

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 private foundations)

Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.

Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2013
Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 01-01-2013, 2013, and ending 12-31-2013

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) Room/suite 404 SOUTH EIGHTH STREET		
	City or town, state or province, country, and ZIP or foreign postal code MINNEAPOLIS, MN 554041084		G Gross receipts \$ 99,886,717
F Name and address of principal officer SARAH CARUSO 404 SOUTH EIGHTH STREET MINNEAPOLIS, MN 554041084		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates 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	58
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	58
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	164
	6 Total number of volunteers (estimate if necessary)	6	59,370
	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)	90,719,303	92,967,516
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	169,788	158,136
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,675,311	1,810,857
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,177,220	1,259,296
		93,741,622	96,195,805
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	71,078,444	70,292,610
	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)	10,627,552	10,791,379
	16a Professional fundraising fees (Part IX, column (A), line 11e)	97,478	0
	b Total fundraising expenses (Part IX, column (D), line 25) 8,464,027		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	10,026,218	10,542,049
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	91,829,692	91,626,038
19 Revenue less expenses Subtract line 18 from line 12	1,911,930	4,569,767	
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	143,124,934	148,512,376
	21 Total liabilities (Part X, line 26)	17,265,576	11,967,937
22 Net assets or fund balances Subtract line 21 from line 20	125,859,358	136,544,439	

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	2014-07-18 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 AKINS HENKE AND COMPANY			Firm's EIN 46-3220328	
	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 or note to any line 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 \$ 19,852,993 including grants of \$ 18,307,561) (Revenue \$ 21,375)
 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 323 PROGRAMS AT PARTNER AGENCIES ACROSS THE NINE-COUNTY REGION

4b (Code) (Expenses \$ 20,057,991 including grants of \$ 17,331,060) (Revenue \$ 50,129)
 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 323 PROGRAMS AT PARTNER AGENCIES ACROSS THE NINE-COUNTY REGION

4c (Code) (Expenses \$ 12,565,033 including grants of \$ 11,444,943) (Revenue \$ 0)
 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 323 PROGRAMS AT PARTNER AGENCIES ACROSS THE NINE-COUNTY REGION

(Code) (Expenses \$ 27,749,141 including grants of \$ 23,209,046) (Revenue \$ 1,324,014)
 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 2013, UNITED WAY 2-1-1TM MADE OVER 500,000 CONNECTIONS DONOR DESIGNATIONS - CONTRIBUTIONS TO UNITED WAY THAT DONORS DIRECT TO SPECIFIC AGENCIES THERE WERE 29,971 DONOR DESIGNATIONS TO 2,198 AGENCIES IN 2013

4d Other program services (Describe in Schedule O)
 (Expenses \$ 27,749,141 including grants of \$ 23,209,046) (Revenue \$ 1,324,014)

4e Total program service expenses 80,225,158

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>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	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>		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>	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>		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>		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>		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>		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>		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>	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>	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>	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>		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>		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>		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>	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>	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>		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 other assistance to or for any foreign organization? <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 other assistance to or for foreign individuals? <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>		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
20a Did the organization operate one or more 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)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> <input checked="" type="checkbox"/>	21	Yes	
22	Did the organization report more than \$5,000 of grants or 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> <input checked="" type="checkbox"/>	22		No
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> <input checked="" type="checkbox"/>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> <input checked="" type="checkbox"/>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> <input checked="" type="checkbox"/>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 1a 130		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1b 0		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 164		
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" to line 3b, 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: _____ 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. 7d		
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. 10a		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders. 11a		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). 11b		
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. 12b		
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. 13a		
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. 13b		
13c	Enter the amount of reserves on hand. 13c		
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 or note to any line 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 55404 (612) 340-7400

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 230,473				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e 429,441				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 92,307,602				
	g	Noncash contributions included in lines 1a-1f \$	3,690,912				
	h	Total. Add lines 1a-1f		92,967,516			
Program Service Revenue	2a	FEES FOR SERVICE	Business Code 900099	84,425	84,425		
	b	MEMBERSHIPS	900099	40,611	40,611		
	c	PROGRAM RENTAL INCOME	531190	32,100	32,100		
	d	UNITED WAY 2-1-1TM	900099	1,000	1,000		
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		158,136			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		610,949		610,949
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6a		Gross rents	(i) Real	21,914			
			(ii) Personal				
			b Less rental expenses	0			
			c Rental income or (loss)	21,914			
d		Net rental income or (loss)		21,914		21,914	
7a		Gross amount from sales of assets other than inventory	(i) Securities	3,691,997	1,198,823		
			(ii) Other		0		
			b Less cost or other basis and sales expenses	3,690,912			
			c Gain or (loss)	1,085	1,198,823		
d		Net gain or (loss)		1,199,908		1,199,908	
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	1,216,345	1,216,345			
b	MISCELLANEOUS INCOME	900099	21,037	21,037			
c							
d	All other revenue						
e	Total. Add lines 11a-11d		1,237,382				
12	Total revenue. See Instructions		96,195,805	1,395,518	0	1,832,771	

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 or note to any line 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	70,292,610	70,292,610		
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	730,251	236,778	336,745	156,728
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	7,830,322	2,180,407	1,295,448	4,354,467
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	824,784	233,978	136,278	454,528
9	Other employee benefits	730,662	203,829	113,329	413,504
10	Payroll taxes	675,360	200,843	107,664	366,853
11	Fees for services (non-employees)				
a	Management				
b	Legal	38,718	20,766	9,118	8,834
c	Accounting	78,627	2,289	72,208	4,130
d	Lobbying	435,390	435,390		
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	143,401		143,401	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	5,867,565	5,247,714	81,985	537,866
12	Advertising and promotion	1,331,652	223,166	100,359	1,008,127
13	Office expenses	399,466	112,873	75,768	210,825
14	Information technology	80,236	20,524	22,688	37,024
15	Royalties				
16	Occupancy	339,986	88,810	95,436	155,740
17	Travel	64,645	17,552	1,719	45,374
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	336,827	179,432	24,682	132,713
20	Interest				
21	Payments to affiliates	575,530	147,218	162,740	265,572
22	Depreciation, depletion, and amortization	522,885	133,752	147,856	241,277
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	247,227	247,227		
b	MISCELLANEOUS	79,894		9,429	70,465
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	91,626,038	80,225,158	2,936,853	8,464,027
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 or note to any line in this Part X

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	7,257,700	1	9,539,157
	2 Savings and temporary cash investments	16,374,877	2	15,671,786
	3 Pledges and grants receivable, net	66,803,011	3	65,255,854
	4 Accounts receivable, net	135,221	4	146,344
	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	260,034	9	205,288
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 7,774,612		
	b Less accumulated depreciation	10b 6,172,735	1,901,416	10c 1,601,877
	11 Investments—publicly traded securities	13,459,500	11	14,234,926
	12 Investments—other securities See Part IV, line 11	34,761,469	12	39,431,133
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	2,171,706	15	2,426,011
16 Total assets. Add lines 1 through 15 (must equal line 34)	143,124,934	16	148,512,376	
Liabilities	17 Accounts payable and accrued expenses	4,922,925	17	2,227,288
	18 Grants payable	12,342,651	18	9,740,649
	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	17,265,576	26	11,967,937
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	30,406,180	27	35,833,346
	28 Temporarily restricted net assets	76,178,054	28	76,333,641
	29 Permanently restricted net assets	19,275,124	29	24,377,452
	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	125,859,358	33	136,544,439	
34 Total liabilities and net assets/fund balances	143,124,934	34	148,512,376	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	96,195,805
2	Total expenses (must equal Part IX, column (A), line 25)	2	91,626,038
3	Revenue less expenses Subtract line 2 from line 1	3	4,569,767
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	125,859,358
5	Net unrealized gains (losses) on investments	5	4,388,625
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	1,726,689
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	136,544,439

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990 <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			
JOHN WILGERS CHAIR AND BOARD MEMBER	1 00	X		X				0	0	0
LYNN CASEY VICE CHAIR AND BOARD MEMBER	1 00	X		X				0	0	0
LESLIE J CHAPMAN TREASURER AND BOARD MEMBER	1 00	X		X				0	0	0
JEFFREY L WRIGHT SECRETARY AND BOARD MEMBER	1 00	X		X				0	0	0
TIM BAER BOARD MEMBER	1 00	X						0	0	0
JULIE BAKER 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
JULIANA CHUGG BOARD MEMBER	1 00	X						0	0	0
NANCY DAHL BOARD MEMBER	1 00	X						0	0	0
LAURA DAY BOARD MEMBER	1 00	X						0	0	0
JEAN DUNN 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
TRIXIEANN GOLBERG 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
RON JAMES BOARD MEMBER	1 00	X						0	0	0
MARK KAPLAN BOARD MEMBER	1 00	X						0	0	0
MARGARET KELLIHER-ANDERSON BOARD MEMBER	1 00	X						0	0	0
SEAN KERSHAW BOARD MEMBER	1 00	X						0	0	0
JAMES KOLAR BOARD MEMBER	1 00	X						0	0	0

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			
STEVEN C KUMAGAI BOARD MEMBER	1 00	X						0	0	0
STEPHANIE BROD LEVINE BOARD MEMBER	1 00	X						0	0	0
GLORIA LEWIS BOARD MEMBER	1 00	X						0	0	0
SARENA LIN 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 W MELINE BOARD MEMBER	1 00	X						0	0	0
RICHARD J MIGLIORI BOARD MEMBER	1 00	X						0	0	0
KATE D 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 C OLSON BOARD MEMBER	1 00	X						0	0	0
MITCHELL PEARLSTEIN BOARD MEMBER	1 00	X						0	0	0
RENEE PETERSON BOARD MEMBER	1 00	X						0	0	0
BRYAN K PHILLIPS BOARD MEMBER	1 00	X						0	0	0
JUDY POFERL 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
LOU RIVIECCIO 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 M SAMARATUNGA BOARD MEMBER	1 00	X						0	0	0
THOMAS SANDERS BOARD MEMBER	1 00	X						0	0	0
JOHN G 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
JOHN WHALEY BOARD MEMBER	1 00	X						0	0	0
SCOTT W WINE BOARD MEMBER	1 00	X						0	0	0
JILL WYANT 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				287,863	0	88,431
JULIE NEVILLE VP FINANCE	40 00			X				125,689	0	21,343
BENJAMIN KNOLL CHIEF OPERATING OFFICER	40 00				X			198,941	0	50,885
FRANK FORSBERG SVP SYSTEMS CHANGE & INNOVATION	40 00					X		166,598	0	39,783
ANDREW GOLDMAN-GRAY SVP WORKPLACE FUNDRAISING	40 00					X		158,716	0	25,613
BARBARA BEARD SVP MAJOR GIFTS & FOUNDATIONS	40 00					X		155,777	0	34,343
KATHY HOLLENHORST SVP MARKETING	40 00					X		138,835	0	21,507
KEVIN ANDERSON VP INFORMATION SERVICES	40 00					X		119,413	0	11,249

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at**
www.irs.gov/form990.

2013

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 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?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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)

(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	83,439,147	85,488,845	89,351,090	90,719,303	92,967,516	441,965,901
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	83,439,147	85,488,845	89,351,090	90,719,303	92,967,516	441,965,901
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)						17,017,028
6 Public support. Subtract line 5 from line 4						424,948,873

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	83,439,147	85,488,845	89,351,090	90,719,303	92,967,516	441,965,901
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	972,404	912,919	818,705	749,466	632,863	4,086,357
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.)	1,354,035	1,450,882	1,351,547	1,155,537	1,237,382	6,549,383
11 Total support (Add lines 7 through 10)						452,601,641
12 Gross receipts from related activities, etc. (see instructions)					12	829,435

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 2013 (line 6, column (f) divided by line 11, column (f))	14	93.890 %
15 Public support percentage for 2012 Schedule A, Part II, line 14	15	93.530 %

16a 33 1/3% support test—2013. 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—2012. 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—2013. 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—2012. 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2013.** 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—2012.** 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.** 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

Return Reference

Explanation

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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. Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

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?
4a Was a correction made?
b If "Yes," describe in Part IV

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
4 Did the filing organization file Form 1120-POL for this year?
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	435,390													
c	Total lobbying expenditures (add lines 1a and 1b)	435,390													
d	Other exempt purpose expenditures	79,789,768													
e	Total exempt purpose expenditures (add lines 1c and 1d)	80,225,158													
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="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount			1,000,000	1,000,000	2,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					3,000,000
c Total lobbying expenditures			81,313	435,390	516,703
d Grassroots nontaxable amount			250,000	250,000	500,000
e Grassroots ceiling amount (150% of line 2d, column (e))					750,000
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

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

Return Reference	Explanation

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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. Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

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 to (during year), Aggregate grants from (during year), Aggregate value at end of year, and questions about donor advised funds and grant purposes.

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

Form for Part II Conservation Easements. Includes checkboxes for purposes of easements, questions about monitoring and expenses, and a table for 'Held at the End of the Year' with rows 2a, 2b, 2c, 2d.

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. Includes questions about reporting works of art and historical treasures, 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

Table with 2 columns: Description (1c-1f) and Amount

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.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include 1a-1g.

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

- a Board designated or quasi-endowment 34.000%
b Permanent endowment 52.000%
c Temporarily restricted endowment 14.000%
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

Table for 3a(i) and 3a(ii) with Yes/No columns. Includes 3b below.

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

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

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 4 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include 1a-1e and Total.

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	79,347,375
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	4,388,625
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	321,219
e	Add lines 2a through 2d	2e	4,709,844
3	Subtract line 2e from line 1	3	74,637,531
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	21,558,274
c	Add lines 4a and 4b	4c	21,558,274
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	96,195,805

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	70,004,461
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	70,004,461
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	21,621,577
c	Add lines 4a and 4b	4c	21,621,577
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	91,626,038

Part XIII Supplemental Information

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

Return Reference	Explanation
PART V, LINE 4	UNRESTRICTED GRANTS ARE MADE FROM THE ENDOWMENT FUND TO SUPPORT GENERAL OPERATING COSTS, PROGRAMS, AGENCIES, AND INITIATIVES
PART X, LINE 2	UNITED WAY DID NOT HAVE ANY UNRELATED BUSINESS INCOME FOR THE YEARS ENDED DECEMBER 31, 2013 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 254,306 RETURN OF PRIOR YEAR GRANTS 66,913
PART XI, LINE 4B - OTHER ADJUSTMENTS	DONOR DESIGNATED CONTRIBUTIONS FOR OTHER AGENCIES 21,621,577 LOSS ON DISPOSAL OF PROPERTY -63,303
PART XII, LINE 4B - OTHER ADJUSTMENTS	DONOR DESIGNATED CONTRIBUTIONS FOR OTHER AGENCIES 21,621,577

Schedule I (Form 990)

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

OMB No 1545-0047

2013

Open to Public Inspection

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

Attach to Form 990

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

Name of the organization GREATER TWIN CITIES UNITED WAY

Employer identification number 41-1973442

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

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

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 207
3 Enter total number of other organizations listed in the line 1 table 0

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

Return Reference	Explanation
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

Additional Data

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
360 COMMUNITIES 20730 HOLYOKE AVENUE WEST PO BOX 1256 LAKEVILLE, MN 550441256	41-0987708	501(C)(3)	165,620				PROGRAM OPERATING COST
A CHANCE TO GROW 1800 SECOND STREET NORTHEAST MINNEAPOLIS, MN 55418	41-1444113	501(C)(3)	150,000				PROGRAM OPERATING COST
ACCESSABILITY INC 360 HOOVER STREET NE MINNEAPOLIS, MN 554132940	41-0735909	501(C)(3)	315,000				PROGRAM OPERATING COST
ACCESSIBLE SPACE INC 2550 UNIVERSITY AVENUE WEST SUITE 330N SAINT PAUL, MN 551141085	41-1330242	501(C)(3)	50,000				PROGRAM OPERATING COST
ACCOUNTABILITY MINNESOTA 2300 MYRTLE STREET SUITE 180 SAINT PAUL, MN 55114	23-7131829	501(C)(3)	208,000				PROGRAM OPERATING COST
ACHIEVE MINNEAPOLIS 111 THIRD AVE SOUTH SUITE 5 MINNEAPOLIS, MN 55401	41-1425264	501(C)(3)	46,551				PROGRAM OPERATING COST
AFRICAN AMERICAN FAMILY SERVICES INC 2616 NICOLLET AVENUE SOUTH MINNEAPOLIS, MN 554081628	41-1303326	501(C)(3)	112,902				PROGRAM OPERATING COST
AIN DAH YUNG OUR HOME SHELTER 1089 PORTLAND AVENUE SAINT PAUL, MN 55104	41-1697692	501(C)(3)	125,000				PROGRAM OPERATING COST
ALEXANDRA HOUSE INC PO BOX 49039 BLAINE, MN 554490039	41-1309977	501(C)(3)	313,147				PROGRAM OPERATING COST
AMERICAN INDIAN OIC INC 1845 EAST FRANKLIN AVENUE MINNEAPOLIS, MN 554044062	41-1365561	501(C)(3)	200,000				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
AMERICAN RED CROSS OF THE TWIN CITIES 1201 WEST RIVER PARKWAY MINNEAPOLIS, MN 554542020	53-0196605	501(C)(3)	256,000				PROGRAM OPERATING COST
AMHERST H WILDER FOUNDATION 451 LEXINGTON PARKWAY NORTH SAINT PAUL, MN 55104	41-0693889	501(C)(3)	384,595				PROGRAM OPERATING COST
ANEW DIMENSION CHILD ENRICHMENT CENTER 1819 MINNEHAHA AVENUE SOUTH MINNEAPOLIS, MN 554042286	41-1628289	501(C)(3)	58,000				PROGRAM OPERATING COST
ANNEX TEEN CLINIC 4915 NORTH 42ND AVENUE ROBBINSDALE, MN 554221730	23-7236943	501(C)(3)	100,000				PROGRAM OPERATING COST
ANOKA COUNTY COMMUNITY ACTION PROGRAM INC 1201 NE 89TH AVENUE SUITE 345 BLAINE, MN 554343346	41-6048575	501(C)(3)	152,327				PROGRAM OPERATING COST
ARC GREATER TWIN CITIES 2446 UNIVERSITY AVENUE WEST SAINT PAUL, MN 551141740	41-0782848	501(C)(3)	357,172				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 YOUTH 1708 OAK PARK AVENUE NORTH MINNEAPOLIS, MN 55411	41-1765140	501(C)(3)	130,000				PROGRAM OPERATING COST
BABY'S SPACE A PLACE TO GROW 2438 18TH AVENUE SOUTH MINNEAPOLIS, MN 55404	20-4502788	501(C)(3)	147,000				PROGRAM OPERATING COST
BELLE PLAINE FOOD SHELF 312 W FOREST ST BELLE PLAINE, MN 56011	37-1638207	501(C)(3)	13,680				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
BETHEL UNIVERSITY 3900 BETHEL DRIVE SAINT PAUL, MN 55112	41-0708577	501(C)(3)	75,000				PROGRAM OPERATING COST
BIG BROTHERS BIG SISTERS OF THE GREATER TWIN CITIES 2550 UNIVERSITY AVENUE WEST SUITE 410N SAINT PAUL, MN 551141085	32-0017737	501(C)(3)	558,000				PROGRAM OPERATING COST
BLOOMINGTON DIVISION OF PUBLIC HEALTH 1900 WEST OLD SHAKOPEE ROAD BLOOMINGTON, MN 554313033	41-6004990	501(C)(3)	94,000				PROGRAM OPERATING COST
BLOOMINGTON PUBLIC SCHOOLS ISD 271 1350 106TH STREET WEST BLOOMINGTON, MN 55432	41-6001463	501(C)(3)	100,000				PROGRAM OPERATING COST
BOLDER OPTIONS 2100 STEVENS AVENUE SOUTH MINNEAPOLIS, MN 55404	41-1909408	501(C)(3)	50,000				PROGRAM OPERATING COST
BOYS & GIRLS CLUBS OF THE TWIN CITIES 2575 UNIVERSITY AVENUE WEST SUITE 100 SAINT PAUL, MN 55114	41-0842657	501(C)(3)	258,500				PROGRAM OPERATING COST
BRIDGE FOR YOUTH 1111 WEST 22ND STREET MINNEAPOLIS, MN 55405	41-0983062	501(C)(3)	60,000				PROGRAM OPERATING COST
BROOKLYN CENTER SCHOOLS ISD #286 65 HUMBOLDT AVENUE NORTH BROOKLYN CENTER, MN 554301897	41-6009038	501(C)(3)	70,000				PROGRAM OPERATING COST
CAMP FIRE USA MINNESOTA COUNCIL 2610 UNIVERSITY AVENUE WEST SAINT PAUL, MN 551141090	41-0706116	501(C)(3)	225,000				PROGRAM OPERATING COST
CANVAS HEALTH 7066 NORTH STILLWATER BLVD OAKDALE, MN 55128	41-0955577	501(C)(3)	127,000				PROGRAM OPERATING COST

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CAPI USA 3702 EAST LAKE STREET SUITE 101 MINNEAPOLIS, MN 55406	41-1417198	501(C)(3)	90,737				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
CASA DE ESPERANZA PO BOX 75177 SAINT PAUL, MN 551750177	41-1414710	501(C)(3)	262,226				PROGRAM OPERATING COST
CATHOLIC CHARITIES OF THE ARCHDIOCESE OF SAINT PAUL AND MINNEAPOLIS 1200 SECOND AVENUE SOUTH MINNEAPOLIS, MN 554032513	41-1302487	501(C)(3)	1,895,044				PROGRAM OPERATING COST
CEAP (COMMUNITY EMERGENCY ASSISTANCE PROGRAM INC) 6840 NORTH 78TH AVENUE BROOKLYN PARK, MN 554452700	41-0990340	501(C)(3)	145,789				PROGRAM OPERATING COST
CENTRO CULTURAL CHICANO INC 1915 CHICAGO AVENUE SOUTH MINNEAPOLIS, MN 554041904	41-1290349	501(C)(3)	466,245				PROGRAM OPERATING COST
CHARITIES REVIEW COUNCIL OF MINNESOTA INC 46 EAST 4TH STREET SUITE 636 SAINT PAUL, MN 551011112	41-0652474	501(C)(3)	115,000				PROGRAM OPERATING COST
CHILDREN'S DEFENSE FUND - MINNESOTA 555 PARK STREET SUITE 410 SAINT PAUL, MN 55103	52-0895622	501(C)(3)	125,000				PROGRAM OPERATING COST
CHILDREN'S HOME SOCIETY & FAMILY SERVICES 1605 EUSTIS STREET SAINT PAUL, MN 551081219	41-0693906	501(C)(3)	86,499				PROGRAM OPERATING COST
CHRISTIAN CUPBOARD EMERGENCY FOOD SHELF 7380 AFTON RD WOODBURY, MN 55125	36-3298764	501(C)(3)	5,000				PROGRAM OPERATING COST

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COLLEGE POSSIBLE 450 N SYNDICATE STREET SUITE 200 SAINT PAUL, MN 55104	41-1968798	501(C)(3)	144,190				PROGRAM OPERATING COST
COMMONBOND COMMUNITIES 328 KELLOGG BOULEVARD WEST SAINT PAUL, MN 551021900	41-1260469	501(C)(3)	136,206				PROGRAM OPERATING COST
COMMUNITY ACTION OF MINNEAPOLIS 505 E GRANT ST STE 100 MINNEAPOLIS, MN 55404	41-1739467	501(C)(3)	28,865				PROGRAM OPERATING COST
COMMUNITY ACTION PARTNERSHIP OF RAMSEY AND WASHINGTON COUNTIES 1397 GENEVA AVENUE ROOM 103 OAKDALE, MN 55128	41-0883443	501(C)(3)	183,950				PROGRAM OPERATING COST
COMMUNITY ACTION PARTNERSHIP SUBURBAN HENNEPIN COUNTY 8800 HIGHWAY 7 SUITE 401 ST LOUIS PARK, MN 55426	41-1524088	501(C)(3)	33,000				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)	141,000				PROGRAM OPERATING COST
COMUNIDADES LATINAS UNIDAS EN SERVICIO INC 220 SOUTH ROBERT STREET SUITE 103 SAINT PAUL, MN 551071626	41-1386986	501(C)(3)	452,900				PROGRAM OPERATING COST
CONFEDERATION OF SOMALI COMMUNITY IN MINNESOTA 420 15TH AVENUE SOUTH MINNEAPOLIS, MN 554541114	41-1817894	501(C)(3)	57,500				PROGRAM OPERATING COST
CORNERSTONE ADVOCACY SERVICE 9730 IRVING AVENUE SOUTH BLOOMINGTON, MN 554312625	41-1476268	501(C)(3)	185,071				PROGRAM OPERATING COST

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COURAGE KENNY REHABILITATION INSTITUTE 3915 GOLDEN VALLEY ROAD GOLDEN VALLEY, MN 554229958	41-0706118	501(C)(3)	718,000				PROGRAM OPERATING COST
DAKOTA COUNTY COMMUNITY SERVICES 1 MENDOTA ROAD WEST SUITE 400 WEST SAINT PAUL, MN 551184773	41-6005786	501(C)(3)	75,000				PROGRAM OPERATING COST
DARTS 1645 MARTHALER LANE WEST SAINT 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)	265,800				PROGRAM OPERATING COST
DOMESTIC ABUSE PROJECT INC 204 WEST FRANKLIN AVENUE MINNEAPOLIS, MN 554042398	41-1356278	501(C)(3)	371,662				PROGRAM OPERATING COST
EAST SIDE LEARNING CENTER 740 YORK AVENUE SAINT PAUL, MN 55106	04-3699678	501(C)(3)	210,000				PROGRAM OPERATING COST
EAST SIDE NEIGHBORHOOD SERVICES INC 1700 SECOND STREET NE MINNEAPOLIS, MN 55413	41-0873798	501(C)(3)	390,000				PROGRAM OPERATING COST
EBENEZER SOCIETY FOUNDATION 2200 RIVERSIDE AVENUE MINNEAPOLIS, MN 55454	41-1378656	501(C)(3)	42,500				PROGRAM OPERATING COST
ECHO MINNESOTA 125 CHARLES AVENUE SAINT PAUL, MN 55103	26-1475578	501(C)(3)	25,000				PROGRAM OPERATING COST
EMERGE COMMUNITY DEVELOPMENT 1101 WEST BROADWAY AVENUE MINNEAPOLIS, MN 554112570	41-1277423	501(C)(3)	475,000				PROGRAM OPERATING COST

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EMERGENCY FOODSHELFB NETWORK INC 6714 WALKER STREET ST LOUIS PARK, MN 554263011	41-1246504	501(C)(3)	95,000				PROGRAM OPERATING COST
FACE TO FACE HEALTH AND COUNSELING SERVICE INC 1165 ARCADE STREET SAINT PAUL, MN 55106	41-0986780	501(C)(3)	225,000				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 PATHWAYS 26796 KETTLE RIVER BOULEVARD WYOMING, MN 55092	41-1332828	501(C)(3)	136,000				PROGRAM OPERATING COST
FAMILYMEANS 216 WEST MYRTLE STREET STILLWATER, MN 550824805	41-6045574	501(C)(3)	123,943				PROGRAM OPERATING COST
FAMILYWISE 3036 UNIVERSITY AVE SE MINNEAPOLIS, MN 55414	41-1343909	501(C)(3)	374,600				PROGRAM OPERATING COST
GIRL SCOUTS OF MINNESOTA AND WISCONSIN RIVER VALLEYS INC 400 ROBERT STREET SOUTH SAINT PAUL, MN 551072297	41-0693910	501(C)(3)	525,000				PROGRAM OPERATING COST
GOODWILLEASTER SEALS MINNESOTA 553 FAIRVIEW AVENUE NORTH SAINT PAUL, MN 551041708	41-0706171	501(C)(3)	337,899				PROGRAM OPERATING COST
GREATER MINNEAPOLIS COUNCIL OF CHURCHES 1001 EAST LAKE STREET PO BOX 7509 MINNEAPOLIS, MN 554070509	41-0693933	501(C)(3)	75,600				PROGRAM OPERATING COST
GREATER MINNEAPOLIS CRISIS NURSERY 5400 GLENWOOD AVENUE GOLDEN VALLEY, MN 554225120	41-1379021	501(C)(3)	225,000				PROGRAM OPERATING COST

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GUADALUPE ALTERNATIVE PROGRAMS 381 EAST ROBIE STREET SAINT PAUL, MN 551072415	41-0906127	501(C)(3)	60,700				PROGRAM OPERATING COST
HALLIE Q BROWN COMMUNITY CENTER INC 270 KENT STREET NORTH SAINT PAUL, MN 551021744	41-0693846	501(C)(3)	221,289				PROGRAM OPERATING COST
HANDS ON TWIN CITIES 2021 EAST HENNEPIN AVENUE SUITE 420 MINNEAPOLIS, MN 55413	41-0694710	501(C)(3)	100,000				PROGRAM OPERATING COST
HEADWAY EMOTIONAL HEALTH SERVICES 6425 NICOLLET AVENUE SOUTH RICHFIELD, MN 55423	41-0962511	501(C)(3)	50,000				PROGRAM OPERATING COST
HEALTHFORCE MINNESOTA CO WSU 175 WEST MARK STREET WINONA, MN 55987	41-1687554	501(C)(3)	50,000				PROGRAM OPERATING COST
HENNEPIN HEALTH FOUNDATION 701 PARK AVENUE MINNEAPOLIS, MN 55415	41-0845733	501(C)(3)	50,000				PROGRAM OPERATING COST
HENNEPIN HEALTHCARE SYSTEM 701 PARK AVENUE MINNEAPOLIS, MN 55415	42-1707837	501(C)(3)	50,000				PROGRAM OPERATING COST
HIRED 1200 PLYMOUTH AVENUE NORTH MINNEAPOLIS, MN 554114085	41-6078344	501(C)(3)	408,200				PROGRAM OPERATING COST
HMONG AMERICAN PARTNERSHIP 1073 PAYNE AVENUE SAINT PAUL, MN 55101	41-1667580	501(C)(3)	130,537				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

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HOPE FOR THE COMMUNITY - KINGSWOOD CHURCH 1264 109TH AVE NE BLAINE, MN 55434	41-1231611	501(C)(3)	8,000				PROGRAM OPERATING COST
HOUSE OF CHARITY 510 SOUTH 8TH STREET MINNEAPOLIS, MN 554041079	41-0795347	501(C)(3)	82,662				PROGRAM OPERATING COST
HUNGER SOLUTIONS MINNESOTA 555 PARK STREET SUITE 420 SAINT PAUL, MN 551032193	36-3567366	501(C)(3)	15,000				PROGRAM OPERATING COST
ILLUSION THEATER & SCHOOL INC 528 HENNEPIN AVENUE SUITE 704 MINNEAPOLIS, MN 554031810	23-7392140	501(C)(3)	95,000				PROGRAM OPERATING COST
IMMIGRANT LAW CENTER OF MINNEOTA 450 SYNDICATE STRAET NORTH SUITE 175 SAINT PAUL, MN 55104	41-0909036	501(C)(3)	155,293				PROGRAM OPERATING COST
INDIAN HEALTH BOARD OF MINNEAPOLIS INC 1315 EAST 24TH STREET MINNEAPOLIS, MN 554043959	41-0977740	501(C)(3)	140,527				PROGRAM OPERATING COST
INSIDEOUTCOMES 711 WHEELock PARKWAY WEST ST PAUL, MN 55117	47-0586122	501(C)(3)	5,000				PROGRAM OPERATING COST
INTERCONGREGATION COMMUNITIES ASSOCIATION 12990 ST DAVID ROAD MINNETONKA, MN 55305	41-0979010	501(C)(3)	50,000				PROGRAM OPERATING COST
INTERFAITH OUTREACH & COMMUNITY PARTNERS 110 GRAND AVENUE SOUTH WAYZATA, MN 553911872	36-3482724	501(C)(3)	40,000				PROGRAM OPERATING COST
INTERNATIONAL INSTITUTE OF MINNESOTA 1694 COMO AVENUE SAINT PAUL, MN 551082784	41-0693912	501(C)(3)	402,546				PROGRAM OPERATING COST

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JACKSON PREPARATORY MAGNET SCHOOL 437 EDMUND AVENUE SAINT PAUL, MN 55404	41-0901311	501(C)(3)	140,000				PROGRAM OPERATING COST
JEWISH COMMUNITY CENTER OF THE GREATER SAINT PAUL AREA 1375 SAINT PAUL AVENUE SAINT 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)	219,555				PROGRAM OPERATING COST
JEWISH FAMILY SERVICE OF SAINT PAUL 1633 WEST 7TH STREET SAINT PAUL, MN 55102	41-0694697	501(C)(3)	185,000				PROGRAM OPERATING COST
JOYCE PRESCHOOL 1219 WEST 31ST STREET MINNEAPOLIS, MN 55408	81-0594016	501(C)(3)	72,500				PROGRAM OPERATING COST
KALEIDOSCOPE PLACE 2400 PARK AVENUE MINNEAPOLIS, MN 55404	20-8449852	501(C)(3)	50,000				PROGRAM OPERATING COST
KEYSTONE COMMUNITY SERVICES 2000 ST ANTHONY AVENUE SAINT PAUL, MN 551045199	41-0693924	501(C)(3)	596,483				PROGRAM OPERATING COST
LA OPORTUNIDAD 2233 UNIVERSITY AVENUE SUITE 150 SAINT 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)	200,000				PROGRAM OPERATING COST
LAKES AREA YOUTH SERVICE BUREAU 244 NORTH LAKE STREET FOREST LAKE, MN 55025	41-1322058	501(C)(3)	63,500				PROGRAM OPERATING COST

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LEARNING DISABILITIES ASSOCIATION INC 6100 GOLDEN VALLEY ROAD GOLDEN VALLEY, MN 55422	23-7297031	501(C)(3)	150,000				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)	112,800				PROGRAM OPERATING COST
LIFETRACK RESOURCES INC 709 UNIVERSITY AVENUE WEST SAINT PAUL, MN 551044804	41-0874507	501(C)(3)	1,097,240				PROGRAM OPERATING COST
LIVING WELL DISABILITY SERVICES 680 ONEILL DRIVE EAGAN, MN 55121	23-7181360	501(C)(3)	78,750				PROGRAM OPERATING COST
LOAVES AND FISHES 1917 LOGAN AVENUE SOUTH MINNEAPOLIS, MN 554032897	41-1421522	501(C)(3)	80,834				PROGRAM OPERATING COST
LUNDSTRUM CENTER FOR THE PERFORMING ARTS 1617 N 2ND ST MINNEAPOLIS, MN 55411	41-1972424	501(C)(3)	15,000				PROGRAM OPERATING COST
LUTHERAN SOCIAL SERVICE OF MINNESOTA 2485 COMO AVENUE SAINT PAUL, MN 551081445	41-0872993	501(C)(3)	677,898				PROGRAM OPERATING COST
MAP FOR NONPROFITS INC 2314 UNIVERSITY AVENUE WEST SUITE 28 SAINT PAUL, MN 551141629	41-1479097	501(C)(3)	434,000				PROGRAM OPERATING COST
MENTAL HEALTH ASSOCIATION OF MINNESOTA 2021 EAST HENNEPIN AVENUE SUITE 412 412 MINNEAPOLIS, MN 55413	41-0722639	501(C)(3)	129,049				PROGRAM OPERATING COST
MERRICK COMMUNITY SERVICES 1526 EAST 6TH STREET SAINT PAUL, MN 55106	41-0693851	501(C)(3)	274,447				PROGRAM OPERATING COST

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METRO ALLIANCE FOR FAMILY MENTORING CO DAKOTA COUNTY 1 MENDOTA ROAD WEST SUITE 400 WEST SAINT PAUL, MN 551184773	41-6005786	501(C)(3)	500,000				PROGRAM OPERATING COST
METROPOLITAN AREA AGENCY ON AGE 2365 NORTH MCKNIGHT ROAD NORTH SAINT PAUL, MN 55109	41-1774247	501(C)(3)	30,000				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 SAINT PAUL, MN 551063447	41-0746072	501(C)(3)	108,500				PROGRAM OPERATING COST
MINNCAN 102 W 38TH ST FL 6 NEW YORK, NY 10018	27-3069592	501(C)(3)	50,000				PROGRAM OPERATING COST
MINNEAPOLIS AMERICAN INDIAN CENTER 1530 EAST FRANKLIN AVENUE MINNEAPOLIS, MN 554042136	41-0966005	501(C)(3)	118,237				PROGRAM OPERATING COST
THE MINNEAPOLIS FOUNDATION (DREAMERS) 80 SOUTH EIGHTH STREET MINNEAPOLIS, MN 55402	41-6029402	501(C)(3)	10,000				PROGRAM OPERATING COST
MINNEAPOLIS PUBLIC SCHOOLS 1250 WEST BROADWAY MINNEAPOLIS, MN 55411	41-1972445	501(C)(3)	502,500				PROGRAM OPERATING COST
MINNEAPOLIS URBAN LEAGUE 2100 PLYMOUTH AVENUE NORTH MINNEAPOLIS, MN 55411	41-0706915	501(C)(3)	310,000				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

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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 HIGH TECH ASSOCIATION 400 S 4TH ST STE 416 MINNEAPOLIS, MN 55415	41-1440301	501(C)(3)	25,000				PROGRAM OPERATING COST
MINNESOTA INDIAN WOMEN'S RESOURCE CENTER 2300 SOUTH 15TH AVENUE MINNEAPOLIS, MN 554043935	41-1500950	501(C)(3)	271,828				PROGRAM OPERATING COST
MINNESOTA NETWORK OF HOSPICE AND PALLATIAL CARE 2365 MCKNIGHT ROAD N SUITE 2 SAINT PAUL, MN 55109	41-1414694	501(C)(3)	40,000				PROGRAM OPERATING COST
MINNESOTA PHILANTHROPY PARTNERS 101 FIFTH STREET EAST SUITE 2400 SAINT PAUL, MN 551011800	41-6031510	501(C)(3)	100,000				PROGRAM OPERATING COST
MINNESOTA WORKFORCE COUNCIL ASSOCIATION 125 CHARLES AVE SAINT PAUL, MN 55103	41-1778499	501(C)(3)	50,000				PROGRAM OPERATING COST
MODEL CITIES OF SAINT PAUL INC 849 UNIVERSITY AVENUE SAINT PAUL, MN 551044808	41-1687873	501(C)(3)	200,000				PROGRAM OPERATING COST
MVNA 2000 SUMMER STREET SUITE 100 MINNEAPOLIS, MN 55413	41-0693895	501(C)(3)	423,440				PROGRAM OPERATING COST
NAWAYEE CENTER SCHOOL INC 2421 BLOOMINGTON AVE MINNEAPOLIS, MN 55404	36-3591386	501(C)(3)	130,000				PROGRAM OPERATING COST
NEIGHBORHOOD HEALTH SOURCE 330 FREMONT AVENUE NORTH MINNEAPOLIS, MN 55412	41-1235064	501(C)(3)	295,985				PROGRAM OPERATING COST

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NEIGHBORHOOD HOUSE 179 ROBIE STREET EAST SAINT PAUL, MN 551072395	41-0693916	501(C)(3)	452,009				PROGRAM OPERATING COST
NEIGHBORHOOD INVOLVEMENT PROGRAM INC 2431 HENNEPIN AVENUE SOUTH MINNEAPOLIS, MN 554052605	41-0956858	501(C)(3)	172,000				PROGRAM OPERATING COST
NEIGHBORS INC 218 13TH AVENUE SOUTH SOUTH SAINT PAUL, MN 550752234	41-1360294	501(C)(3)	104,000				PROGRAM OPERATING COST
NETWORK FOR THE DEVELOPMENT OF CHILDREN OF AFRICAN DESCENT 655 NORTH FAIRVIEW AVENUE SAINT PAUL, MN 55104	41-1936394	501(C)(3)	150,000				PROGRAM OPERATING COST
NORTH METRO PEDIATRICS PA 10081 DOGWOOD ST NW STE 100 COON RAPIDS, MN 55448	20-1773869	501(C)(3)	37,500				PROGRAM OPERATING COST
NORTHERN STAR COUNCIL BOY SCOUTS OF AMERICA 393 MARSHALL AVENUE SAINT PAUL, MN 551021795	41-0694686	501(C)(3)	702,281				PROGRAM OPERATING COST
NORTHPOINT HEALTH & WELLNESS CENTER INC 1315 PENN AVENUE NORTH MINNEAPOLIS, MN 554113047	20-0898277	501(C)(3)	125,260				PROGRAM OPERATING COST
NORTHSIDE ACHIEVEMENT ZONE 2123 WEST BROADWAY AVENUE SUITE 100 100 MINNEAPOLIS, MN 55411	30-0238807	501(C)(3)	100,000				PROGRAM OPERATING COST
OPEN CITIES HEALTH CENTER 409 NORTH DUNLAP STREET SAINT PAUL, MN 55104	36-3381598	501(C)(3)	64,000				PROGRAM OPERATING COST
OPPORTUNITY PARTNERS INC 5500 OPPORTUNITY COURT MINNETONKA, MN 553439093	41-0737221	501(C)(3)	103,545				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
PARENTS IN COMMUNITY ACTION INC 700 HUMBOLDT AVENUE NORTH MINNEAPOLIS, MN 554113931	41-0956226	501(C)(3)	101,200				PROGRAM OPERATING COST
PARMLY LIFEPOINTES - ECUMEN CORP 28210 OLD TOWN ROAD CHISAGO CITY, MN 55013	41-1568278	501(C)(3)	50,000				PROGRAM OPERATING COST
PEOPLE INCORPORATED 2060 CENTRE PTE SUITE 3 SAINT PAUL, MN 55120	41-0962296	501(C)(3)	668,100				PROGRAM OPERATING COST
PERSPECTIVES INC 3581 GORHAM AVENUE ST LOUIS PARK, MN 554261074	41-1288300	501(C)(3)	181,500				PROGRAM OPERATING COST
PHYLLIS WHEATLEY COMMUNITY CENTER INC 915 EMERSON AVENUE NORTH MINNEAPOLIS, MN 554114135	41-0706132	501(C)(3)	330,050				PROGRAM OPERATING COST
PILLSBURY UNITED COMMUNITIES 1201 NORTH 37TH AVENUE MINNEAPOLIS, MN 554122005	41-0916478	501(C)(3)	2,020,719				PROGRAM OPERATING COST
PLYMOUTH CHRISTIAN YOUTH CENTER 2301 OLIVER AVENUE NORTH MINNEAPOLIS, MN 554111878	41-0794440	501(C)(3)	342,776				PROGRAM OPERATING COST
PORTICO HEALTHNET 2610 UNIVERSITY AVENUE SUITE 500 SAINT PAUL, MN 55114	41-1814659	501(C)(3)	337,350				PROGRAM OPERATING COST
PPL INDUSTRIES INC 1179 - 15TH AVENUE SOUTHEAST MINNEAPOLIS, MN 55414	23-7098388	501(C)(3)	205,000				PROGRAM OPERATING COST
PROJECT FOR PRIDE IN LIVING INC 2516 CHICAGO AVENUE SOUTH MINNEAPOLIS, MN 554044598	23-7232208	501(C)(3)	1,120,068				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
REFUGE NETWORK PO BOX 323 CAMBRIDGE, MN 550080323	36-3385000	501(C)(3)	75,000				PROGRAM OPERATING COST
RESOURCE INC 1900 CHICAGO AVENUE MINNEAPOLIS, MN 554041903	41-0828779	501(C)(3)	827,629				PROGRAM OPERATING COST
RISE INC 8406 SUNSET ROAD NORTHEAST SPRING LAKE, MN 554321317	41-0972476	501(C)(3)	53,275				PROGRAM OPERATING COST
RIVER VALLEY COMMUNITY PARTNERSHIPS 792 CANTERBURY ROAD SHAKOPEE, MN 55379	20-2886410	501(C)(3)	15,000				PROGRAM OPERATING COST
SABATHANI COMMUNITY CENTER INC 310 EAST 38TH STREET MINNEAPOLIS, MN 554091300	41-0984859	501(C)(3)	436,076				PROGRAM OPERATING COST
SAINT DAVID'S CHILD DEVELOPMENT AND FAMILY SERVICES 3395 PLYMOUTH ROAD MINNETONKA, MN 553053913	41-1429208	501(C)(3)	230,500				PROGRAM OPERATING COST
SAINT MARY'S HEALTH CLINIC 1884 RANDOLPH AVENUE SAINT PAUL, MN 55105	41-1760632	501(C)(3)	217,500				PROGRAM OPERATING COST
SAINT PAUL AREA COUNCIL OF CHURCHES 1671 SUMMIT AVENUE SAINT PAUL, MN 551051884	41-0694741	501(C)(3)	195,120				PROGRAM OPERATING COST
SAINT PAUL INTERVENTION PROJECT INC 1509 MARSHALL AVENUE SAINT PAUL, MN 55104	36-3339157	501(C)(3)	200,200				PROGRAM OPERATING COST
SAINT PAUL PUBLIC SCHOOLS FOUNDATION 101 FIFTH ST E STE 2400 SAINT PAUL, MN 55101	41-1824107	501(C)(3)	58,074				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
SAINT PAUL SCHOOLS JACKSON MAGNET SCHOOL 437 EDMOND STREET 437 EDMOND STREET SAINT PAUL, MN 55103	01-0639118	501(C)(3)	8,000				PROGRAM OPERATING COST
SAINT STEPHEN'S HUMAN SERVICES INC 2211 CLINTON AVENUE SOUTH MINNEAPOLIS, MN 55404		501(C)(3)	177,000				PROGRAM OPERATING COST
SCOTT-CARVER-DAKOTA CAP AGENCY INC 712 CANTERBURY ROAD SOUTH SHAKOPEE, MN 553791840	41-0903890	501(C)(3)	383,999				PROGRAM OPERATING COST
SECOND HARVEST HEARTLAND 1140 GERVAIS AVENUE MAPLEWOOD, MN 551092042	23-7417654	501(C)(3)	450,000				PROGRAM OPERATING COST
SENIOR COMMUNITY SERVICES 10709 WAYZATA BLVD SUITE 111 MINNETONKA, MN 553051529	41-0720473	501(C)(3)	261,991				PROGRAM OPERATING COST
SERVEMINNESOTA 431 SOUTH 7TH STREET SUITE 2540 MINNEAPOLIS, MN 55415	41-2010058	501(C)(3)	890,315				PROGRAM OPERATING COST
SHARING KORNER 595 ARUNDEL STREET SAINT PAUL, MN 551031602	41-1631989	501(C)(3)	25,000				PROGRAM OPERATING COST
SIGHT & HEARING ASSOCIATION 674 TRANSFER ROAD SAINT PAUL, MN 551141402	41-0724037	501(C)(3)	120,000				PROGRAM OPERATING COST
SIMPSON HOUSING SERVICES INC 2740 FIRST AVENUE SOUTH MINNEAPOLIS, MN 554081682	41-1759477	501(C)(3)	222,000				PROGRAM OPERATING COST
SOJOURNER PROJECT INC 904 MAIN STREET SUITE 330 HOPKINS, MN 553438863	41-1363580	501(C)(3)	50,000				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
SOLID GROUND 213 EAST METRO PLACE 3521 CENTURY AVENUE NORTH WHITE BEAR LAKE, MN 55110	36-3578158	501(C)(3)	60,457				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 HOME 1421 PARK AVENUE SOUTH MINNEAPOLIS, MN 554041579	41-1729008	501(C)(3)	35,000				PROGRAM OPERATING COST
SOUTHERN MINNESOTA REGIONAL LEGAL SERVICES INC 300 MN BLDG 46 FOURTH STREET EAST SAINT PAUL, MN 55101	41-1316151	501(C)(3)	283,143				PROGRAM OPERATING COST
SOUTHERN VALLEY ALLIANCE FOR BATTERED WOMEN PO BOX 166 BELLE PLAINE, MN 560110166	41-1483575	501(C)(3)	50,000				PROGRAM OPERATING COST
SOUTHSIDE FAMILY NURTURING CENTER 2448 SOUTH 18TH AVENUE MINNEAPOLIS, MN 554044048	41-1274177	501(C)(3)	195,228				PROGRAM OPERATING COST
SOUTHWEST METRO EDUCATIONAL COOPERATIVE 401 EAST FOURTH STREET CHASKA, MN 55318	41-1295656	501(C)(3)	155,000				PROGRAM OPERATING COST
STORE TO DOOR 1935 W COUNTY RD B2 STE 250 ROSEVILLE, MN 55113	41-1433859	501(C)(3)	28,000				PROGRAM OPERATING COST
SUMMIT ACADEMY OIC 935 OLSON MEMORIAL HIGHWAY MINNEAPOLIS, MN 554051360	41-0908458	501(C)(3)	285,000				PROGRAM OPERATING COST
SUMMIT UNIVERSITY TEEN CENTER INC 1063 INGLEHART AVENUE SAINT PAUL, MN 551045431	41-0919201	501(C)(3)	174,000				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
THE BRIDGE FOR YOUTH INC 2200 EMERSON AVENUE SOUTH MINNEAPOLIS, MN 554052628	41-0983062	501(C)(3)	425,814				PROGRAM OPERATING COST
THE FAMILY PARTNERSHIP (FAMILY & CHILDREN'S SERVICE) 414 SOUTH 8TH STREET MINNEAPOLIS, MN 55404	41-0693858	501(C)(3)	1,564,479				PROGRAM OPERATING COST
THE SALVATION ARMY 2445 PRIOR AVENUE ROSEVILLE, MN 551132714	41-0698597	501(C)(3)	502,425				PROGRAM OPERATING COST
TUBMAN FAMILY ALLIANCE & CHRYSALIS A CENTER FOR WOMEN INC 3111 SOUTH 1ST AVENUE MINNEAPOLIS, MN 554089998	41-2022341	501(C)(3)	477,000				PROGRAM OPERATING COST
TWIN CITIES RISE 800 WASHINGTON AVENUE NORTH SUITE 203 MINNEAPOLIS, MN 554011153	41-1761118	501(C)(3)	220,000				PROGRAM OPERATING COST
UNITED CAMBODIAN ASSOCIATION OF MINNESOTA INC 1101 SNELLING AVENUE NORTH SAINT PAUL, MN 55108	41-1631017	501(C)(3)	83,000				PROGRAM OPERATING COST
UNITED FAMILY PRACTICE HEALTH CENTER 545 WEST SEVENTH STREET SAINT PAUL, MN 55102	27-0052697	501(C)(3)	200,000				PROGRAM OPERATING COST
UNIVERSITY OF MN CENTER ON AGING 86 PLEASANT ST SE RM 330 MINNEAPOLIS, MN 55455	41-6007513	501(C)(3)	15,000				PROGRAM OPERATING COST
UNIVERSITY OF MN MIDWEST EXPANSION OF CHILD-PARENT CENTER 450 MCNAMARA ALUMNI CENTER MINNEAPOLIS, MN 55455	41-6007513	501(C)(3)	75,000				PROGRAM OPERATING COST
URBAN VENTURES 2924 4TH AVE S MINNEAPOLIS, MN 55408	36-3558710	501(C)(3)	50,000				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
VAIL PLACE 15 NINTH AVENUE SOUTH HOPKINS, MN 55343	41-1394766	501(C)(3)	95,650				PROGRAM OPERATING COST
VIETNAMESE SOCIAL SERVICES OF MINNESOTA 1159 UNIVERSITY AVENUE WEST SUITE 1 1 SAINT PAUL, MN 55104	36-3532232	501(C)(3)	138,000				PROGRAM OPERATING COST
VISION LOSS RESOURCES INC 1936 LYNDALE AVENUE SOUTH MINNEAPOLIS, MN 554033101	41-0694713	501(C)(3)	285,409				PROGRAM OPERATING COST
VOLUNTEERS ENLISTED TO ASSIST PEOPLE 9600 ALDRICH AVENUE SOUTH BLOOMINGTON, MN 55420	41-6175999	501(C)(3)	50,000				PROGRAM OPERATING COST
VOLUNTEERS OF AMERICA OF MINNESOTA 5905 GOLDEN VALLEY ROAD SUITE 112 MINNEAPOLIS, MN 554224490	41-1554078	501(C)(3)	581,042				PROGRAM OPERATING COST
WASHBURN CENTER FOR CHILDREN 2430 NICOLLET AVENUE SOUTH MINNEAPOLIS, MN 554043492	41-0711618	501(C)(3)	168,000				PROGRAM OPERATING COST
WAY OF THE LORD 804 131ST AVE NE BLAINE, MN 55434	41-1284604	501(C)(3)	20,000				PROGRAM OPERATING COST
WAY TO GROW 2610 GRAND AVENUE SOUTH MINNEAPOLIS, MN 554081400	71-0956749	501(C)(3)	166,899				PROGRAM OPERATING COST
WE BELIEVE FOUNDTION 1350 WEST 106TH STREET BLOOMINGTON, MN 55431	75-3256058	501(C)(3)	75,000				PROGRAM OPERATING COST
WELLSHARE INTERNATIONAL 122 WEST FRANKLIN AVENUE SUITE 510 MINNEAPOLIS, MN 55404	41-1397062	501(C)(3)	77,626				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
WEST SEVENTH COMMUNITY CENTER INC 265 ONEIDA STREET SAINT PAUL, MN 551022883	23-7319301	501(C)(3)	242,904				PROGRAM OPERATING COST
WOMEN OF NATIONS 73 LEECH STREET SAINT PAUL, MN 551022719	41-1447503	501(C)(3)	50,000				PROGRAM OPERATING COST
WOMEN'S ADVOCATES INC 588 GRAND AVENUE SAINT PAUL, MN 551022696	23-7310701	501(C)(3)	128,639				PROGRAM OPERATING COST
YMCA OF THE GREATER TWIN CITIES 2125 EAST HENNEPIN AVENUE MINNEAPOLIS, MN 55413	45-2563299	501(C)(3)	1,682,759				PROGRAM OPERATING COST
YOUTHLINK 41 NORTH 12TH STREET MINNEAPOLIS, MN 554031394	41-1341773	501(C)(3)	249,806				PROGRAM OPERATING COST
YWCA OF MINNEAPOLIS 1130 NICOLLET MALL MINNEAPOLIS, MN 554032405	41-0693891	501(C)(3)	1,480,881				PROGRAM OPERATING COST
YWCA OF SAINT PAUL 198 WESTERN AVENUE NORTH SAINT PAUL, MN 551021790	41-0693892	501(C)(3)	617,560				PROGRAM OPERATING COST

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2013

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, line 23.**

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

▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

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 idemnification 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 directors, trustees, officers, including 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)	244,275	0	43,588	59,606	28,825	376,294	42,900
	(ii)	0	0	0	0	0	0	0
(2) BENJAMIN KNOLL CHIEF OPERATING OFFICER	(i)	198,127	0	814	22,613	28,272	249,826	0
	(ii)	0	0	0	0	0	0	0
(3) FRANK FORSBERG SVP SYSTEMS CHANGE & INNOVATION	(i)	166,268	0	330	14,409	25,374	206,381	0
	(ii)	0	0	0	0	0	0	0
(4) ANDREW GOLDMAN-GRAY SVP WORKPLACE FUNDRAISING	(i)	158,187	0	529	15,234	10,379	184,329	0
	(ii)	0	0	0	0	0	0	0
(5) BARBARA BEARD SVP MAJOR GIFTS & FOUNDATIONS	(i)	154,901	0	876	14,910	19,433	190,120	0
	(ii)	0	0	0	0	0	0	0
(6) KATHY HOLLENHORST SVP MARKETING	(i)	138,582	0	253	9,918	11,589	160,342	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

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

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 TO THE FOLLOWING EMPLOYEES -PRESIDENT AND CEO -CHIEF OPERATING OFFICER -SR VICE PRESIDENT OF WORKPLACE/COMMUNICATIONS -SR VICE PRESIDENT OF MAJOR GIFTS AND FOUNDATIONS -SR VICE PRESIDENT OF SYSTEMS CHANGE & INNOVATION -SR VICE PRESIDENT OF COMMUNITY IMPACT -VICE PRESIDENT OF DIVERSITY AND COMMUNITY ENGAGEMENT TOTAL ACCRUED INCENTIVE COMPENSATION WAS \$53,391 AT THE END OF 2013 WHICH WAS PAID WITHIN 2 1/2 MONTHS AFTER YEAR END 2013

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2013

Open to Public Inspection

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

▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

Name of the organization
GREATER TWIN CITIES UNITED WAY

Employer identification number
41-1973442

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	493	3,691,997	QUOTED MARKET PRICES
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

29

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

Part III Supplemental Information. 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.

Return Reference	Explanation
PART I, LINE 32B	DONATED PUBLICLY TRADED SECURITIES WERE TRANSFERRED TO BROKERAGE HOUSES AND SOLD AS SOON AS POSSIBLE

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2013

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization
GREATER TWIN CITIES UNITED WAY

Employer identification number

41-1973442

990 Schedule O, Supplemental Information

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 TIM BAER AND JULIE BAKER - BUSINESS RELATIONSHIP LYNN CASEY AND CHRIS POLICINSKI - BUSINESS RELATIONSHIP KATE MORTENSON, BRY AN PHILLIPS AND ABIGAIL ROSE - BUSINESS RELATIONSHIP MATT HEMSLEY AND JULIE ZELLE - BUSINESS RELATIONSHIP SARENA LIN, ABIGAIL ROSE AND FRANK RUSSOMANNO - BUSINESS RELATIONSHIP CHRIS POLICINSKI AND JOHN WILGERS - BUSINESS RELATIONSHIP ABIGAIL ROSE AND MARCIA ZIMMERMAN - BUSINESS RELATIONSHIP CARL CASALE, JIM KOLAR, CHRIS POLICINSKI, 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 BY LAWS 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 (APPROXIMATELY 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/COMMUNICATIONS, SR VICE PRESIDENT OF MAJOR GIFTS AND FOUNDATIONS, SR VICE PRESIDENT OF SYSTEMS CHANGE & INNOVATION, SR VICE PRESIDENT OF COMMUNITY IMPACT AND VICE PRESIDENT OF DIVERSITY AND COMMUNITY ENGAGEMENT MARKET COMPARABILITY DATA IS PROVIDED TO 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 DISCUSSES KEY EXECUTIVES' COMPENSATION AND BENEFITS BASED ON THE CEO'S PERFORMANCE EVALUATION AND RECOMMENDATIONS FOR THESE EXECUTIVES THE 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	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
FORM 990, PART XI, LINE 9	CHANGE IN FAIR VALUE OF BENEFICIAL INTERESTS IN CHARITABLE TRUSTS 254,306 PENSION RELATED CHANGES OTHER THAN NET PERIODIC PENSION COST 1,405,470 RETURN OF PRIOR YEAR GRANTS 66,913