,320
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	-141,797
e	Add lines 2a through 2d	2e	-633,117
3	Subtract line 2e from line 1	3	72,917,172
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	19,534,779
c	Add lines 4a and 4b	4c	19,534,779
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	92,451,951

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

1	Total expenses and losses per audited financial statements	1	72,863,417
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	72,863,417
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	19,536,089
c	Add lines 4a and 4b	4c	19,536,089
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	92,399,506

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
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	UNRESTRICTED GRANTS ARE MADE FROM THE ENDOWMENT FUND TO SUPPORT GENERAL OPERATING COSTS, PROGRAMS, AGENCIES, AND INITIATIVES
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	UNITED WAY DID NOT HAVE ANY UNRELATED BUSINESS INCOME FOR THE YEAR ENDED DECEMBER 31, 2011 UNITED WAY'S ACCOUNTING POLICY PROVIDES THAT A TAX EXPENSE/BENEFIT FROM AN UNCERTAIN TAX POSITION MAY BE RECOGNIZED WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION, INCLUDING RESOLUTIONS OF ANY RELATED APPEALS OR LITIGATION PROCESSES, BASED ON THE TECHNICAL MERITS UNITED WAY HAS NO UNCERTAIN TAX POSITIONS RESULTING IN AN ACCRUAL OF TAX EXPENSE OR BENEFIT
PART XI, LINE 8 - OTHER ADJUSTMENTS		CHANGE IN FAIR VALUE OF BENEFICIAL INTERESTS IN CHARITABLE TRUSTS -141,797 PENSION RELATED CHANGES OTHER THAN NET PERIODIC PENSION COST - 1,055,099 TOTAL TO SCHEDULE D, PART XI, LINE 8 - 1,196,896
PART XII, LINE 2D - OTHER ADJUSTMENTS		CHANGE IN FAIR VALUE OF BENEFICIAL INTEREST IN CHARITABLE TRUSTS -141,797
PART XII, LINE 4B - OTHER ADJUSTMENTS		DONOR DESIGNATED CONTRIBUTIONS FOR OTHER AGENCIES 19,536,089 LOSS ON DISPOSAL OF PROPERTY -1,310
PART XIII, LINE 4B - OTHER ADJUSTMENTS		DONOR DESIGNATED CONTRIBUTIONS FOR OTHER AGENCIES 19,536,089

Schedule I (Form 990)

OMB No 1545-0047

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

2011

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 listed in the line 1 table 222
3 Enter total number of other organizations listed in the line 1 table

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 UNITED WAY RUNS AN OPEN AND COMPETITIVE GRANT-MAKING PROCESS THAT IS OVERSEEN AND IMPLEMENTED BY UNITED WAY STAFF UNITED WAY DOES NOT MAKE GRANTS FOR LOBBYING OR PUBLIC POLICY ALL GRANTS ARE AWARDED TO DIRECT-SERVICE PROGRAMS NON-PROFIT AGENCIES MUST PROVIDE ANNUAL REPORTS ON THE USE OF FUNDS AND MUST BE IN COMPLIANCE WITH AGREED UPON GRANTS AND CONTRACTS

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

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
1a		
1b	Yes	
2	Yes	
3		
4a		No
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7	Yes	
8		No
9		

- 1a** 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
- | | |
|--|---|
| <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 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) |

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

2 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?

3 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

- | | |
|---|---|
| <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 |

4 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

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.

5 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

a The organization?

b Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

6 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

a The organization?

b Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

7 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

8 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

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(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				
(1) SARAH CARUSO	(i)	243,539	0	583	24,945	71,954	341,021	0
	(ii)	0	0	0	0	0	0	0
(2) BENJAMIN KNOLL	(i)	165,478	0	370	10,500	24,421	200,769	0
	(ii)	0	0	0	0	0	0	0
(3) FRANK FORSBERG	(i)	147,558	0	291	10,869	25,240	183,958	0
	(ii)	0	0	0	0	0	0	0
(4) DAWID HYMAN	(i)	128,300	0	17,367	1,616	18,795	166,078	0
	(ii)	0	0	0	0	0	0	0
(5) BARBARA BEARD	(i)	145,438	0	528	10,658	23,978	180,602	0
	(ii)	0	0	0	0	0	0	0
(6) ANDREW GOLDMAN-GRAY	(i)	151,085	0	110	10,634	3,030	164,859	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
	PART I, LINE 1A	THE SOCIAL CLUB DUES ARE THE BUSINESS PORTION OF DUES PAID TO THE MINNEAPOLIS CLUB FOR THE CEO'S MEMBERSHIP
	PART I, LINE 7	THE ORGANIZATION ACCRUED INCENTIVE COMPENSATION DUE THE CEO, SARAH CARUSO, TOTALING \$39,552 AT THE END OF 2011 WHICH WAS PAID WITHIN 2 1/2 MONTHS AFTER YEAR END 2011

**SCHEDULE M
(Form 990)**

NonCash Contributions

OMB No 1545-0047

2011

**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 or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
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	545	3,169,887	QUOTED MARKET PRICES
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

29

	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 AS SOON AS POSSIBLE

Schedule M (Form 990) 2011

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2011

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 or 990-EZ.

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 MICHAEL CONNELLY AND MARY CATHRYN RICKER - BUSINESS RELATIONSHIP DAVID VANDER HAAR AND JEFF GREINER - BUSINESS RELATIONSHIP KENDALL POWELL AND GARY ELLIS - BUSINESS RELATIONSHIP JEFF GREINER AND CALVIN ALLEN - BUSINESS RELATIONSHIP MARK LUCAS AND JAMES KOLAR - BUSINESS RELATIONSHIP
	FORM 990, PART VI, SECTION B, LINE 11	THE AUDIT COMMITTEE REVIEWS THE COMPLETED FORM 990 WITH MANAGEMENT THE GOVERNANCE COMMITTEE REVIEWS AND APPROVES REQUIRED GOVERNANCE DISCLOSURES INCLUDED IN THE FORM 990 THE EXECUTIVE COMPENSATION COMMITTEE REVIEWS AND APPROVES REQUIRED DISCLOSURES REGARDING THE PROCESS FOLLOWED FOR DETERMINING COMPENSATION OF THE CEO AND SENIOR MANAGEMENT INCLUDED IN THE FORM 990 ONCE THESE REVIEWS 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 REVIEWS ALL SUBMISSIONS, AND IF NECESSARY, FOLLOWS UP ON ANY POSSIBLE CONFLICTS IF THE CONFLICT IS DEEMED MATERIAL, A BOARD MEMBER WOULD BE ASKED TO STEP DOWN FROM THE BOARD OF DIRECTORS, PER OUR BYLAWS 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 TASK FORCE CONSISTING OF A MAJORITY OF THE FOLLOWING MEMBERS CHAIR OF THE BOARD, IMMEDIATE PAST CHAIR OF THE BOARD, VICE CHAIR OF THE BOARD, CHAIR OF THE FINANCE AND HUMAN CAPITAL COMMITTEE AND CHAIR OF THE GOVERNANCE COMMITTEE) ANNUALLY CONDUCTS THE CEO'S PERFORMANCE REVIEW ALIGNED WITH THE ORGANIZATION'S STRATEGIC DIRECTION AND MEASURES OF SUCCESS THE PROCESS INCLUDES GATHERING FEEDBACK FROM EACH EXECUTIVE COMMITTEE MEMBER (15 MEMBERS) MARKET COMPARABILITY DATA IS COLLECTED FROM AN OUTSIDE CONSULTING FIRM 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 WORKPLACE FUNDRAISING, SR VICE PRESIDENT OF MAJOR GIFTS AND FOUNDATIONS, SR VICE PRESIDENT OF SYSTEMS CHANGE & INNOVATION, AND VICE PRESIDENT OF MARKETING MARKET COMPARABILITY DATA IS REVIEWED BY THE EXECUTIVE COMPENSATION TASK FORCE PRIOR TO MAKING RECOMMENDATIONS AND/OR APPROVING PAY AND BENEFITS DECISIONS THE EXECUTIVE COMPENSATION TASK FORCE DETERMINES AND RECOMMENDS TO THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS APPROVAL OF THE FOLLOWING - CEO'S TOTAL COMPENSATION AND SUPPLEMENTAL BENEFITS - CEO'S PERFORMANCE GOALS AND OBJECTIVES FOR THE NEXT PERFORMANCE EVALUATION PERIOD THE EXECUTIVE COMPENSATION TASK FORCE REVIEWS AND APPROVES KEY EXECUTIVES' COMPENSATION AND BENEFITS BASED ON THE CEO'S PERFORMANCE EVALUATION AND RECOMMENDATIONS FOR THESE EXECUTIVES THE APPROVED RECOMMENDATIONS ARE THEN REVIEWED WITH THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS THE CHAIR OF THE EXECUTIVE COMPENSATION TASK FORCE REPORTS TO THE BOARD OF DIRECTORS AT A SUBSEQUENT MEETING THE ACTIONS REPORTED AND RECOMMENDATIONS APPROVED BY THE EXECUTIVE COMMITTEE AND EXECUTIVE COMPENSATION TASK FORCE THE EXECUTIVE COMPENSATION TASK FORCE DOCUMENTS THE BASIS FOR MAKING ITS DETERMINATION CONCURRENTLY WITH 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
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -491,320 CHANGE IN FAIR VALUE OF BENEFICIAL INTERESTS IN CHARITABLE TRUSTS -141,797 PENSION RELATED CHANGES OTHER THAN NET PERIODIC PENSION COST - 1,055,099 TOTAL TO FORM 990, PART XI, LINE 5 -1,688,216

Additional Data

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

Form 990, Special Condition Description:

Special Condition Description

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses \$ 24,219,241 including grants of \$ 20,952,300) (Revenue \$ 1,456,152)

NONPROFIT SECTOR SUPPORT - PROGRAM FUNDING FOR UNITED WAY 2-1-1, A 24/7 INFORMATION AND REFERRAL SERVICE LINKING PEOPLE TO A BROAD ARRAY OF COMMUNITY RESOURCES IN 2011, UNITED WAY 2-1-1 MADE OVER 400,000 REFERRALS DONOR DESIGNATIONS - CONTRIBUTIONS TO UNITED WAY THAT DONORS DIRECT TO SPECIFIC AGENCIES THERE WERE 37,481 DONOR DESIGNATIONS TO 2,505 AGENCIES IN 2011

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
CHRISTOPHER POLICINSKI BOARD CHAIR AND BOARD MEMB	1 00	X		X				0	0	0
KENDALL POWELL VICE CHAIR OF THE BOARD AND BOARD MEMBER	1 00	X		X				0	0	0
TIMOTHY WELSH TREASURER AND BOARD MEMBER	1 00	X		X				0	0	0
MICHAEL CONNELLY SECRETARY AND BOARD MEMBER	1 00	X		X				0	0	0
CALVIN ALLEN BOARD MEMBER	1 00	X						0	0	0
JULIE BAKER BOARD MEMBER	2 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
WILLIAM BUCKNER BOARD MEMBER	1 00	X						0	0	0
ARMANDO CAMACHO 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
LESLIE J CHAPMAN BOARD MEMBER	1 00	X						0	0	0
TOBIN DAYTON BOARD MEMBER	1 00	X						0	0	0
GARY ELLIS BOARD MEMBER	1 00	X						0	0	0
LES FUJITAKE BOARD MEMBER	1 00	X						0	0	0
PATIRCK J GERAGHTY 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
MATTHEWS HEMSLEY BOARD MEMBER	1 00	X						0	0	0
BETH JACOB BOARD MEMBER	1 00	X						0	0	0
SEAN KERSHAW BOARD MEMBER	1 00	X						0	0	0
JAMES KOLAR BOARD MEMBER	1 00	X						0	0	0
STEVEN C KUMAGAI BOARD MEMBER	1 00	X						0	0	0
STEPHANIE LEVINE BOARD MEMBER	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
SEE NEXT PAGE FOR CONTINUATION OF BOARD MEMBERS	1 00	X						0	0	0
GLORIA LEWIS BOARD MEMBER	1 00	X						0	0	0
NANCY LINDAHL BOARD MEMBER	1 00	X						0	0	0
RAEONE LOSCALZO BOARD MEMBER	1 00	X						0	0	0
MARK E LUCAS BOARD MEMBER	1 00	X						0	0	0
WILLIAM MCCARTHY BOARD MEMBER	1 00	X						0	0	0
RICHARD MIGLIORI BOARD MEMBER	1 00	X						0	0	0
LAURIE B NORDQUIST BOARD MEMBER	1 00	X						0	0	0
JERRY O'BRIEN BOARD MEMBER	1 00	X						0	0	0
MITCHELL PEARLSTEIN BOARD MEMBER	1 00	X						0	0	0
BRYAN K PHILLIPS 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
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
ANDREW TURNER BOARD MEMBER	1 00	X						0	0	0
DAVID VANDER HAAR BOARD MEMBER	1 00	X						0	0	0
VAL VARGAS BOARD MEMBER	1 00	X						0	0	0
MICHAEL WEBER BOARD MEMBER	1 00	X						0	0	0
STEVE WEHRENBURG BOARD MEMBER	1 00	X						0	0	0
DAVID WERPY BOARD MEMBER	1 00	X						0	0	0
JOHN WILGERS BOARD MEMBER	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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			
SCOTT W WINE BOARD MEMBER	1 00	X						0	0	0
JEFFREY L WRIGHT BOARD MEMBER	1 00	X						0	0	0
JULIE ZELLE BOARD MEMBER	1 00	X						0	0	0
MARCIA ZIMMERMAN BOARD MEMBER	1 00	X						0	0	0
SARAH CARUSO PRESIDENT AND CEO	40 00			X				244,122	0	96,899
JULIE NEVILLE VP OF FINANCE	40 00			X				118,925	0	20,642
BENJAMIN KNOLL CHIEF OPERATING OFFICER	40 00				X			165,848	0	34,921
FRANK FORSBERG SVP SYSTEMS CHANGE & INNOVATION	40 00					X		147,849	0	36,109
DAWID HYMAN VP INFORMATION TECHNOLOGY	40 00					X		145,667	0	20,411
BARBARA BEARD SVP, MAJOR GIFTS & FOUNDATIONS	40 00					X		145,966	0	34,636
ANDREW GOLDMAN-GRAY SVP WORKPLACE FUNDRAISING	40 00					X		151,195	0	13,664
CAROL STODIECK VP HUMAN RESOURCES	40 00					X		108,874	0	24,670

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
360 COMMUNITIES 20730 HOLYOKE AVENUE WEST PO BOX 1256 LAKEVILLE, MN 550441256	41- 0987708	501(C)(3)	221,012				PROGRAM OPERATING COST
A CHANCE TO GROW 1800 SECOND STREET NORTHEAST MINNEAPOLIS, MN 55418	41- 1444113	501(C)(3)	237,500				PROGRAM OPERATING COST
ACCESSABILITY INC 360 HOOVER STREET NE MINNEAPOLIS, MN 554132940	41- 0735909	501(C)(3)	300,000				PROGRAM OPERATING COST
ACCESSIBLE SPACE INC 2550 UNIVERSITY AVENUE WEST SUITE 330N ST PAUL, MN 551141085	41- 1330242	501(C)(3)	50,000				PROGRAM OPERATING COST
ACCOUNTABILITY MINNESOTA 2300 MYRTLE STREET SUITE 180 ST PAUL, MN 55114	23- 7131829	501(C)(3)	208,000				PROGRAM OPERATING COST
COLLEGE POSSIBLE 450 N SYNDICATE STREET SUITE 200 ST PAUL, MN 55104	41- 1968798	501(C)(3)	25,000				PROGRAM OPERATING COST
AFRICAN AMERICAN FAMILY SERVICES INC 2616 NICOLLET AVENUE SOUTH MINNEAPOLIS, MN 554081628	41- 1303326	501(C)(3)	120,402				PROGRAM OPERATING COST
ALEXANDRA HOUSE INC PO BOX 49039 BLAINE, MN 554490039	41- 1309977	501(C)(3)	238,148				PROGRAM OPERATING COST
AMERICAN INDIAN OIC INC 1845 EAST FRANKLIN AVENUE MINNEAPOLIS, MN 554044062	41- 1365561	501(C)(3)	120,000				PROGRAM OPERATING COST
AMERICAN RED CROSS OF THE TWIN CITIES 1201 WEST RIVER PARKWAY MINNEAPOLIS, MN 554542020	53- 0196605	501(C)(3)	267,015				PROGRAM OPERATING COST
AMERICAN REFUGEE COMMITTEE 430 OAK GROVE STREETSUITE 204 MINNEAPOLIS, MN 55403	36- 3241033	501(C)(3)	100,000				PROGRAM OPERATING COST
AMHERST H WILDER FOUNDATION 451 LEXINGTON PARKWAY NORTH ST PAUL, MN 55104	41- 0693889	501(C)(3)	281,500				PROGRAM OPERATING COST
ANEW DIMENSION CHILD ENRICHMENT CENTER 1819 MINNEHAHA AVENUE SOUTH MINNEAPOLIS, MN 554042286	41- 1628289	501(C)(3)	58,003				PROGRAM OPERATING COST
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)	188,840				PROGRAM OPERATING COST
ARC GREATER TWIN CITIES 2446 UNIVERSITY AVENUE WEST ST PAUL, MN 551141740	41- 0782848	501(C)(3)	337,172				PROGRAM OPERATING COST
ATHLETES COMMITTEE TO EDUCATION (ACES) 1115 EAST HENNEPIN AVENUE MINNEAPOLIS, MN 55414	41- 1789659	501(C)(3)	50,000				PROGRAM OPERATING COST
BABY'S SPACE A PLACE TO GROW 2438 18TH AVENUE SOUTH MINNEAPOLIS, MN 55404	20- 4502788	501(C)(3)	37,500				PROGRAM OPERATING COST
BETHEL UNIVERSITY 3900 BETHEL DRIVE ST PAUL, MN 55112	41- 0708577	501(C)(3)	37,500				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

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
BLOOMINGTON DIVISION OF PUBLIC HEALTH 1900 WEST OLD SHAKOPEE ROAD BLOOMINGTON, MN 554313033	41-6004990	501(C)(3)	44,000				PROGRAM OPERATING COST
BOLDER OPTIONS 2100 STEVENS AVENUE SOUTH MINNEAPOLIS, MN 55404	41-1909408	501(C)(3)	32,500				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)	268,375				PROGRAM OPERATING COST
BRIDGE FOR YOUTH INC 2200 EMERSON AVENUE SOUTH MINNEAPOLIS, MN 554052628	41-0983062	501(C)(3)	425,814				PROGRAM OPERATING COST
BROOKLYN CENTER SCHOOLS ISD #28665 HUMBOLDT AVENUE NORTH BROOKLYN, MN 554301897	41-6009038	501(C)(3)	125,000				PROGRAM OPERATING COST
CAMBRIDGE IS ANTI EC COALITION (ISD 911) 428 2ND AVE NW CAMBRIDGE, MN 55008	41-6008812	501(C)(3)	10,000				PROGRAM OPERATING COST
CAMP FIRE USA MINNESOTA COUNCIL 2610 UNIVERSITY AVENUE WEST ST PAUL, MN 551141090	41-0706116	501(C)(3)	346,244				PROGRAM OPERATING COST
CAPI USA (CENTRE FOR ASIANS & PACIFIC ISLANDERS) 3702 EAST LAKE STREET SUITE 101 MINNEAPOLIS, MN 55406	41-1417198	501(C)(3)	110,000				PROGRAM OPERATING COST
CARVER COUNTY COMMUNITY SOCIAL SERVICES HUMAN SERVICES BLDG 600 EAST 4TH STREET CHASKA, MN 553182180	41-6005768	501(C)(3)	52,726				PROGRAM OPERATING COST
CARVER-SCOTT EDUCATIONAL COOPERATIVE 401 EAST 4TH STREET CHASKA, MN 553182099	41-1295656	501(C)(3)	123,118				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)	2,174,572				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)	114,182				PROGRAM OPERATING COST
CENTER SCHOOL INC 2421 BLOOMINGTON AVENUE SOUTH MINNEAPOLIS, MN 55404	36-3591386	501(C)(3)	137,500				PROGRAM OPERATING COST
CENTRO CULTURAL CHICANO INC 1915 CHICAGO AVENUE SOUTH MINNEAPOLIS, MN 554041904	41-1290349	501(C)(3)	443,278				PROGRAM OPERATING COST
CHARITIES REVIEW COUNCIL OF MINNESOTA INC 46 EAST 4TH STREET SUITE 636 ST PAUL, MN 551011112	41-0652474	501(C)(3)	105,000				PROGRAM OPERATING COST
CHILDREN'S DENTAL SERVICES 1415 HENNEPIN AVENUE SOUTH SUITE T507 MINNEAPOLIS, MN 554031779	41-0857929	501(C)(3)	191,250				PROGRAM OPERATING COST
CHILDREN'S HOME SOCIETY & FAMILY SERVICES 1605 EUSTIS STREET ST PAUL, MN 551081219	41-0693906	501(C)(3)	1,082,557				PROGRAM OPERATING COST
CHISAGO-ISANTI COUNTY HEARTLAND EXPRESS 555 18TH AVENUE SOUTHWEST CAMBRIDGE, MN 550089386	41-6005772	501(C)(3)	24,998				PROGRAM OPERATING COST
COMMONBOND COMMUNITIES 328 KELLOGG BOULEVARD WEST ST PAUL, MN 551021900	41-1260469	501(C)(3)	127,366				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
COMMUNITY ACTION PARTNERSHIP OF RAMSEY WASHINGTON COUNTIES1397 GENEVA AVENUE ROOM 103 OAKDALE, MN 55128	41-0883443	501(C)(3)	243,450				PROGRAM OPERATING COST
COMMUNITY ACTION PARTNERSHIP SUBURBAN HENNEPIN COUNTY 8800 HIGHWAY 7 SUITE 401 ST LOUIS PARK, MN 55426	41-1524088	501(C)(3)	48,028				PROGRAM OPERATING COST
COMMUNITY DENTAL CARE1224 ARCADE STREET ST PAUL, MN 551062075	04-3692982	501(C)(3)	80,000				PROGRAM OPERATING COST
COMMUNITY EMERGENCY ASSISTANCE PROGRAM INC6840 NORTH 78TH AVENUE BROOKLYN PARK, MN 554452700	41-0990340	501(C)(3)	415,191				PROGRAM OPERATING COST
COMMUNITY EMERGENCY SERVICES OF AUGUSTANA CHURCH1900 SOUTH 11TH AVENUE MINNEAPOLIS, MN 55404	41-1568278	501(C)(3)	55,000				PROGRAM OPERATING COST
COMMUNITY INVOLVEMENT PROGRAMS1600 BROADWAY NE SUITE 1 MINNEAPOLIS, MN 554132617	41-0972546	501(C)(3)	27,590				PROGRAM OPERATING COST
COMMUNITY PARTNERS WITH YOUTH1900 SEVENTH ST NW NEW BRIGHTON, MN 55112	41-1952012	501(C)(3)	55,960				PROGRAM OPERATING COST
COMMUNITY PARTNERSHIP WITH YOUTH AND FAMILIES38694 TANGER DRIVE NORTH BRANCH, MN 55056	41-1729520	501(C)(3)	54,750				PROGRAM OPERATING COST
COMMUNITY-UNIVERSITY HEALTH CARE CENTERVARIETY CHILDREN'S CLINIC 2001 BLOOMINGTON AVENUE SOUTH MINNEAPOLIS, MN 55404	41-6007513	501(C)(3)	229,250				PROGRAM OPERATING COST
COMUNIDADES LATINAS UNIDAS EN SERVICIO INC220 SOUTH ROBERT STREET SUITE 103 ST PAUL, MN 551071626	41-1386986	501(C)(3)	466,792				PROGRAM OPERATING COST
CONFEDERATION OF SOMALI COMMUNITY IN MINNESOTA420 15TH AVENUE SOUTH MINNEAPOLIS, MN 554541114	41-1817894	501(C)(3)	32,842				PROGRAM OPERATING COST
CORNERSTONE ADVOCACY SERVICE 9730 IRVING AVENUE SOUTH BLOOMINGTON, MN 554312625	41-1476268	501(C)(3)	110,072				PROGRAM OPERATING COST
MINNESOTA COUNCIL ON CRIME AND JUSTICE822 SOUTH 3RD STREET SUITE 100 MINNEAPOLIS, MN 55415	41-0798280	501(C)(3)	100,000				PROGRAM OPERATING COST
COURAGE CENTER 3915 GOLDEN VALLEY ROAD GOLDEN VALLEY, MN 554229958	41-0706118	501(C)(3)	776,590				PROGRAM OPERATING COST
CRISIS CONNECTION 6400 PENN AVENUE SOUTH PO BOX 19550 19550 RICHFIELD, MN 55438	41-0960031	501(C)(3)	8,500				PROGRAM OPERATING COST
DAKOTA COMMUNITIES680 ONEILL DRIVE EAGAN, MN 55121	23-7181360	501(C)(3)	78,750				PROGRAM OPERATING COST
DARTS1645 MARTHALER LANE WEST ST PAUL, MN 551183517	41-1326631	501(C)(3)	169,776				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)	358,279				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 COUNCIL 213 EAST METRO PLACE 3521 CENTURY AVENUE NORTH WHITE BEAR LAKE, MN 55110	36-3578158	501(C)(3)	55,492				PROGRAM OPERATING COST

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

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EAST SIDE LEARNING CENTER 740 YORK AVENUE ST PAUL, MN 55106	04-3699678	501(C)(3)	230,000				PROGRAM OPERATING COST
EAST SIDE NEIGHBORHOOD SERVICES INC 1700 SECOND STREET NE MINNEAPOLIS, MN 55413	41-0873798	501(C)(3)	562,182				PROGRAM OPERATING COST
EBENEZER SOCIETY FOUNDATION 2200 RIVERSIDE AVENUE MINNEAPOLIS, MN 55454	41-1378656	501(C)(3)	42,500				PROGRAM OPERATING COST
EAGAN RESOURCE CENTER 3930 RAHN RD EAGAN, MN 55122	27-0415900	501(C)(3)	120,000				PROGRAM OPERATING COST
EMERGE COMMUNITY DEVELOPMENT 1101 WEST BROADWAY AVENUE MINNEAPOLIS, MN 554112570	41-1277423	501(C)(3)	419,588				PROGRAM OPERATING COST
EMERGENCY FOODSHELFB NETWORK INC 6714 WALKER STREET ST LOUIS PARK, MN 554263011	41-1246504	501(C)(3)	189,904				PROGRAM OPERATING COST
EPISCOPAL COMMUNITY SERVICES INC 1730 CLIFTON PLACE SUITE 104 MINNEAPOLIS, MN 554033242	41-0873401	501(C)(3)	169,568				PROGRAM OPERATING COST
FACE TO FACE HEALTH AND COUNSELING SERVICE INC 1165 ARCADE STREET ST PAUL, MN 55106	41-0986780	501(C)(3)	200,000				PROGRAM OPERATING COST
FAIRVIEW FOUNDATION 6121 WOODDALE AVENUE SOUTH SUITE 2 EDINA, MN 554241810	41-1573810	501(C)(3)	31,096				PROGRAM OPERATING COST
FAITH COMMUNITY NURSE NETWORK OF THE GREATER TWIN CITIES 90 EMERALD STREET SOUTHEAST MINNEAPOLIS, MN 554143529	20-2562054	501(C)(3)	26,251				PROGRAM OPERATING COST
FAMILY HOUSING FUND 801 NICOLLET MALL SUITE 1650 MINNEAPOLIS, MN 55402	41-1380923	501(C)(3)	50,000				PROGRAM OPERATING COST
FAMILY PATHWAYS 26796 KETTLE RIVER BOULEVARD WYOMING, MN 55092	41-1332828	501(C)(3)	176,500				PROGRAM OPERATING COST
FAMILY MEANS 216 WEST MYRTLE STREET STILLWATER, MN 550824805	41-6045574	501(C)(3)	101,635				PROGRAM OPERATING COST
FREEPORT WEST INC 2219 OAKLAND AVENUE SOUTH MINNEAPOLIS, MN 554043749	41-0965380	501(C)(3)	201,132				PROGRAM OPERATING COST
FREMONT COMMUNITY HEALTH SERVICES INC 3300 FREMONT AVENUE NORTH MINNEAPOLIS, MN 554122499	41-1235064	501(C)(3)	276,500				PROGRAM OPERATING COST
FRIENDS IN NEED FOOD SHELF PO BOX 6 COTTAGE GROVE, MN 55016	41-1794212	501(C)(3)	20,000				PROGRAM OPERATING COST
GENESIS II FOR FAMILIES INC 3036 UNIVERSITY AVENUE SE MINNEAPOLIS, MN 554143342	41-1343909	501(C)(3)	377,362				PROGRAM OPERATING COST
GIRL SCOUTS OF MINNESOTA AND WISCONSIN RIVER VALLEYS INC 400 ROBERT STREET SOUTH ST PAUL, MN 551072297	41-0693910	501(C)(3)	663,201				PROGRAM OPERATING COST
GOODWILLEASTER SEALS MINNESOTA 553 FAIRVIEW AVENUE NORTH ST PAUL, MN 551041708	41-0706171	501(C)(3)	280,000				PROGRAM OPERATING COST
GREATER MINNEAPOLIS COUNCIL OF CHURCHES 1001 EAST LAKE STREET PO BOX 7509 MINNEAPOLIS, MN 554070509	41-0693933	501(C)(3)	100,500				PROGRAM OPERATING COST

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GREATER MINNEAPOLIS CRISIS NURSERY 5400 GLENWOOD AVENUE GOLDEN VALLEY, MN 55422 5120	41-1379021	501(C)(3)	150,000				PROGRAM OPERATING COST
GUADALUPE ALTERNATIVE PROGRAMS 381 EAST ROBIE STREET ST PAUL, MN 55107 2415	41-0906127	501(C)(3)	53,213				PROGRAM OPERATING COST
HALLIE Q BROWN COMMUNITY CENTER INC 270 KENT STREET NORTH ST PAUL, MN 55102 1744	41-0693846	501(C)(3)	273,384				PROGRAM OPERATING COST
HAMLIN UNIVERSITY OF MN CENTER FOR EXCELLENCE CEUT HAMLIN UNIVERSITY 1536 HEWITT AVENUE MB-231 ST PAUL, MN 55104	41-0693960	501(C)(3)	200,000				PROGRAM OPERATING COST
HENNEPIN HEALTHCARE SYSTEM 701 PARK AVENUE MINNEAPOLIS, MN 55415	42-1707837	501(C)(3)	100,001				PROGRAM OPERATING COST
HIRED 1200 PLYMOUTH AVENUE NORTH MINNEAPOLIS, MN 55411 14085	41-6078344	501(C)(3)	305,300				PROGRAM OPERATING COST
HMONG AMERICAN PARTNERSHIP 1073 PAYNE AVENUE ST PAUL, MN 55101	41-1667580	501(C)(3)	230,147				PROGRAM OPERATING COST
HOME FREE BATTERED WOMEN'S SERVICES (MISSIONS INC PROGRAMS) 3405 EAST MEDICINE LAKE BOULEVARD PLYMOUTH, MN 55441 2396	41-0693952	501(C)(3)	50,000				PROGRAM OPERATING COST
HOPE FOR THE CITY 4350 BAKER RD SUITE 400 MINNEAPOLIS, MN 55343	37-1441658	501(C)(3)	49,460				PROGRAM OPERATING COST
HOUSE OF CHARITY 510 SOUTH 8TH STREET MINNEAPOLIS, MN 55404 1079	41-0795347	501(C)(3)	79,274				PROGRAM OPERATING COST
HUMAN SERVICES INC IN WASHINGTON COUNTY MINNESOTA 7066 STILLWATER BLVD NORTH OAKDALE, MN 55128	41-0955577	501(C)(3)	183,456				PROGRAM OPERATING COST
HUNGER SOLUTIONS MINNESOTA 555 PARK STREET SUITE 420 ST PAUL, MN 55103 2193	36-3567366	501(C)(3)	50,000				PROGRAM OPERATING COST
ILLUSION THEATER & SCHOOL INC 528 HENNEPIN AVENUE SUITE 704 MINNEAPOLIS, MN 55403 1810	23-7392140	501(C)(3)	192,892				PROGRAM OPERATING COST
IMMIGRANT LAW CENTER OF MINNEOTA 450 SYNDICATE STRAHEET NORTH SUITE 175 ST PAUL, MN 55104	41-0909036	501(C)(3)	155,294				PROGRAM OPERATING COST
INDIAN HEALTH BOARD OF MINNEAPOLIS INC 1315 EAST 24TH STREET MINNEAPOLIS, MN 55404 3959	41-0977740	501(C)(3)	212,103				PROGRAM OPERATING COST
INDUSTRIES INC 601 SOUTH CLEVELAND CAMBRIDGE, MN 55008	41-0915848	501(C)(3)	25,000				PROGRAM OPERATING COST
INTERCONGREGATION COMMUNITIES ASSOCIATION 12990 ST DAVID ROAD MINNETONKA, MN 55305	41-0979010	501(C)(3)	109,379				PROGRAM OPERATING COST
INTERFAITH OUTREACH & COMMUNITY PARTNERS 110 GRAND AVENUE SOUTH WAYZATA, MN 55391 1872	36-3482724	501(C)(3)	42,424				PROGRAM OPERATING COST
INTERNATIONAL INSTITUTE OF MINNESOTA 1694 COMO AVENUE ST PAUL, MN 55108 2784	41-0693912	501(C)(3)	311,284				PROGRAM OPERATING COST
JEWISH COMMUNITY CENTER OF THE GREATER SAINT PAUL AREA 1375 ST PAUL AVENUE ST PAUL, MN 55116 2798	41-0698596	501(C)(3)	160,594				PROGRAM OPERATING COST

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JEWISH FAMILY & CHILDREN'S SERVICE 13100 WAYZATA BLVD SUITE 400 MINNETONKA, MN 553051842	41-0693860	501(C)(3)	308,226				PROGRAM OPERATING COST
JEWISH FAMILY SERVICE OF ST PAUL 1633 WEST 7TH STREET ST PAUL, MN 55102	41-0694697	501(C)(3)	109,910				PROGRAM OPERATING COST
JOYCE PRESCHOOL 1219 WEST 31ST STREET MINNEAPOLIS, MN 55408	81-0594016	501(C)(3)	32,500				PROGRAM OPERATING COST
KALEIDOSCOPE PLACE 2400 PARK AVENUE MINNEAPOLIS, MN 55404	20-8449852	501(C)(3)	32,500				PROGRAM OPERATING COST
KEYSTONE COMMUNITY SERVICES 2000 ST ANTHONY AVENUE ST PAUL, MN 551045199	41-0693924	501(C)(3)	493,692				PROGRAM OPERATING COST
LA OPORTUNIDAD 2233 UNIVERSITY AVENUE SUITE 150 ST PAUL, MN 551141629	36-3537919	501(C)(3)	137,944				PROGRAM OPERATING COST
LAKES AND PINES COMMUNITY ACTION COUNCIL INC 1700 MAPLE AVENUE EAST MORA, MN 550511227	41-0900982	501(C)(3)	50,000				PROGRAM OPERATING COST
LAKES AREA YOUTH SERVICE BUREAU 244 NORTH LAKE STREET FOREST LAKE, MN 55025	41-1322058	501(C)(3)	42,481				PROGRAM OPERATING COST
LAO FAMILY COMMUNITY OF MINNESOTA INC 320 UNIVERSITY AVENUE WEST ST PAUL, MN 55103	41-1434916	501(C)(3)	159,358				PROGRAM OPERATING COST
LEE CARLSON CTR MENTAL HEALTHWELL BEING (CENTRAL CTR FAMILY RESOURCES) 1485 NE 81ST AVENUE SPRING LAKE PARK, MN 554322111	41-1354967	501(C)(3)	105,800				PROGRAM OPERATING COST
LIFETRACK RESOURCES INC 709 UNIVERSITY AVENUE WEST ST PAUL, MN 551044804	41-0874507	501(C)(3)	947,415				PROGRAM OPERATING COST
LOAVES AND FISHES TOO 1917 LOGAN AVENUE SOUTH MINNEAPOLIS, MN 554032897	41-1421522	501(C)(3)	82,372				PROGRAM OPERATING COST
LUTHERAN SOCIAL SERVICE OF MINNESOTA 2485 COMO AVENUE ST PAUL, MN 551081445	41-0872993	501(C)(3)	647,650				PROGRAM OPERATING COST
LYNDALE NEIGHBORHOOD ASSOCIATION 3537 NICOLLET AVENUE SOUTH MINNEAPOLIS, MN 554084559	41-1309335	501(C)(3)	35,852				PROGRAM OPERATING COST
MACC ALLIANCE OF CONNECTED COMM 414 SOUTH 8TH STREET MINNEAPOLIS, MN 55404	41-1959688	501(C)(3)	10,000				PROGRAM OPERATING COST
MANAGEMENT ASSISTANCE PROGRAM FOR NONPROFITS INC 2233 UNIVERSITY AVENUE WEST SUITE 360 ST PAUL, MN 551141629	41-1479097	501(C)(3)	509,000				PROGRAM OPERATING COST
MENTAL HEALTH ASSOCIATION OF MINNESOTA 2021 EAST HENNEPIN AVENUE SUITE 412 412 MINNEAPOLIS, MN 55413	41-0722639	501(C)(3)	129,050				PROGRAM OPERATING COST
MERRICK COMMUNITY SERVICES 1526 EAST 6TH STREET ST PAUL, MN 55106	41-0693851	501(C)(3)	285,489				PROGRAM OPERATING COST
MID-MINNESOTA LEGAL ASSISTANCE 430 1ST AVENUE NORTH SUITE 300 MINNEAPOLIS, MN 554011453	41-1412710	501(C)(3)	836,818				PROGRAM OPERATING COST
MIDWEST SPECIAL SERVICES INC 900 OCEAN STREET ST PAUL, MN 551063447	41-0746072	501(C)(3)	152,006				PROGRAM OPERATING COST

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MINNEAPOLIS AMERICAN INDIAN CENTER1530 EAST FRANKLIN AVENUE MINNEAPOLIS, MN 554042136	41-0966005	501(C)(3)	184,678				PROGRAM OPERATING COST
MINNEAPOLIS MEDICAL RESEARCH FOUNDATION914 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)	640,992				PROGRAM OPERATING COST
MINNEAPOLIS YOUTH COORDINATING BOARD330 2ND AVENUE SOUTH SUITE 540 MINNEAPOLIS, MN 55501	41-1566656	501(C)(3)	118,000				PROGRAM OPERATING COST
MINNESOTA COUNCIL OF NON PROFITS2314 UNIVERSITY AVENUE WEST SUITE 20 ST PAUL, MN 551141802	35-3501477	501(C)(3)	10,000				PROGRAM OPERATING COST
MINNESOTA INDIAN WOMEN'S RESOURCE CENTER2300 SOUTH 15TH AVENUE MINNEAPOLIS, MN 554043935	41-1500950	501(C)(3)	159,328				PROGRAM OPERATING COST
MINNESOTA INTERNATIONAL HEALTH VOLUNTEERS122 WEST FRANKLIN AVENUE SUITE 510 MINNEAPOLIS, MN 55404	41-1397062	501(C)(3)	77,626				PROGRAM OPERATING COST
MINNESOTA VISITING NURSE AGENCY2021 EAST HENNEPIN AVENUE SUITE 230 230 MINNEAPOLIS, MN 554131714	41-0693895	501(C)(3)	600,672				PROGRAM OPERATING COST
MODEL CITIES OF ST PAUL INC849 UNIVERSITY AVENUE ST PAUL, MN 551044808	41-1687873	501(C)(3)	396,202				PROGRAM OPERATING COST
NEIGHBORHOOD HEALTH SOURCE330 FREMONT AVENUE NORTH MINNEAPOLIS, MN 55412	41-1235064	501(C)(3)	75,000				PROGRAM OPERATING COST
NEIGHBORHOOD HOUSE179 ROBIE STREET EAST ST PAUL, MN 551072395	41-0693916	501(C)(3)	627,066				PROGRAM OPERATING COST
NEIGHBORHOOD INVOLVEMENT PROGRAM INC2431 HENNEPIN AVENUE SOUTH MINNEAPOLIS, MN 554052605	41-0956858	501(C)(3)	172,003				PROGRAM OPERATING COST
NEIGHBORS INC218 13TH AVENUE SOUTH SOUTH ST PAUL, MN 550752234	41-1360294	501(C)(3)	151,200				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)	150,000				PROGRAM OPERATING COST
NEW FOUNDATIONS INC287 EAST 6TH STREET SUITE 270 ST PAUL, MN 55101	41-1798573	501(C)(3)	43,750				PROGRAM OPERATING COST
NORTHERN STAR COUNCIL BOY SCOUTS OF AMERICA393 MARSHALL AVENUE ST PAUL, MN 551021795	41-0694686	501(C)(3)	904,847				PROGRAM OPERATING COST
NORTHPOINT HEALTH & WELLNESS CENTER INC1315 PENN AVENUE NORTH MINNEAPOLIS, MN 554113047	20-0898277	501(C)(3)	257,660				PROGRAM OPERATING COST
NORTHSIDE ACHIEVEMENT1200 W BROADWAY SUITE 180 MINNEAPOLIS, MN 55411	30-0238807	501(C)(3)	50,000				PROGRAM OPERATING COST
OPEN CITIES HEALTH CENTER409 NORTH DUNLAP STREET ST PAUL, MN 55104	36-3381598	501(C)(3)	64,000				PROGRAM OPERATING COST
OPERATION LIVING HOPE8300 NIAGARA LANE NORTH MAPLE GROVE, MN 55311	36-4610045	501(C)(3)	22,000				PROGRAM OPERATING COST

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OPPORTUNITY PARTNERS INC 5500 OPPORTUNITY COURT MINNETONKA, MN 55343 9093	41-0737221	501(C)(3)	207,046				PROGRAM OPERATING COST
PARENTS IN COMMUNITY ACTION INC 700 HUMBOLDT AVENUE NORTH MINNEAPOLIS, MN 55411 13931	41-0956226	501(C)(3)	54,068				PROGRAM OPERATING COST
PARMLY LIFEPOINTES - ECUMEN CORP 28210 OLD TOWN ROAD CHISAGO CITY, MN 55013	41-1568278	501(C)(3)	50,000				PROGRAM OPERATING COST
PERSPECTIVES INC 3581 GORHAM AVENUE ST LOUIS PARK, MN 55426 1074	41-1288300	501(C)(3)	60,000				PROGRAM OPERATING COST
PEOPLE RESPONDING IN SOCIAL MINISTRY 730 FLORIDA AVE SOUTH GOLDEN VALLEY, MN 55426	41-1442049	501(C)(3)	55,000				PROGRAM OPERATING COST
PHYLLIS WHEATLEY COMMUNITY CENTER INC 915 EMERSON AVENUE NORTH MINNEAPOLIS, MN 55411 14135	41-0706132	501(C)(3)	601,230				PROGRAM OPERATING COST
PILLSBURY UNITED COMMUNITIES 1201 NORTH 37TH AVENUE MINNEAPOLIS, MN 55412 22005	41-0916478	501(C)(3)	2,582,527				PROGRAM OPERATING COST
PLYMOUTH CHRISTIAN YOUTH CENTER 2301 OLIVER AVENUE NORTH MINNEAPOLIS, MN 55411 11878	41-0794440	501(C)(3)	402,421				PROGRAM OPERATING COST
PORTICO HEALTHNET 2610 UNIVERSITY AVENUE SUITE 500 ST PAUL, MN 55114	41-1814659	501(C)(3)	437,350				PROGRAM OPERATING COST
PPL INDUSTRIES INC 1179 - 15TH AVENUE SOUTHEAST MINNEAPOLIS, MN 55414	23-7098388	501(C)(3)	104,000				PROGRAM OPERATING COST
PROACT INC 3195 NEIL ARMSTRONG BLVD EAGAN, MN 55121	23-7239408	501(C)(3)	55,638				PROGRAM OPERATING COST
PROJECT FOR PRIDE IN LIVING INC 2516 CHICAGO AVENUE SOUTH MINNEAPOLIS, MN 55404 44598	23-7232208	501(C)(3)	846,780				PROGRAM OPERATING COST
REACH OUT AND READ MAIL CODE 67 701 PARK AVENUE MINNEAPOLIS, MN 55415	04-3481253	501(C)(3)	100,000				PROGRAM OPERATING COST
READY 4K 2233 UNIVERSITY AVENUE SUITE 345 ST PAUL, MN 55114	41-2009903	501(C)(3)	7,500				PROGRAM OPERATING COST
RESOURCE INC 1900 CHICAGO AVENUE MINNEAPOLIS, MN 55404 1903	41-0828779	501(C)(3)	900,200				PROGRAM OPERATING COST
REUBEN LINDH FAMILY SERVICES 3616 SOUTH 12TH AVENUE MINNEAPOLIS, MN 55407 2799	41-1251871	501(C)(3)	16,138				PROGRAM OPERATING COST
RISE INC 8406 SUNSET ROAD NORTHEAST SPRING LAKE, MN 55432 1317	41-0972476	501(C)(3)	212,040				PROGRAM OPERATING COST
RIVER VALLEY COMMUNITY PARTNERSHIPS 792 CANTERBURY ROAD SHAKOPEE, MN 55379	20-2886410	501(C)(3)	30,000				PROGRAM OPERATING COST
RUSH CITY CARES 53120 FAIRFIELD AVENUE PO BOX 73 RUSH CITY, MN 55069	41-1522616	501(C)(3)	6,000				PROGRAM OPERATING COST
SABATHANI COMMUNITY CENTER INC 310 EAST 38TH STREET MINNEAPOLIS, MN 55409 1300	41-0984859	501(C)(3)	465,705				PROGRAM OPERATING COST

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SAINT PAUL EMS ACADEMY15 WEST KELLOGGE BLVD ST PAUL, MN 55102	41-6005521	501(C)(3)	35,000				PROGRAM OPERATING COST
SCOTT-CARVER-DAKOTA CAP AGENCY INC712 CANTERBURY ROAD SOUTH SHAKOPEE, MN 553791840	41-0903890	501(C)(3)	383,707				PROGRAM OPERATING COST
SECOND HARVEST HEARTLAND1140 GERVAIS AVENUE MAPLEWOOD, MN 551092042	23-7417654	501(C)(3)	500,000				PROGRAM OPERATING COST
SENIOR COMMUNITY SERVICES10709 WAYZATA BLVD SUITE 111 MINNETONKA, MN 553051529	41-0720473	501(C)(3)	261,992				PROGRAM OPERATING COST
SERVEMINNESOTA 431 SOUTH 7TH STREET SUITE 2540 MINNEAPOLIS, MN 55415	41-2010058	501(C)(3)	945,500				PROGRAM OPERATING COST
SHARING KORNER595 ARUNDEL STREET ST PAUL, MN 551031602	41-1631989	501(C)(3)	118,604				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)	199,330				PROGRAM OPERATING COST
SOJOURNER PROJECT INC904 MAIN STREET SUITE 330 HOPKINS, MN 553438863	41-1363580	501(C)(3)	50,000				PROGRAM OPERATING COST
SOUTH METRO VINEYARD CHURCH 13798 PARKWOOD DRIVE BURNSVILLE, MN 55337	41-1295185	501(C)(3)	140,000				PROGRAM OPERATING COST
SOUTHEAST ASIAN COMMUNITY COUNCIL INC430 BRYANT AVENUE NORTH MINNEAPOLIS, MN 554051306	41-1675917	501(C)(3)	38,680				PROGRAM OPERATING COST
SOUTHEAST ASIAN REFUGEE COMMUNITY HOME1421 PARK AVENUE SOUTH MINNEAPOLIS, MN 554041579	41-1729008	501(C)(3)	32,340				PROGRAM OPERATING COST
SOUTHERN MINNESOTA REGIONAL LEGAL SERVICES INC300 MN BLDG 46 FOURTH STREET EAST ST PAUL, MN 55101	41-1316151	501(C)(3)	169,062				PROGRAM OPERATING COST
SOUTHERN VALLEY ALLIANCE FOR BATTERED WOMENPO BOX 166 BELLE PLAINE, MN 560110166	41-1483575	501(C)(3)	50,000				PROGRAM OPERATING COST
SOUTHSIDE FAMILY NURTURING CENTER 2448 SOUTH 18TH AVENUE MINNEAPOLIS, MN 554044048	41-1274177	501(C)(3)	259,235				PROGRAM OPERATING COST
SPROCKETS (FRIENDS OF THE ST PAUL PUBLIC LIBRARY)325 CEDAR STREET SUITE 555 ST PAUL, MN 55101	41-6029683	501(C)(3)	76,900				PROGRAM OPERATING COST
ST DAVID'S CHILD DEVELOPMENT AND FAMILY SERVICES 3395 PLYMOUTH ROAD MINNETONKA, MN 553053913	41-1429208	501(C)(3)	141,197				PROGRAM OPERATING COST
ST LOUIS PARK EMERGENCY PROGRAM6812 W LAKE STREET ST LOUIS PARK, MN 55426	51-0188692	501(C)(3)	50,000				PROGRAM OPERATING COST
ST MARY'S HEALTH CLINIC1884 RANDOLPH AVENUE ST PAUL, MN 55105	41-1760632	501(C)(3)	180,000				PROGRAM OPERATING COST
ST PAUL AREA COUNCIL OF CHURCHES1671 SUMMIT AVENUE ST PAUL, MN 551051884	41-0694741	501(C)(3)	195,329				PROGRAM OPERATING COST

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ST PAUL INTERVENTION PROJECT INC1509 MARSHALL AVENUE ST PAUL, MN 55104	36-3339157	501(C)(3)	200,200				PROGRAM OPERATING COST
ST STEPHEN'S HUMAN SERVICES INC2211 CLINTON AVENUE SOUTH MINNEAPOLIS, MN 55404	01-0639118	501(C)(3)	52,892				PROGRAM OPERATING COST
SUMMIT ACADEMY OIC935 OLSON MEMORIAL HIGHWAY MINNEAPOLIS, MN 554051360	41-0908458	501(C)(3)	283,902				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 ALIVENESS PROJECT730 EAST 38TH STREET MINNEAPOLIS, MN 55407	41-1593900	501(C)(3)	110,000				PROGRAM OPERATING COST
THE CITY INC1315 NORTH 12TH AVENUE MINNEAPOLIS, MN 554114045	41-0942352	501(C)(3)	10,103				PROGRAM OPERATING COST
THE FAMILY PARTNERSHIP (FAMILY & CHILDREN'S SERVICE)414 SOUTH 8TH STREET MINNEAPOLIS, MN 55404	41-0693858	501(C)(3)	1,806,966				PROGRAM OPERATING COST
THE REFUGE NETWORKPO BOX 323 CAMBRIDGE, MN 550080323	36-3385000	501(C)(3)	75,000				PROGRAM OPERATING COST
THE SALVATION ARMY2445 PRIOR AVENUE ROSEVILLE, MN 551132714	41-0698597	501(C)(3)	697,276				PROGRAM OPERATING COST
THE STOREFRONT GROUP6425 NICOLLET AVENUE SOUTH RICHFIELD, MN 554231668	41-0996115	501(C)(3)	31,798				PROGRAM OPERATING COST
THE WAYSIDE HOUSE INC3705 PARK CENTER BOULEVARD ST LOUIS PARK, MN 554162526	41-0873104	501(C)(3)	118,998				PROGRAM OPERATING COST
TUBMAN FAMILY ALLIANCE & CHRYSALIS A CENTER FOR WOMEN INC3111 SOUTH 1ST AVENUE MINNEAPOLIS, MN 554089998	41-2022341	501(C)(3)	477,000				PROGRAM OPERATING COST
TWIN CITIES RISE 800 WASHINGTON AVENUE NORTH SUITE 203 MINNEAPOLIS, MN 554011153	41-1761118	501(C)(3)	220,000				PROGRAM OPERATING COST
UNITED CAMBODIAN ASSOCIATION OF MINNESOTA INC 1101 SNELLING AVENUE NORTH ST PAUL, MN 55108	41-1631017	501(C)(3)	76,882				PROGRAM OPERATING COST
UNITED FAMILY PRACTICE HEALTH CENTER545 WEST SEVENTH STREET ST PAUL, MN 55102	27-0052697	501(C)(3)	200,000				PROGRAM OPERATING COST
VAIL PLACE15 NINTH AVENUE SOUTH HOPKINS, MN 55343	41-1394766	501(C)(3)	66,150				PROGRAM OPERATING COST
VIETNAMESE SOCIAL SERVICES OF MINNESOTA 1159 UNIVERSITY AVENUE WEST SUITE 1 1 ST PAUL, MN 55104	36-3532232	501(C)(3)	136,408				PROGRAM OPERATING COST
VISION LOSS RESOURCES INC 1936 LYNDAL AVENUE SOUTH MINNEAPOLIS, MN 554033101	41-0694713	501(C)(3)	285,410				PROGRAM OPERATING COST
VOLUNTEER LAWYERS NETWORK LTD600 NICOLLET MALL SUITE 390A MINNEAPOLIS, MN 55402	41-0988459	501(C)(3)	30,202				PROGRAM OPERATING COST
VOLUNTEER RESOURCE CENTER INC2021 HENNEPIN AVENUE EAST MINNEAPOLIS, MN 554132726	41-0694710	501(C)(3)	100,000				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
VOLUNTEERS ENLISTED TO ASSIST PEOPLE INC 9728 IRVING AVENUE SOUTH BLOOMINGTON, MN 55431	41-6175999	501(C)(3)	25,000				PROGRAM OPERATING COST
VOLUNTEERS OF AMERICA OF MINNESOTA 5905 GOLDEN VALLEY ROAD SUITE 112 MINNEAPOLIS, MN 554224490	41-1554078	501(C)(3)	576,042				PROGRAM OPERATING COST
WASHBURN CHILD GUIDANCE CENTER 2430 NICOLLET AVENUE SOUTH MINNEAPOLIS, MN 554043492	41-0711618	501(C)(3)	274,406				PROGRAM OPERATING COST
WAY TO GROW 2610 GRAND AVENUE SOUTH MINNEAPOLIS, MN 554081400	71-0956749	501(C)(3)	253,868				PROGRAM OPERATING COST
WE BELIEVE FOUNDTION 1350 WEST 106TH STREET BLOOMINGTON, MN 55431	75-3256058	501(C)(3)	179,000				PROGRAM OPERATING COST
WEST CENTRAL MINNESOTA COMMUNITY ACTION PO BOX 956 ELBOW LAKE, MN 56531	41-0904808	501(C)(3)	73,000				PROGRAM OPERATING COST
WEST SEVENTH COMMUNITY CENTER INC 265 ONEIDA STREET ST PAUL, MN 551022883	23-7319301	501(C)(3)	248,391				PROGRAM OPERATING COST
WEST SIDE COMMUNITY HEALTH CENTER 153 CONCORD STREET ST PAUL, MN 55107	23-7156236	501(C)(3)	188,250				PROGRAM OPERATING COST
WHITE BEAR LAKE EMERGENCY FOOD SHELF 1884 WHITAKER AVE WHITE BEAR LAKE, MN 55110	41-1459604	501(C)(3)	37,200				PROGRAM OPERATING COST
WOMEN OF NATIONS 73 LEECH STREET ST PAUL, MN 551022719	41-1447503	501(C)(3)	50,000				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)	449,150				PROGRAM OPERATING COST
YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN MINNEAPOLIS 30 SOUTH 9TH STREET MINNEAPOLIS, MN 554023106	41-0695629	501(C)(3)	1,453,903				PROGRAM OPERATING COST
YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF ST PAUL 198 WESTERN AVENUE NORTH ST PAUL, MN 551021790	41-0693892	501(C)(3)	593,317				PROGRAM OPERATING COST
YOUTHLINK 41 NORTH 12TH STREET MINNEAPOLIS, MN 554031394	41-1341773	501(C)(3)	250,620				PROGRAM OPERATING COST
YWCA OF MINNEAPOLIS 1130 NICOLLET MALL MINNEAPOLIS, MN 554032405	41-0693891	501(C)(3)	1,352,304				PROGRAM OPERATING COST
MINNEAPOLIS PUBLIC SCHOOLS 807 NORTHEAST BROADWAY MINNEAPOLIS, MN 55413		501(C)(3)	37,500				PROGRAM OPERATING COST
SPECIAL SCHOOL DISTRICT NUMBER 1 MINNEAPOLIS PUBLIC SCHOOL 807 NORTHEAST BROADWAY MINNEAPOLIS, MN 55413		501(C)(3)	340,000				PROGRAM OPERATING COST
ST PAUL SCHOOLS JACKSON MAGNET SCHOOL 137 EDMOND STREET ST PAUL, MN 55103		501(C)(3)	140,000				PROGRAM OPERATING COST

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DONOR DESIGNATIONS VARIOUS LOCATIONS VARIOUS, MN 55403		501(C)(3)	19,536,089				PROGRAM OPERATING COST
FOODSHELF CAPACITY BUILDING GRANTS ADJUSTMENT VARIOUS LOCATIONS VARIOUS, MN 55403		501(C)(3)	-24,097				PROGRAM OPERATING COST