

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
2012
Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 01-01-2012, 2012, and ending 12-31-2012

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		D Employer identification number 41-1973442
	Doing Business As		E Telephone number (612) 340-7400
	Number and street (or P O box if mail is not delivered to street address) 404 SOUTH EIGHTH STREET	Room/suite	
	City or town, state or country, and ZIP + 4 MINNEAPOLIS, MN 554041084		G Gross receipts \$ 96,807,307
F Name and address of principal officer SARAH CARUSO 404 SOUTH EIGHTH STREET MINNEAPOLIS, MN 554041084		H(a) Is this a group return for affiliates? <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.GTCUW.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

Activities & Governance	1 Briefly describe the organization's mission or most significant activities UNITED WAY WORKS TO STABILIZE FAMILIES, HELP CHILDREN SUCCEED AND EMPOWER HEALTHY LIVES		
	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	57
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	57
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	175
	6 Total number of volunteers (estimate if necessary)	6	68,300
	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	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	89,351,090	90,719,303
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	141,663	169,788
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,584,708	1,675,311
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,374,490	1,177,220
		92,451,951	93,741,622
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	73,345,399	71,078,444
Expenses	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)	9,681,141	10,627,552
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	97,478
	b Total fundraising expenses (Part IX, column (D), line 25) 8,194,875		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	9,372,966	10,026,218
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	92,399,506	91,829,692
	19 Revenue less expenses Subtract line 18 from line 12	52,445	1,911,930
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	139,681,176	143,124,934
	21 Total liabilities (Part X, line 26)	17,629,338	17,265,576
	22 Net assets or fund balances Subtract line 21 from line 20	122,051,838	125,859,358

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	2013-08-05 Date
	SARAH CARUSO PRESIDENT AND CEO Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name CHRIS HENKE	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P01008921
	Firm's name RYAN J TERRY LTD			Firm's EIN 41-1654490	
	Firm's address 600 INWOOD AVENUE NORTH SUITE 160 OAKDALE, MN 55128			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, THEREBY IMPROVING INDIVIDUAL LIVES AND THE COMMUNITY UNITED WAY WORKS TO STABILIZE FAMILIES, HELP CHILDREN SUCCEED AND EMPOWER HEALTHY LIVES, 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 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 \$ 21,018,708 including grants of \$ 19,018,146) (Revenue \$ 32,563)
 STABILIZE FAMILIES - 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 322 PROGRAMS AT PARTNER AGENCIES ACROSS THE NINE-COUNTY REGION

4b (Code) (Expenses \$ 20,117,497 including grants of \$ 17,480,899) (Revenue \$ 25,548)
 HELP CHILDREN SUCCEED - HELPING PREPARE CHILDREN FOR SCHOOL, IMPROVE EARLY GRADE LITERACY, AND INCREASE THE NUMBER OF YOUTH IN QUALITY OUT-OF-SCHOOL-TIME PROGRAMS INCLUDES THE UNITED WAY CHILDCARE ACCREDITATION PROGRAM AS WELL AS ONGOING PROGRAM SUPPORT UNITED WAY SUPPORTS MORE THAN 322 PROGRAMS AT PARTNER AGENCIES ACROSS THE NINE-COUNTY REGION

4c (Code) (Expenses \$ 13,457,130 including grants of \$ 12,183,490) (Revenue \$)
 EMPOWER HEALTHY LIVES - 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 322 PROGRAMS AT PARTNER AGENCIES ACROSS THE NINE-COUNTY REGION

(Code) (Expenses \$ 26,136,431 including grants of \$ 22,395,909) (Revenue \$ 1,267,214)
 NONPROFIT SECTOR SUPPORT - PROGRAM FUNDING FOR UNITED WAY 2-1-1TM, A 24/7 INFORMATION AND REFERRAL SERVICE LINKING PEOPLE TO A BROAD ARRAY OF COMMUNITY RESOURCES IN 2012, UNITED WAY 2-1-1TM MADE OVER 450,000 REFERRALS DONOR DESIGNATIONS - CONTRIBUTIONS TO UNITED WAY THAT DONORS DIRECT TO SPECIFIC AGENCIES THERE WERE APPROXIMATELY 39,383 DONOR DESIGNATIONS TO 2,677 AGENCIES IN 2012






4d Other program services (Describe in Schedule O)
 (Expenses \$ 26,136,431 including grants of \$ 22,395,909) (Revenue \$ 1,267,214)

4e Total program service expenses 80,729,766

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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <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 and XII</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 and XII 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, Parts I and IV</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 United States? <i>If "Yes," complete Schedule F, Parts 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 United States? <i>If "Yes," complete Schedule F, Parts 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 (see instructions)</i> <input checked="" type="checkbox"/>	Yes	
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> <input checked="" type="checkbox"/>		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> <input checked="" type="checkbox"/>		No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

<p>21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> </p>	<p>21</p>	<p>Yes</p>	
<p>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> </p>	<p>22</p>		<p>No</p>
<p>23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> </p>	<p>23</p>	<p>Yes</p>	
<p>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 lines 24b through 24d and complete Schedule K. If "No," go to line 25</i></p>	<p>24a</p>		<p>No</p>
<p>b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</p>	<p>24b</p>		
<p>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?</p>	<p>24c</p>		
<p>d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?</p>	<p>24d</p>		
<p>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></p>	<p>25a</p>		<p>No</p>
<p>b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i></p>	<p>25b</p>		<p>No</p>
<p>26 Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i></p>	<p>26</p>		<p>No</p>
<p>27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i></p>	<p>27</p>		<p>No</p>
<p>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)</p>			
<p>a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i></p>	<p>28a</p>		<p>No</p>
<p>b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i></p>	<p>28b</p>		<p>No</p>
<p>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 direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i></p>	<p>28c</p>		<p>No</p>
<p>29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> </p>	<p>29</p>	<p>Yes</p>	
<p>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> </p>	<p>30</p>		<p>No</p>
<p>31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i></p>	<p>31</p>		<p>No</p>
<p>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></p>	<p>32</p>		<p>No</p>
<p>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></p>	<p>33</p>		<p>No</p>
<p>34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i></p>	<p>34</p>		<p>No</p>
<p>35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?</p>	<p>35a</p>		<p>No</p>
<p>b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i></p>	<p>35b</p>		
<p>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></p>	<p>36</p>		<p>No</p>
<p>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></p>	<p>37</p>		<p>No</p>
<p>38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O</p>	<p>38</p>	<p>Yes</p>	

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		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
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, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
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, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country <input type="checkbox"/> _____ 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 as charitable contributions?		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. See the instructions for additional information the organization must report on Schedule O		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the 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

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

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

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.
 Own website Another's website Upon request Other (explain in Schedule O)
- 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 during the tax year
- 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 (612) 340-7400

Part VIII Statement of Revenue

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

		(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 113,407					
	b Membership dues 1b					
	c Fundraising events 1c					
	d Related organizations 1d					
	e Government grants (contributions) 1e 28,503					
	f All other contributions, gifts, grants, and similar amounts not included above 1f 90,577,393					
	g Noncash contributions included in lines 1a-1f \$ 3,065,685					
	h Total. Add lines 1a-1f	90,719,303				
Program Service Revenue	2a FEES FOR SERVICE	Business Code 900099	100,805	100,805		
	b MEMBERSHIPS	900099	40,675	40,675		
	c PROGRAM RENTAL INCOME	531190	25,498	25,498		
	d UNITED WAY 2-1-1	900099	2,800	2,800		
	e MISCELLANEOUS PROGRAM SERVICES	900099	10	10		
	f All other program service revenue					
	g Total. Add lines 2a-2f	169,788				
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		749,466		749,466
4 Income from investment of tax-exempt bond proceeds						
5 Royalties						
6a Gross rents		(i) Real	21,683			
		(ii) Personal				
		b Less rental expenses	0			
		c Rental income or (loss)	21,683			
d Net rental income or (loss)			21,683		21,683	
7a Gross amount from sales of assets other than inventory		(i) Securities	3,065,127	926,403		
		(ii) Other				
		b Less cost or other basis and sales expenses	3,065,685	0		
		c Gain or (loss)	-558	926,403		
d Net gain or (loss)			925,845		925,845	
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 RECOVERY	900099	1,131,246	1,131,246			
b MISCELLANEOUS INCOME	900099	24,291	24,291			
c						
d All other revenue						
e Total. Add lines 11a-11d		1,155,537				
12 Total revenue. See Instructions		93,741,622	1,325,325	0	1,696,994	

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)

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	71,078,444	71,078,444		
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	745,503	247,024	312,979	185,500
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	7,660,096	2,062,014	1,250,217	4,347,865
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	819,729	223,204	140,202	456,323
9	Other employee benefits	796,698	211,105	131,434	454,159
10	Payroll taxes	605,526	160,362	103,029	342,135
11	Fees for services (non-employees)				
a	Management				
b	Legal	82,936	56,667	9,402	16,867
c	Accounting	75,808	2,032	69,283	4,493
d	Lobbying	81,313	81,313		
e	Professional fundraising services. See Part IV, line 17	97,478			97,478
f	Investment management fees	154,303		154,303	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	5,732,269	5,381,174	59,774	291,321
12	Advertising and promotion	1,166,805	208,902	84,415	873,488
13	Office expenses	425,217	109,125	87,969	228,123
14	Information technology	151,141	32,801	45,792	72,548
15	Royalties				
16	Occupancy	313,035	68,397	94,664	149,974
17	Travel	70,320	19,015	2,133	49,172
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	303,760	179,517	38,433	85,810
20	Interest				
21	Payments to affiliates	574,524	124,661	174,074	275,789
22	Depreciation, depletion, and amortization	482,826	133,697	135,099	214,030
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	AWARDS AND SPONSORSHIPS	282,994	282,994		
b	MISCELLANEOUS	128,967	67,318	11,849	49,800
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	91,829,692	80,729,766	2,905,051	8,194,875
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	6,510,032	1	7,257,700
	2 Savings and temporary cash investments	12,325,787	2	16,374,877
	3 Pledges and grants receivable, net	65,918,502	3	66,803,011
	4 Accounts receivable, net	127,921	4	135,221
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). 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	217,121	9	260,034
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 8,063,765		
	b Less accumulated depreciation	10b 6,162,349	1,963,449	10c 1,901,416
	11 Investments—publicly traded securities	17,127,529	11	13,459,500
	12 Investments—other securities. See Part IV, line 11	33,406,204	12	34,761,469
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	2,084,631	15	2,171,706
16 Total assets. Add lines 1 through 15 (must equal line 34)	139,681,176	16	143,124,934	
Liabilities	17 Accounts payable and accrued expenses	3,701,496	17	4,922,925
	18 Grants payable	13,927,842	18	12,342,651
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other 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	17,629,338	26	17,265,576
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	28,173,397	27	30,406,180
	28 Temporarily restricted net assets	74,574,009	28	76,178,054
	29 Permanently restricted net assets	19,304,432	29	19,275,124
	Organizations that do not follow SFAS 117 (ASC 958), 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	122,051,838	33	125,859,358	
34 Total liabilities and net assets/fund balances	139,681,176	34	143,124,934	

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	93,741,622
2	Total expenses (must equal Part IX, column (A), line 25)	2	91,829,692
3	Revenue less expenses Subtract line 2 from line 1	3	1,911,930
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	122,051,838
5	Net unrealized gains (losses) on investments	5	1,922,706
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-27,116
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	125,859,358

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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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
3b 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		

Additional Data

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

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 (list any hours for related organizations below dotted line)	(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			
KENDALL POWELL CHAIR AND BOARD MEMBER	1 00	X		X				0	0	0
JOHN WILGERS VICE CHAIR AND BOARD MEMBER	1 00	X		X				0	0	0
TIMOTHY WELSH TREASURER AND BOARD MEMBER	1 00	X		X				0	0	0
JEFFREY WRIGHT SECRETARY AND BOARD MEMBER	1 00	X		X				0	0	0
CALVIN ALLEN BOARD MEMBER	1 00	X						0	0	0
MARGARET ANDERSON 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
CARL CASALE 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
MICHAEL CONNELLY 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
DAVID GOODWIN BOARD MEMBER	1 00	X						0	0	0
JEFFREY GREINER BOARD MEMBER	1 00	X						0	0	0
MATTHEW S HEMSLEY BOARD MEMBER	1 00	X						0	0	0
DOUGLAS HEPPER BOARD MEMBER	1 00	X						0	0	0
WILLIAM HILL 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

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 (list any hours for related organizations below dotted line)	(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 NEXT PAGE FOR CONTINUATION OF BOARD MEMBERS	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
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
DAVID MELINE BOARD MEMBER	1 00	X						0	0	0
RICHARD MIGLIORI BOARD MEMBER	1 00	X						0	0	0
KATE MORTENSON 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
DAVID OLSON 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
CHRISTOPHER POLICINSKI BOARD MEMBER	1 00	X						0	0	0
SHEILA RIGGS BOARD MEMBER	1 00	X						0	0	0
ABIGAIL ROSE BOARD MEMBER	1 00	X						0	0	0
FRANK RUSSOMANNO BOARD MEMBER	1 00	X						0	0	0
PIYUMI SAMARATUNGA BOARD MEMBER	1 00	X						0	0	0
THOMAS SANDERS BOARD MEMBER	1 00	X						0	0	0
JEAN SHOMPHE BOARD MEMBER	1 00	X						0	0	0
JOHN TAFT 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 (list any hours for related organizations below dotted line)	(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				
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
STEVE WEHREBERG BOARD MEMBER	1 00	X							0	0	0
JOHN WHALEY BOARD MEMBER	1 00	X							0	0	0
SCOTT W WINE 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					310,070	0	58,277
JULIE NEVILLE VP OF FINANCE	40 00			X					122,853	0	21,228
BENJAMIN KNOLL CHIEF OPERATING OFFICER	40 00				X				189,458	0	43,617
FRANK FORSBERG SVP SYSTEMS CHANGE & INNOV	40 00					X			154,521	0	36,225
BARBARA BEARD SVP MAJOR GIFTS & FDNS	40 00					X			149,359	0	35,294
ANDREW GOLDMAN-GRAY SVP WORKPLACE FUNDRAISING	40 00					X			156,162	0	13,818
KATHY HOLLENHORST SVP OF MARKETING	40 00					X			131,073	0	13,142
KEVIN ANDERSON VP INFORMATION SERVICES	40 00					X			116,496	0	11,094

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2012

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.

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 described in **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 - Non-functionally integrated
- 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 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 monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	93,258,890	83,439,147	85,488,845	89,351,090	90,719,303	442,257,275
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	93,258,890	83,439,147	85,488,845	89,351,090	90,719,303	442,257,275
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)						17,207,659
6 Public support. Subtract line 5 from line 4						425,049,616

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	93,258,890	83,439,147	85,488,845	89,351,090	90,719,303	442,257,275
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,045,308	972,404	912,919	818,705	749,466	5,498,802
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	1,399,704	1,354,035	1,450,882	1,351,547	1,155,537	6,711,705
11 Total support (Add lines 7 through 10)						454,467,782
12 Gross receipts from related activities, etc. (see instructions)					12	984,987

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 2012 (line 6, column (f) divided by line 11, column (f))	14	93.530%
15 Public support percentage for 2011 Schedule A, Part II, line 14	15	93.440%

16a 33 1/3% support test—2012. 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—2011. If the organization did not check a 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—2012. 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—2011. 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 Section 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2012.** 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—2011.** 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.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and 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

2012

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, Part V, line 35c (Proxy Tax), then

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

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

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

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

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

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

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 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)	8,886													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	72,427													
c	Total lobbying expenditures (add lines 1a and 1b)	81,313													
d	Other exempt purpose expenditures	80,648,453													
e	Total exempt purpose expenditures (add lines 1c and 1d)	80,729,766													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns	1,000,000													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">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)	250,000													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) Total
2a Lobbying nontaxable amount				1,000,000	1,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					1,500,000
c Total lobbying expenditures				81,313	81,313
d Grassroots nontaxable amount				250,000	250,000
e Grassroots ceiling amount (150% of line 2d, column(e))					375,000
f Grassroots lobbying expenditures				8,886	8,886

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(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?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
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 carry over 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) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
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, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1. 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, MINNEMINDS EDUCATION CAMPAIGN, 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

2012

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 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 include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor informed consent.

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

Form for Part II Conservation Easements including checkboxes for preservation purposes, a table for held at the end of the year (2a-2d), and various questions about monitoring and reporting.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets including questions about reporting and amounts for revenues and assets.

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

3 Using the organization's acquisition, 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 XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be 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 XIII 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 XIII. Check here if the explanation has been provided in Part XIII

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	32,328,541	32,604,284	30,481,377	27,113,217	34,405,112
b Contributions	118,912	313,505	149,643	1,543,265	1,512,787
c Net investment earnings, gains, and losses	3,214,734	636,151	3,234,866	3,104,904	-7,646,529
d Grants or scholarships	1,417,312	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	34,244,875	32,328,541	32,604,284	30,481,377	27,113,217

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a** Board designated or quasi-endowment 36 000 %
 - b** Permanent endowment 52 000 %
 - c** Temporarily restricted endowment 12 000 %
- The percentages in lines 2a, 2b, and 2c should equal 100%

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 XIII 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		5,682,772	4,628,943	1,053,829
c Leasehold improvements				
d Equipment		2,347,910	1,533,406	814,504
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				1,901,416

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

1	Total revenue, gains, and other support per audited financial statements	1	74,999,399
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	1,922,706
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	87,075
e	Add lines 2a through 2d	2e	2,009,781
3	Subtract line 2e from line 1	3	72,989,618
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	20,752,004
c	Add lines 4a and 4b	4c	20,752,004
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	93,741,622

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

1	Total expenses and losses per audited financial statements	1	71,085,061
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 XIII)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	71,085,061
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 XIII)	4b	20,744,631
c	Add lines 4a and 4b	4c	20,744,631
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	91,829,692

Part XIII 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, line 2, Part XI, lines 2d and 4b, and Part XII, 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, LINE 2	UNITED WAY DID NOT HAVE ANY UNRELATED BUSINESS INCOME FOR THE YEARS ENDED DECEMBER 31, 2012 AND 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 2D - OTHER ADJUSTMENTS		CHANGE IN FAIR VALUE OF BENEFICIAL INTEREST IN CHARITABLE TRUSTS 87,075
PART XI, LINE 4B - OTHER ADJUSTMENTS		DONOR DESIGNATED CONTRIBUTIONS FOR OTHER AGENCIES 20,744,631 GAIN ON DISPOSAL OF PROPERTY 7,373
PART XII, LINE 4B - OTHER ADJUSTMENTS		DONOR DESIGNATED CONTRIBUTIONS FOR OTHER AGENCIES 20,744,631

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2012

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

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 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
b Internet and email solicitations
c Phone solicitations
d In-person solicitations
e Solicitation of non-government grants
f Solicitation of government grants
g Special fundraising events

2a Did the organization have a written or oral agreement with any individual... or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

Table with 6 columns: (i) Name and address of individual or entity (fundraiser), (ii) Activity, (iii) Did fundraiser have custody or control of contributions?, (iv) Gross receipts from activity, (v) Amount paid to (or retained by) fundraiser listed in col (i), (vi) Amount paid to (or retained by) organization. Includes rows for Kevin Fox and Associates, Patrice Tette Vox Ink LLC, Ashoka, and Sheridan Stowe LLC.

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

MN

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		(event type)	(event type)	(total number)	(add col (a) through col (c))
Revenue	1 Gross receipts				
	2 Less Contributions				
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				()
	11 Net income summary Combine line 3, column (d), and line 10 ▶				

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶					

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain _____

.....

.....

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain _____

.....

.....

Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	13a	
b An outside facility	13b	

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation
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Schedule I (Form 990)

OMB No 1545-0047

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

2012

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

Attach to Form 990

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization GREATER TWIN CITIES UNITED WAY

Employer identification number 41-1973442

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance...
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.

(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 (g) Description of non-cash assistance (h) Purpose of grant or assistance

See Additional Data Table

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, (g) Description of non-cash assistance, (h) Purpose of grant or assistance. The table is currently empty.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 208
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.

Part III can be duplicated 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, Part III, column (b), 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

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 COMMUNITIES20730 HOLYOKE AVENUE WEST PO BOX 1256 LAKEVILLE, MN 550441256	41-0987708	501(C)(3)	201,011				PROGRAM OPERATING COST
50CAN INC115 E 23RD STREET 3RD FLOOR NEW YORK, NY 10010	27-3069592	501(C)(3)	100,000				PROGRAM OPERATING COST
A CHANCE TO GROW1800 SECOND STREET NORTHEAST MINNEAPOLIS, MN 55418	41-1444113	501(C)(3)	300,000				PROGRAM OPERATING COST
ACCESSABILITY INC360 HOOVER STREET NE MINNEAPOLIS, MN 554132940	41-0735909	501(C)(3)	307,500				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 MINNESOTA2300 MYRTLE STREET SUITE 180 ST PAUL, MN 55114	23-7131829	501(C)(3)	208,000				PROGRAM OPERATING COST
AFRICAN AMERICAN FAMILY SERVICES INC2616 NICOLLET AVENUE SOUTH MINNEAPOLIS, MN 554081628	41-1303326	501(C)(3)	102,902				PROGRAM OPERATING COST
AIN DAH YUNG OUR HOME SHELTER1089 PORTLAND AVENUE ST PAUL, MN 55104	41-1697692	501(C)(3)	125,000				PROGRAM OPERATING COST
ALEXANDRA HOUSE INC POBOX 49039 BLAINE, MN 554490039	41-1309977	501(C)(3)	343,147				PROGRAM OPERATING COST
AMERICAN INDIAN OIC INC1845 EAST FRANKLIN AVENUE MINNEAPOLIS, MN 554044062	41-1365561	501(C)(3)	147,500				PROGRAM OPERATING COST
AMERICAN RED CROSS OF THE TWIN CITIES1201 WEST RIVER PARKWAY MINNEAPOLIS, MN 554542020	53-0196605	501(C)(3)	250,000				PROGRAM OPERATING COST
AMHERST H WILDER FOUNDATION451 LEXINGTON PARKWAY NORTH ST PAUL, MN 55104	41-0693889	501(C)(3)	344,500				PROGRAM OPERATING COST
ANEW DIMENSION CHILD ENRICHMENT CENTER1819 MINNEHAHA AVENUE SOUTH MINNEAPOLIS, MN 554042286	41-1628289	501(C)(3)	58,000				PROGRAM OPERATING COST
ANNEX TEEN CLINIC4915 NORTH 42ND AVENUE ROBBINSDALE, MN 554221730	23-7236943	501(C)(3)	100,000				PROGRAM OPERATING COST
ANOKA COUNTY COMMUNITY ACTION PROGRAM INC1201 NE 89TH AVENUE SUITE 345 BLAINE, MN 554343346	41-6048575	501(C)(3)	155,568				PROGRAM OPERATING COST
ARC GREATER TWIN CITIES 2446 UNIVERSITY AVENUE WEST ST PAUL, MN 551141740	41-0782848	501(C)(3)	451,172				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
AVENUES FOR HOMELESS YOUTH1708 OAK PARK AVENUE NORTH MINNEAPOLIS, MN 55411	41-1765140	501(C)(3)	105,000				PROGRAM OPERATING COST
BABY'S SPACE A PLACE TO GROW2438 18TH AVENUE SOUTH MINNEAPOLIS, MN 55404	20-4502788	501(C)(3)	147,000				PROGRAM OPERATING COST
BETHEL UNIVERSITY3900 BETHEL DRIVE ST PAUL, MN 55112	41-0708577	501(C)(3)	75,000				PROGRAM OPERATING COST
BIG BROTHERS BIG SISTERS OF THE GREATER TWIN CITIES2550 UNIVERSITY AVENUE WEST SUITE 410N ST PAUL, MN 551141085	32-0017737	501(C)(3)	558,000				PROGRAM OPERATING COST
BLOOMINGTON DIVISION OF PUBLIC HEALTH1900 WEST OLD SHAKOPEE ROAD BLOOMINGTON, MN 554313033	41-6004990	501(C)(3)	94,000				PROGRAM OPERATING COST
BLOOMINGTON PUBLIC SCHOOLS ISD 2711350 106TH STREET WEST BLOOMINGTON, MN 55432	41-6001463	501(C)(3)	50,000				PROGRAM OPERATING COST
BOLDER OPTIONS2100 STEVENS AVENUE SOUTH MINNEAPOLIS, MN 55404	41-1909408	501(C)(3)	50,000				PROGRAM OPERATING COST
BOYS & GIRLS CLUBS OF THE TWIN CITIES2575 UNIVERSITY AVENUE WEST SUITE 100 ST PAUL, MN 55114	41-0842657	501(C)(3)	221,000				PROGRAM OPERATING COST
BROOKLYN CENTER SCHOOLS ISD #28665 HUMBOLDT AVENUE NORTH BROOKLYN, MN 554301897	41-6009038	501(C)(3)	130,500				PROGRAM OPERATING COST
CAMP FIRE USA MINNESOTA COUNCIL2610 UNIVERSITY AVENUE WEST ST PAUL, MN 551141090	41-0706116	501(C)(3)	232,800				PROGRAM OPERATING COST
CANVAS HEALTH7066 NORTH STILLWATER BLVD OAKDALE, MN 55128	41-0955577	501(C)(3)	127,000				PROGRAM OPERATING COST
CAPI USA3702 EAST LAKE STREET SUITE 101 MINNEAPOLIS, MN 55406	41-1417198	501(C)(3)	69,457				PROGRAM OPERATING COST
CARVER COUNTY COMMUNITY SOCIAL SERVICES HUMAN SERVICES BLDG 600 EAST 4TH STREET CHASKA, MN 553182180	41-6005768	501(C)(3)	52,725				PROGRAM OPERATING COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States							
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CARVER-SCOTT EDUCATIONAL COOPERATIVE 401 EAST 4TH STREET CHASKA, MN 553182099	41-1295656	501(C)(3)	205,000				PROGRAM OPERATING COST
CASA DE ESPERANZA PO BOX 75177 ST PAUL, MN 551750177	41-1414710	501(C)(3)	262,226				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)	2,035,330				PROGRAM OPERATING COST
CATHOLIC CHARITIES OF THE DIOCESE OF ST CLOUD 157 ROOSEVELT ROAD SUITE 200 ST CLOUD, MN 56301	41-0737799	501(C)(3)	17,000				PROGRAM OPERATING COST
CENTER FOR POLICY PLANNING & PERFORMANCE 2233 UNIVERSITY AVENUE WEST SUITE 300 ST PAUL, MN 55404	41-1955394	501(C)(3)	30,000				PROGRAM OPERATING COST
CENTER SCHOOL INC 2421 BLOOMINGTON AVENUE SOUTH MINNEAPOLIS, MN 55404	36-3591386	501(C)(3)	139,750				PROGRAM OPERATING COST
CENTRO CULTURAL CHICANO INC 1915 CHICAGO AVENUE SOUTH MINNEAPOLIS, MN 554041904	41-1290349	501(C)(3)	446,728				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)	158,125				PROGRAM OPERATING COST
CHILDREN'S HOME SOCIETY & FAMILY SERVICES 1605 EUSTIS STREET ST PAUL, MN 551081219	41-0693906	501(C)(3)	346,000				PROGRAM OPERATING COST
CHISAGO-ISANTI COUNTY HEARTLAND EXPRESS 555 18TH AVENUE SOUTHWEST CAMBRIDGE, MN 55089386	41-6005772	501(C)(3)	18,749				PROGRAM OPERATING COST
COLLEGE POSSIBLE 450 N SYNDICATE STREET SUITE 200 ST PAUL, MN 55104	41-1968798	501(C)(3)	50,000				PROGRAM OPERATING COST
COMMONBOND COMMUNITIES 328 KELLOGG BOULEVARD WEST ST PAUL, MN 551021900	41-1260469	501(C)(3)	136,206				PROGRAM OPERATING COST
COMMUNITY ACTION PARTNERSHIP OF RAMSEY WASHINGTON COUNTIES 1397 GENEVA AVENUE ROOM 103 OAKDALE, MN 55128	41-0883443	501(C)(3)	222,200				PROGRAM OPERATING COST
COMMUNITY ACTION PARTNERSHIP SUBURBAN HENNEPIN COUNTY 8800 HIGHWAY 7 SUITE 401 ST LOUIS PARK, MN 55426	41-1524088	501(C)(3)	50,000				PROGRAM OPERATING COST
COMMUNITY DENTAL CARE 1224 ARCADE STREET ST PAUL, MN 551062075	04-3692982	501(C)(3)	40,000				PROGRAM OPERATING COST
COMMUNITY EMERGENCY ASSISTANCE PROGRAM INC 6840 NORTH 78TH AVENUE BROOKLYN PARK, MN 554452700	41-0990340	501(C)(3)	158,013				PROGRAM OPERATING COST
COMMUNITY PARTNERSHIP WITH YOUTH AND FAMILIES 38694 TANGER DRIVE NORTH BRANCH, MN 55056	41-1729520	501(C)(3)	100,000				PROGRAM OPERATING COST
COMMUNITY-UNIVERSITY HEALTH CARE CENTER VARIETY CHILDREN'S CLINIC 2001 BLOOMINGTON AVENUE SOUTH MINNEAPOLIS, MN 55404	41-6007513	501(C)(3)	181,375				PROGRAM OPERATING COST
COMUNIDADES LATINAS UNIDAS EN SERVICIO INC 220 SOUTH ROBERT STREET SUITE 103 ST PAUL, MN 551071626	41-1386986	501(C)(3)	497,346				PROGRAM OPERATING COST
CONFEDERATION OF SOMALI COMMUNITY IN MINNESOTA 420 15TH AVENUE SOUTH MINNEAPOLIS, MN 554541114	41-1817894	501(C)(3)	32,800				PROGRAM OPERATING COST
CORNERSTONE ADVOCACY SERVICE 9730 IRVING AVENUE SOUTH BLOOMINGTON, MN 554312625	41-1476268	501(C)(3)	185,071				PROGRAM OPERATING COST
COURAGE CENTER 3915 GOLDEN VALLEY ROAD GOLDEN VALLEY, MN 554229958	41-0706118	501(C)(3)	731,045				PROGRAM OPERATING COST
DAKOTA COMMUNITIES 680 ONEILL DRIVE EAGAN, MN 55121	23-7181360	501(C)(3)	78,750				PROGRAM OPERATING COST
DAKOTA COUNTY COMMUNITY SERVICES 1 MENDOTA ROAD WEST SUITE 400 WEST ST PAUL, MN 551184773	41-6005786	501(C)(3)	75,000				PROGRAM OPERATING COST
DARTS 1645 MARTHALER LANE WEST ST PAUL, MN 551183517	41-1326631	501(C)(3)	169,775				PROGRAM OPERATING COST
DIVISION OF INDIAN WORK OF THE GREATER MINNEAPOLIS COUNCIL OF CHURCHES 1001 EAST LAKE STREET PO BOX 7509 MINNEAPOLIS, MN 554070509	41-0693933	501(C)(3)	294,201				PROGRAM OPERATING COST
DOMESTIC ABUSE PROJECT INC 204 WEST FRANKLIN AVENUE MINNEAPOLIS, MN 554042398	41-1356278	501(C)(3)	411,662				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)	103,957				PROGRAM OPERATING COST
EAST SIDE LEARNING CENTER 740 YORK AVENUE ST PAUL, MN 55106	04-3699678	501(C)(3)	217,500				PROGRAM OPERATING COST

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EAST SIDE NEIGHBORHOOD SERVICES INC1700 SECOND STREET NE MINNEAPOLIS, MN 55413	41-0873798	501(C)(3)	433,314				PROGRAM OPERATING COST
EBENEZER SOCIETY FOUNDATION2200 RIVERSIDE AVENUE MINNEAPOLIS, MN 55454	41-1378656	501(C)(3)	42,500				PROGRAM OPERATING COST
EMERGE COMMUNITY DEVELOPMENT1101 WEST BROADWAY AVENUE MINNEAPOLIS, MN 554112570	41-1277423	501(C)(3)	474,794				PROGRAM OPERATING COST
EMERGENCY FOODSHELF NETWORK INC6714 WALKER STREET ST LOUIS PARK, MN 554263011	41-1246504	501(C)(3)	97,403				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 AVENEU SOUTH SUITE 2 EDINA, MN 554241810	41-1573810	501(C)(3)	35,000				PROGRAM OPERATING COST
FAMILY PATHWAYS26796 KETTLE RIVER BOULEVARD WYOMING, MN 55092	41-1332828	501(C)(3)	176,000				PROGRAM OPERATING COST
FAMILYMEANS216 WEST MYRTLE STREET STILLWATER, MN 550824805	41-6045574	501(C)(3)	151,643				PROGRAM OPERATING COST
GENESIS II FOR FAMILIES INC3036 UNIVERSITY AVENUE SE MINNEAPOLIS, MN 554143342	41-1343909	501(C)(3)	360,000				PROGRAM OPERATING COST
GIRL SCOUTS OF MINNESOTA AND WISCONSIN RIVER VALLEYS INC400 ROBERT STREET SOUTH ST PAUL, MN 551072297	41-0693910	501(C)(3)	525,000				PROGRAM OPERATING COST
GOODWILLEASTER SEALS MINNESOTA553 FAIRVIEW AVENUE NORTH ST PAUL, MN 551041708	41-0706171	501(C)(3)	376,640				PROGRAM OPERATING COST
GREATER MINNEAPOLIS COUNCIL OF CHURCHES 1001 EAST LAKE STREET PO BOX 7509 MINNEAPOLIS, MN 554070509	41-0693933	501(C)(3)	68,000				PROGRAM OPERATING COST
GREATER MINNEAPOLIS CRISIS NURSERY5400 GLENWOOD AVENUE GOLDEN VALLEY, MN 554225120	41-1379021	501(C)(3)	225,000				PROGRAM OPERATING COST
GUADALUPE ALTERNATIVE PROGRAMS381 EAST ROBIE STREET ST PAUL, MN 551072415	41-0906127	501(C)(3)	53,200				PROGRAM OPERATING COST
HALLIE Q BROWN COMMUNITY CENTER INC 270 KENT STREET NORTH ST PAUL, MN 551021744	41-0693846	501(C)(3)	248,289				PROGRAM OPERATING COST
HAMLIN UNIVERSITY OF MN CENTER FOR EXCELLENCECEUT HAMLIN UNIVERSITY 1536 HEWITT AVENUE MB-231 ST PAUL, MN 55104	41-0693960	501(C)(3)	145,500				PROGRAM OPERATING COST
HASTINGS FAMILY SERVICES301 2ND STREET EAST HASTINGS, MN 55033	23-7083534	501(C)(3)	24,000				PROGRAM OPERATING COST
HEADWAY EMOTIONAL HEALTH SERVICES6425 NICOLLET AVENUE SOUTH RICHFIELD, MN 55423	41-0962511	501(C)(3)	50,000				PROGRAM OPERATING COST
HENNEPIN HEALTHCARE SYSTEM701 PARK AVENUE MINNEAPOLIS, MN 55415	42-1707837	501(C)(3)	150,000				PROGRAM OPERATING COST
HIRED1200 PLYMOUTH AVENUE NORTH MINNEAPOLIS, MN 554114085	41-6078344	501(C)(3)	278,250				PROGRAM OPERATING COST
HMONG AMERICAN PARTNERSHIP1073 PAYNE AVENUE ST PAUL, MN 55101	41-1667580	501(C)(3)	109,676				PROGRAM OPERATING COST
HOME FREE BATTERED WOMEN'S SERVICES (MISSIONS INC PROGRAMS) 3405 EAST MEDICINE LAKE BOULEVARD PLYMOUTH, MN 554412396	41-0693952	501(C)(3)	50,000				PROGRAM OPERATING COST
HOUSE OF CHARITY510 SOUTH 8TH STREET MINNEAPOLIS, MN 554041079	41-0795347	501(C)(3)	74,274				PROGRAM OPERATING COST
HUMAN SERVICES INC IN WASHINGTON COUNTY MINNESOTA7066 STILLWATER BLVD NORTH OAKDALE, MN 55128	41-0955577	501(C)(3)	9,999				PROGRAM OPERATING COST
HUNGER SOLUTIONS MINNESOTA555 PARK STREET SUITE 420 ST PAUL, MN 551032193	36-3567366	501(C)(3)	110,000				PROGRAM OPERATING COST
ILLUSION THEATER & SCHOOL INC528 HENNEPIN AVENUE SUITE 704 MINNEAPOLIS, MN 554031810	23-7392140	501(C)(3)	95,000				PROGRAM OPERATING COST
IMMIGRANT LAW CENTER OF MINNEOTA450 SYNDICATE STRAEET NORTH SUITE 175 ST PAUL, MN 55104	41-0909036	501(C)(3)	164,793				PROGRAM OPERATING COST
INDIAN HEALTH BOARD OF MINNEAPOLIS INC1315 EAST 24TH STREET MINNEAPOLIS, MN 554043959	41-0977740	501(C)(3)	176,315				PROGRAM OPERATING COST
INDUSTRIES INC601 SOUTH CLEVELAND CAMBRIDGE, MN 55008	41-0915848	501(C)(3)	12,500				PROGRAM OPERATING COST
INTERCONGREGATION COMMUNICATIONS ASSOCIATION12990 ST DAVID ROAD MINNETONKA, MN 55305	41-0979010	501(C)(3)	13,000				PROGRAM OPERATING COST

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INTERFAITH OUTREACH & COMMUNITY PARTNERS 110 GRAND AVENUE SOUTH WAYZATA, MN 553911872	36-3482724	501(C)(3)	88,710				PROGRAM OPERATING COST
INTERNATIONAL INSTITUTE OF MINNESOTA 1694 COMO AVENUE ST PAUL, MN 551082784	41-0693912	501(C)(3)	288,142				PROGRAM OPERATING COST
INVEST IN OUTCOMES CO MINNEAPOLIS FOUNDATIONC/O MPLS FOUNDATION FUND ID 230125 800 IDS CENTER 80 SOUTH 8TH STREET MINNEAPOLIS, MN 55402	41-6029402	501(C)(3)	50,000				PROGRAM OPERATING COST
JEWISH COMMUNITY CENTER OF THE GREATER SAINT PAUL AREA 1375 ST PAUL AVENUE ST PAUL, MN 551162798	41-0698596	501(C)(3)	69,228				PROGRAM OPERATING COST
JEWISH FAMILY & CHILDREN'S SERVICE 13100 WAYZATA BLVD SUITE 400 MINNETONKA, MN 553051842	41-0693860	501(C)(3)	256,926				PROGRAM OPERATING COST
JEWISH FAMILY SERVICE OF ST PAUL 1633 WEST 7TH STREET ST PAUL, MN 55102	41-0694697	501(C)(3)	147,455				PROGRAM OPERATING COST
JOYCE PRESCHOOL 1219 WEST 31ST STREET MINNEAPOLIS, MN 55408	81-0594016	501(C)(3)	105,000				PROGRAM OPERATING COST
KALEIDOSCOPE PLACE 2400 PARK AVENUE MINNEAPOLIS, MN 55404	20-8449852	501(C)(3)	57,500				PROGRAM OPERATING COST
KEYSTONE COMMUNITY SERVICES 2000 ST ANTHONY AVENUE ST PAUL, MN 551045199	41-0693924	501(C)(3)	475,008				PROGRAM OPERATING COST
LA OPORTUNIDAD 2233 UNIVERSITY AVENUE SUITE 150 ST PAUL, MN 551141629	36-3537919	501(C)(3)	110,000				PROGRAM OPERATING COST
LAKES AND PINES COMMUNITY ACTION COUNCIL INC 1700 MAPLE AVENUE EAST MORA, MN 550511227	41-0900982	501(C)(3)	140,834				PROGRAM OPERATING COST
LAKES AREA YOUTH SERVICE BUREAU 244 NORTH LAKE STREET FOREST LAKE, MN 55025	41-1322058	501(C)(3)	50,000				PROGRAM OPERATING COST
LEARNING DISABILITIES ASSOCIATION INC 6100 GOLDEN VALLEY ROAD GOLDEN VALLEY, MN 55422	23-7297031	501(C)(3)	75,000				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)	102,800				PROGRAM OPERATING COST
LIFETRACK RESOURCES INC 709 UNIVERSITY AVENUE WEST ST PAUL, MN 551044804	41-0874507	501(C)(3)	1,179,628				PROGRAM OPERATING COST
LITTLE KITCHEN FOOD SHELF CO NORTHEAST COMMUNITY LUTHERAN CHURCH 1500 6TH STREET NORTHEAST MINNEAPOLIS, MN 55413	20-8796060	501(C)(3)	7,000				PROGRAM OPERATING COST
LOAVES AND FISHES TOO 1917 LOGAN AVENUE SOUTH MINNEAPOLIS, MN 554032897	41-1421522	501(C)(3)	75,371				PROGRAM OPERATING COST
LUTHERAN SOCIAL SERVICE OF MINNESOTA 2485 COMO AVENUE ST PAUL, MN 551081445	41-0872993	501(C)(3)	698,398				PROGRAM OPERATING COST
MENTAL HEALTH ASSOCIATION OF MINNESOTA 2021 EAST HENNEPIN AVENUE SUITE 412 412 MINNEAPOLIS, MN 55413	41-0722639	501(C)(3)	129,049				PROGRAM OPERATING COST
MERRICK COMMUNITY SERVICES 1526 EAST 6TH STREET ST PAUL, MN 55106	41-0693851	501(C)(3)	266,854				PROGRAM OPERATING COST
METRO ALLIANCE FOR FAMILY MENTORING CO DAKOTA COUNTY 1 MENDOTA ROAD WEST SUITE 400 WEST ST PAUL, MN 551184773	41-6005786	501(C)(3)	500,000				PROGRAM OPERATING COST
METROPOLITAN AREA AGENCY ON AGE 2365 NORTH MCKNIGHT ROAD NORTH ST PAUL, MN 55109	41-1774247	501(C)(3)	151,500				PROGRAM OPERATING COST
MID-MINNESOTA LEGAL ASSISTANCE 430 1ST AVENUE NORTH SUITE 300 MINNEAPOLIS, MN 554011453	41-1412710	501(C)(3)	508,526				PROGRAM OPERATING COST
MIDWEST SPECIAL SERVICES INC 900 OCEAN STREET ST PAUL, MN 551063447	41-0746072	501(C)(3)	126,003				PROGRAM OPERATING COST
MINNEAPOLIS AMERICAN INDIAN CENTER 1530 EAST FRANKLIN AVENUE MINNEAPOLIS, MN 554042136	41-0966005	501(C)(3)	118,237				PROGRAM OPERATING COST
MINNEAPOLIS PUBLIC SCHOOLS 807 NORTHEAST BROADWAY MINNEAPOLIS, MN 55413	41-0706915	501(C)(3)	507,500				PROGRAM OPERATING COSTS
MINNEAPOLIS URBAN LEAGUE 2100 PLYMOUTH AVENUE NORTH MINNEAPOLIS, MN 55411		501(C)(3)	362,319				PROGRAM OPERATING COST
MINNEAPOLIS YOUTH COORDINATING BOARD 330 2ND AVENUE SOUTH SUITE 540 MINNEAPOLIS, MN 55501	41-1566656	501(C)(3)	118,000				PROGRAM OPERATING COST
MINNESOTA COUNCIL ON CRIME AND JUSTICE 822 SOUTH 3RD STREET SUITE 100 MINNEAPOLIS, MN 55415	41-0798280	501(C)(3)	100,000				PROGRAM OPERATING COST
MINNESOTA INDIAN WOMEN'S RESOURCE CENTER 2300 SOUTH 15TH AVENUE MINNEAPOLIS, MN 554043935	41-1500950	501(C)(3)	286,828				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
MINNESOTA VISITING NURSE AGENCY2021 EAST HENNEPIN AVENUE SUITE 230 230 MINNEAPOLIS, MN 554131714	41-0693895	501(C)(3)	420,871				PROGRAM OPERATING COST
MODEL CITIES OF ST PAUL INC849 UNIVERSITY AVENUE ST PAUL, MN 551044808	41-1687873	501(C)(3)	201,000				PROGRAM OPERATING COST
NEIGHBORHOOD HEALTH SOURCE330 FREMONT AVENUE NORTH MINNEAPOLIS, MN 55412	41-1235064	501(C)(3)	351,500				PROGRAM OPERATING COST
NEIGHBORHOOD HOUSE 179 ROBIE STREET EAST ST PAUL, MN 551072395	41-0693916	501(C)(3)	504,650				PROGRAM OPERATING COST
NEIGHBORHOOD INVOLVEMENT PROGRAM INC2431 HENNEPIN AVENUE SOUTH MINNEAPOLIS, MN 554052605	41-0956858	501(C)(3)	172,000				PROGRAM OPERATING COST
NEIGHBORS INC218 13TH AVENUE SOUTH SOUTH ST PAUL, MN 550752234	41-1360294	501(C)(3)	96,000				PROGRAM OPERATING COST
NETWORK FOR THE DEVELOPMENT OF CHILDREN OF AFRICAN DESCENT655 NORTH FAIRVIEW AVENUE ST PAUL, MN 55104	41-1936394	501(C)(3)	150,000				PROGRAM OPERATING COST
NORTHERN STAR COUNCIL BOY SCOUTS OF AMERICA 393 MARSHALL AVENUE ST PAUL, MN 551021795	41-0694686	501(C)(3)	702,454				PROGRAM OPERATING COST
NORTHPOINT HEALTH & WELLNESS CENTER INC 1315 PENN AVENUE NORTH MINNEAPOLIS, MN 554113047	20-0898277	501(C)(3)	227,759				PROGRAM OPERATING COST
OPEN CITIES HEALTH CENTER409 NORTH DUNLAP STREET ST PAUL, MN 55104	36-3381598	501(C)(3)	64,000				PROGRAM OPERATING COST
OPPORTUNITY PARTNERS INC5500 OPPORTUNITY COURT MINNETONKA, MN 553439093	41-0737221	501(C)(3)	147,796				PROGRAM OPERATING COST
PARENTS IN COMMUNITY ACTION INC700 HUMBOLDT AVENUE NORTH MINNEAPOLIS, MN 554113931	41-0956226	501(C)(3)	101,200				PROGRAM OPERATING COST
PARMLY LIFEPOINTES - ECUMEN CORP28210 OLD TOWN ROAD CHISAGO CITY, MN 55013	41-1568278	501(C)(3)	50,000				PROGRAM OPERATING COST
PEOPLE INCORPORATED 2060 CENTRE PTE SUITE 3 ST PAUL, MN 55120	41-0962296	501(C)(3)	693,100				PROGRAM OPERATING COST
PERSPECTIVES INC3581 GORHAM AVENUE ST LOUIS PARK, MN 554261074	41-1288300	501(C)(3)	160,000				PROGRAM OPERATING COST
PHILANTHROFOUND FOUNDATION1409 WILLOW STREETSUITE 305 MINNEAPOLIS, MN 55403	36-3567019	501(C)(3)	50,000				PROGRAM OPERATING COST
PHYLLIS WHEATLEY COMMUNITY CENTER INC 915 EMERSON AVENUE NORTH MINNEAPOLIS, MN 554114135	41-0706132	501(C)(3)	354,550				PROGRAM OPERATING COST
PILLSBURY UNITED COMMUNITIES1201 NORTH 37TH AVENUE MINNEAPOLIS, MN 554122005	41-0916478	501(C)(3)	1,942,019				PROGRAM OPERATING COST
PLYMOUTH CHRISTIAN YOUTH CENTER2301 OLIVER AVENUE NORTH MINNEAPOLIS, MN 554111878	41-0794440	501(C)(3)	342,775				PROGRAM OPERATING COST
PORTICO HEALTHNET2610 UNIVERSITY AVENUE SUITE 500 ST PAUL, MN 55114	41-1814659	501(C)(3)	337,350				PROGRAM OPERATING COST
PPL INDUSTRIES INC1179 - 15TH AVENUE SOUTHEAST MINNEAPOLIS, MN 55414	23-7098388	501(C)(3)	154,500				PROGRAM OPERATING COST
PROACT INC3195 NEIL ARMSTRON BLVD EAGAN, MN 55121	23-7239408	501(C)(3)	27,819				PROGRAM OPERATING COST
PROJECT FOR PRIDE IN LIVING INC2516 CHICAGO AVENUE SOUTH MINNEAPOLIS, MN 554044598	23-7232208	501(C)(3)	1,037,416				PROGRAM OPERATING COST
RESOURCE INC1900 CHICAGO AVENUE MINNEAPOLIS, MN 554041903	41-0828779	501(C)(3)	871,870				PROGRAM OPERATING COST
RISE INC8406 SUNSET ROAD NORTHEAST SPRING LAKE, MN 554321317	41-0972476	501(C)(3)	146,890				PROGRAM OPERATING COST
RIVER VALLEY COMMUNITY PARTNERSHIPS792 CANTERBURY ROAD SHAKOPEE, MN 55379	20-2886410	501(C)(3)	30,000				PROGRAM OPERATING COST
RUSH CITY CARES53120 FAIRFIELD AVENUE PO BOX 73 RUSH CITY, MN 55069	41-1522616	501(C)(3)	6,000				PROGRAM OPERATING COST
SABATHANI COMMUNITY CENTER INC310 EAST 38TH STREET MINNEAPOLIS, MN 554091300	41-0984859	501(C)(3)	413,086				PROGRAM OPERATING COST
SCOTT-CARVER-DAKOTA CAP AGENCY INC712 CANTERBURY ROAD SOUTH SHAKOPEE, MN 553791840	41-0903890	501(C)(3)	364,495				PROGRAM OPERATING COST
SECOND HARVEST HEARTLAND1140 GERVAIS AVENUE MAPLEWOOD, MN 551092042	23-7417654	501(C)(3)	500,000				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
SENIOR COMMUNITY SERVICES10709 WAYZATA BLVD SUITE 111 MINNETONKA, MN 553051529	41-0720473	501(C)(3)	271,511				PROGRAM OPERATING COST
SERVEMINNESOTA431 SOUTH 7TH STREET SUITE 2540 MINNEAPOLIS, MN 55415	41-2010058	501(C)(3)	1,043,000				PROGRAM OPERATING COST
SHARING KORNER595 ARUNDEL STREET ST PAUL, MN 551031602	41-1631989	501(C)(3)	22,003				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)	215,000				PROGRAM OPERATING COST
SOJOURNER PROJECT INC 904 MAIN STREET SUITE 330 HOPKINS, MN 553438863	41-1363580	501(C)(3)	52,000				PROGRAM OPERATING COST
SOUTHEAST ASIAN COMMUNITY COUNCIL INC 430 BRYANT AVENUE NORTH MINNEAPOLIS, MN 554051306	41-1675917	501(C)(3)	50,000				PROGRAM OPERATING COST
SOUTHEAST ASIAN REFUGEE COMMUNITY HOME1421 PARK AVENUE SOUTH MINNEAPOLIS, MN 554041579	41-1729008	501(C)(3)	33,670				PROGRAM OPERATING COST
SOUTHERN MINNESOTA REGIONAL LEGAL SERVICES INC300 MN BLDG 46 FOURTH STREET EAST ST PAUL, MN 55101	41-1316151	501(C)(3)	283,143				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 CENTER2448 SOUTH 18TH AVENUE MINNEAPOLIS, MN 554044048	41-1274177	501(C)(3)	195,228				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)	40,000				PROGRAM OPERATING COST
ST DAVID'S CHILD DEVELOPMENT AND FAMILY SERVICES3395 PLYMOUTH ROAD MINNETONKA, MN 553053913	41-1429208	501(C)(3)	193,000				PROGRAM OPERATING COST
ST MARY'S HEALTH CLINIC 1884 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)	205,119				PROGRAM OPERATING COST
ST PAUL INTERVENTION PROJECT INC1509 MARSHALL AVENUE ST PAUL, MN 55104	36-3339157	501(C)(3)	200,200				PROGRAM OPERATING COST
ST PAUL SCHOOLS JACKSON MAGNET SCHOOL 437 EDMOND STREET ST PAUL, MN 55103		501(C)(3)	70,000				PROGRAM OPERATING COST
ST STEPHEN'S HUMAN SERVICES INC2211 CLINTON AVENUE SOUTH MINNEAPOLIS, MN 55404	01-0639118	501(C)(3)	153,446				PROGRAM OPERATING COST
SUMMIT ACADEMY OIC935 OLSON MEMORIAL HIGHWAY MINNEAPOLIS, MN 554051360	41-0908458	501(C)(3)	284,451				PROGRAM OPERATING COST
SUMMIT UNIVERSITY TEEN CENTER INC1063 INGLEHART AVENUE ST PAUL, MN 551045431	41-0919201	501(C)(3)	174,000				PROGRAM OPERATING COST
THE BRIDGE FOR YOUTH INC2200 EMERSON AVENUE SOUTH MINNEAPOLIS, MN 554052628	41-0983062	501(C)(3)	475,814				PROGRAM OPERATING COST
THE FAMILY PARTNERSHIP (FAMILY & CHILDREN'S SERVICE)414 SOUTH 8TH STREET MINNEAPOLIS, MN 55404	41-0693858	501(C)(3)	1,664,479				PROGRAM OPERATING COST
THE MANAGEMENT ASSISTANCE PROGRAM FOR NONPROFITS INC (MAP)2314 UNIVERSITY AVENUE WEST SUITE 28 ST PAUL, MN 551141629	41-1479097	501(C)(3)	434,000				PROGRAM OPERATING COST
THE REFUGE NETWORKPO BOX 323 CAMBRIDGE, MN 550080323	36-3385000	501(C)(3)	75,000				PROGRAM OPERATING COST
THE SALVATION ARMY 2445 PRIOR AVENUE ROSEVILLE, MN 551132714	41-0698597	501(C)(3)	610,134				PROGRAM OPERATING COST
TUBMAN FAMILY ALLIANCE & CHRYSALIS A CENTER FOR WOMEN INC3111 SOUTH 1ST AVENUE MINNEAPOLIS, MN 554089998	41-2022341	501(C)(3)	502,000				PROGRAM OPERATING COST
TWIN CITIES RISE800 WASHINGTON AVENUE NORTH SUITE 203 MINNEAPOLIS, MN 554011153	41-1761118	501(C)(3)	220,000				PROGRAM OPERATING COST
UNITED CAMBODIAN ASSOCIATION OF MINNESOTA INC1101 SNELLING AVENUE NORTH ST PAUL, MN 55108	41-1631017	501(C)(3)	75,500				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
UNITED WAY OF GREATER DULUTH424 WEST SUPERIOR SUITE 402 DULUTH, MN 558021590	41-0857077	501(C)(3)	20,000				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
UNIVERSITY OF MINNESOTA-REGENTS 2001 BLOOMINGTON AVENUE SOUTH MINNEAPOLIS, MN 55404	41-6007513	501(C)(3)	75,000				PROGRAM OPERATING COST
VAIL PLACE15 NINTH AVENUE SOUTH HOPKINS, MN 55343	41-1394766	501(C)(3)	66,150				PROGRAM OPERATING COST
VALLEY OUTREACH CO UNITED WAY WASHINGTON COUNTY EASTPO BOX 305 STILLWATER, MN 550820305	41-0855267	501(C)(3)	50,000				PROGRAM OPERATING COST
VIETNAMESE SOCIAL SERVICES OF MINNESOTA 1159 UNIVERSITY AVENUE WEST SUITE 1 1 ST PAUL, MN 55104	36-3532232	501(C)(3)	137,216				PROGRAM OPERATING COST
VISION LOSS RESOURCES INC1936 LYNDALe AVENUE SOUTH MINNEAPOLIS, MN 554033101	41-0694713	501(C)(3)	285,409				PROGRAM OPERATING COST
VOLUNTEER RESOURCE CENTER INC2021 HENNEPIN AVENUE EAST MINNEAPOLIS, MN 554132726	41-0694710	501(C)(3)	100,000				PROGRAM OPERATING COST
VOLUNTEERS OF AMERICA OF MINNESOTA5905 GOLDEN VALLEY ROAD SUITE 112 MINNEAPOLIS, MN 554224490	41-1554078	501(C)(3)	598,542				PROGRAM OPERATING COST
WASHBURN CHILD GUIDANCE CENTER2430 NICOLLET AVENUE SOUTH MINNEAPOLIS, MN 554043492	41-0711618	501(C)(3)	168,000				PROGRAM OPERATING COST
WAY TO GROW2610 GRAND AVENUE SOUTH MINNEAPOLIS, MN 554081400	71-0956749	501(C)(3)	259,500				PROGRAM OPERATING COST
WE BELIEVE FOUNDTION 1350 WEST 106TH STREET BLOOMINGTON, MN 55431	75-3256058	501(C)(3)	75,000				PROGRAM OPERATING COST
WELLSHARE INTERNATIONAL122 WEST FRANKLIN AVENUE SUITE 510 MINNEAPOLIS, MN 55404	41-1397062	501(C)(3)	85,126				PROGRAM OPERATING COST
WEST SEVENTH COMMUNITY CENTER INC 265 ONEIDA STREET ST PAUL, MN 551022883	23-7319301	501(C)(3)	235,404				PROGRAM OPERATING COST
WEST SIDE COMMUNITY HEALTH CENTER153 CONCORD STREET ST PAUL, MN 55107	23-7156236	501(C)(3)	244,125				PROGRAM OPERATING COST
WEST SUBURBAN TEEN CLINIC CO MYHEALTH FOR TEENAGERS & YOUNG ADULTS478 SECOND STREET EXCELSIOR, MN 553311923	23-7152735	501(C)(3)	25,000				PROGRAM OPERATING COST
WISE CHARTER SCHOOL 1501 ALDRICH AVENUE NORTH MINNEAPOLIS, MN 55411	41-2016738	501(C)(3)	70,000				PROGRAM OPERATING COST
WOMEN OF NATIONS73 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)	128,640				PROGRAM OPERATING COST
WOMENVENTURE2324 UNIVERSITY AVENUE SUITE 200 ST PAUL, MN 551141802	41-1463426	501(C)(3)	115,000				PROGRAM OPERATING COST
YOUNG MEN'S CHRISTIAN ASSOCIATION OF METROPOLITAN MINNEAPOLIS30 SOUTH 9TH STREET MINNEAPOLIS, MN 554023106	41-0695629	501(C)(3)	1,745,258				PROGRAM OPERATING COST
YOUNG WOMEN'S CHRISTIAN ASSOCIATION OF ST PAUL198 WESTERN AVENUE NORTH ST PAUL, MN 551021790	41-0693892	501(C)(3)	614,860				PROGRAM OPERATING COST
YOUTH DETERMINED TO SUCCEED3333 NORTH 4TH STREET MINNEAPOLIS, MN 55412	02-0687131	501(C)(3)	100,000				PROGRAM OPERATING COST
YOUTHLINK41 NORTH 12TH STREET MINNEAPOLIS, MN 554031394	41-1341773	501(C)(3)	287,008				PROGRAM OPERATING COST
YWCA OF MINNEAPOLIS 1130 NICOLLET MALL MINNEAPOLIS, MN 554032405	41-0693891	501(C)(3)	1,280,780				PROGRAM OPERATING COST
EPISCOPAL COMMUNITY SERVICES INC1730 CLIFTON PLACE SUITE 104 MINNEAPOLIS, MN 554033242	41-0873401	501(C)(3)	5,000				PROGRAM OPERATING COST
BRAHAM FOOD SHELF105 WEST CENTRAL DRIVE BRAHAM, MN 55006	41-1647405	501(C)(3)	4,500				PROGRAM OPERATING COST
YOUNG MEN'S CHRISTIAN ASSOCIATION OF GREATER ST PAUL476 ROBERT STREET NORTH ST PAUL, MN 551012238	41-0693932	501(C)(3)	4,500				PROGRAM OPERATING COST
URBAN HOMEWORKS INC 2015 EMERSON AVENUE MINNEAPOLIS, MN 55411	41-1821520	501(C)(3)	2,500				PROGRAM OPERATING COST
DONOR DESIGNATIONS VARIOUS LOCATIONS VARIOUS LOCATIONS, MN 55403		501(C)(3)	20,744,631				PROGRAM OPERATING COST

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2012

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

- 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 of 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 filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <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 Regulations 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)?

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is 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, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(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 as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SARAH CARUSO PRESIDENT AND CEO	(i)	309,433	0	637	29,428	28,849	368,347	0
	(ii)	0	0	0	0	0	0	0
(2) BENJAMIN KNOLL CHIEF OPERATING OFFICER	(i)	188,771	0	687	13,964	29,653	233,075	0
	(ii)	0	0	0	0	0	0	0
(3) FRANK FORSBERG SVP SYSTEMS CHANGE & INNOV	(i)	154,211	0	310	10,254	25,971	190,746	0
	(ii)	0	0	0	0	0	0	0
(4) BARBARA BEARD SVP MAJOR GIFTS & FDNS	(i)	148,523	0	836	10,889	24,405	184,653	0
	(ii)	0	0	0	0	0	0	0
(5) ANDREW GOLDMAN-GRAY SVP WORKPLACE FUNDRAISING	(i)	155,771	0	391	10,963	2,855	169,980	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, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. 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 \$42,900 AT THE END OF 2012 WHICH WAS PAID WITHIN 2 1/2 MONTHS AFTER YEAR END 2012

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2012

Open to Public Inspection

Complete if the organizations 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

Table with 4 columns: (a) Check if applicable, (b) Number of contributions or items contributed, (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining noncash contribution amounts. Row 9 shows 'Securities—Publicly traded' with 'X' in column (a), '522' in column (b), '3,065,685' in column (c), and 'QUOTED MARKET PRICES' in column (d).

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

Table with 2 columns: 29, and a blank space.

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?
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?
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?
b If "Yes," describe in Part II
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Table with 3 columns: Question number, Yes, No. Row 30a: No. Row 31: Yes. Row 32a: Yes.

Part III Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. 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) (2012)

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.**

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 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 CARL CASALE, JAMES KOLAR, KENDALL POWELL, JOHN TAFT, JOHN WILGERS, AND SCOTT WINE - 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 SR 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 9	CHANGE IN FAIR VALUE OF BENEFICIAL INTERESTS IN CHARITABLE TRUSTS 87,075 PENSION RELATED CHANGES OTHER THAN NET PERIODIC PENSION COST -114,191