EXTENDED TO FEBRUARY 15, 2017

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.

Open to Public

OMB No 1545-0047

Department of the Treasury Inspection Internal Revenue Service Information about Form 990 and its instructions is at www.irs.gov/form990. and ending JUN 30, 2016 A For the 2015 calendar year, or tax year beginning JUL 1, 2015 Check if D Employer identification number C Name of organization Address change HEAD OF THE LAKES UNITED WAY X Name 41-0857077 Doing business as]Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ 402 218-726-4770 424 W SUPERIOR STREET termin ated 2,831,620. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ DULUTH, MN 55802-1590 H(a) Is this a group return Applica-F Name and address of principal officer MATT HUNTER Yes X No for subordinates? pending SAME AS C ABOVE Yes H(b) Are all subordinates included? 4947(a)(1) or Tax-exempt status X 501(c)(3) ___ 501(c) () ◀ (insert no.) If "No," attach a list (see instructions) J Website: ► WWW.HLUNITEDWAY.ORG H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Year of formation: 1922 M State of legal domicile: MN Association Other > Part I | Summary Briefly describe the organization's mission or most significant activities HEAD OF THE LAKES UNITED WAY Governance WORKS TO ADVANCE THE COMMON GOOD BY FOCUSING ON CRITICAL NEEDS IN Check this box I if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) 19 19 Number of independent voting members of the governing body (Part VI, line 1b) 4 Activities & Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 18 629 6 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 0. -evenue **Prior Year Current Year** 2,140,105 2,669,927. Contributions and grants (Part VIII, line 1h) 0. 83,342. Program service revenue (Part VIII, line 2g) <1,537. 4,161. Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 15,843 23,279. 11 2,154,411 2,780,709. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,238,712. 1,324,994. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 0 0. Benefits paid to or for members (Part IX, column (A), line 4) 14 760,092 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 841,257. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. 390,235. b Total fundraising expenses (Part IX, column (D), line 25) 229,367 265,618. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25 EIVED 228,171 2,431,869. <73,760.⊳ 348,840. Revenue less expenses. Subtract line 18 from line 12 RS-OSC Beginning of Current Year **End of Year** FEB 1 3 2017 5,887,581 6,248,570. 20 Total assets (Part X, line 16) <u>985,849</u> <u>,048,35</u>6. 21 Total liabilities (Part X, line 26) 4.901.732. 5,200,214 Net assets or fund balances Subtract line 21 from line 20 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 Signature of officer Sign MATT HUNTER, PRESIDENT Here Type or print name and title Date Print/Type preparer's name Preparer's signature 16 Paid JULIE BOYER P01278549 self-employed 42-0714325 Preparer Firm's name RSM US LLP Firm's EIN Firm's address 227 W FIRST ST, Use Only STE 700 DULUTH, MN 55802-1926 Phone no. (218) 727-5025

May the IRS discuss this return with the preparer shown above? (see instructions)

X Yes

Form **990** (2015

NEEDED SERVICE. THE PROGRAM STRENGTHENS THE NONPROFIT COMMUNITY BY

Other program services (Describe in Schedule O)

(Expenses \$ 123,039. including grants of \$) (Revenue \$)

Total program service expenses ▶ 1,875,537.

PEOPLE FROM AREAS WHICH MAY NOT HAVE SPECIFIC SERVICE PROVIDERS LOCALLY TO AGENCIES AND RESOURCES IN THE LARGER REGION WHICH CAN PROVIDE THE

Form 990 (2015) HEAD OF THE LAKES UNITED WAY
Part IV Checklist of Required Schedules

		Form	990	(2015)
	complete Schedule G, Part III	19		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	_X_	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
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			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			ļ <u> </u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	Schedule D, Parts XI and XII	12a	Х	
12a				
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	_
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
Ч	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	110		
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
~	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
Ø	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	110	Х	
	as applicable Did the ergopization report an amount for land, buildings, and equipment in Part Y, line 102 if "Ves." complete Schedule D.		i	}
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			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		v]
40	If "Yes," complete Schedule D, Part IV	9	<u>X</u> _	
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?		v	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	}		{
_	Schedule D, Part III	8		X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		_ v
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to		l	· •
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	-	X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		7.7
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	public office? If "Yes," complete Schedule C, Part I	3_		X_
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	-		
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_	X	
	If "Yes," complete Schedule A	1	X	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
			Yes	No

Form 990 (2015) HEAD OF THE LAKES UNITED WAY
Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	1]
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
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? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
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? If "Yes," complete			}
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	1		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
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? If "Yes," complete Schedule L, Part III	_27		Х
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		_X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u> X</u>
С	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? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	-
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			w
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	١.,		v
00	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	00		Х
20	Schedule N, Part II	32		
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? If "Yes," complete Schedule R, Part I			х
24	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
34		24		Х
25.	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X
35a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		Λ
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	330		
30	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	33		- 21
J/	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	"		- 27
55	Note. All Form 990 filers are required to complete Schedule O	38	х	
			990 (2015)

41-0857077 HEAD OF THE LAKES UNITED WAY Form 990 (2015) Page **5** 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									
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0	,		1						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			İ						
	(gambling) winnings to prize winners?	1c	X							
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 18									
b										
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)									
3а	3a Did the organization have unrelated business gross income of \$1,000 or more during the year?									
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a_		<u>X</u> _						
b	If "Yes," enter the name of the foreign country		ĺ							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			! 						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		<u> X</u>						
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u>X</u>						
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c								
6a		_	ĺ	3.7						
	any contributions that were not tax deductible as charitable contributions?	6a		_X_						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).	OD								
и а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X						
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
·	to file Form 8282?	7c		X						
d	If "Yes," indicate the number of Forms 8282 filed during the year									
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X						
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		——						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	.								
	sponsoring organization have excess business holdings at any time during the year?	8_								
9	Sponsoring organizations maintaining donor advised funds.		- 1							
	Did the sponsoring organization make any taxable distributions under section 4966?	9a	$-\!\!\!\!\!-\!$							
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter	1								
	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b									
11	Section 501(c)(12) organizations. Enter	ĺ	Ì							
	Gross income from members or shareholders									
	Gross income from other sources (Do not net amounts due or paid to other sources against									
_	amounts due or received from them)		ŀ							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
	Note. See the instructions for additional information the organization must report on Schedule O		Ī	-						
b	Enter the amount of reserves the organization is required to maintain by the states in which the									
	organization is licensed to issue qualified health plans	l	ľ							
	Enter the amount of reserves on hand									
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u>X</u>						
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	_14b_	990							

Form 990 (2015) HEAD OF THE LAKES UNITED WAY 41-0857077 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions 41-0857077 Page 6

	to line da, db, dr. fob below, describe the circumstances, processes, or changes in deficultion			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion 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 1a 19	 		
	If there are material differences in voting rights among members of the governing body, or if the governing		Į.	
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			
	Enter the number of voting members included in line 1a, above, who are independent 1b 19	ł '		
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?	2_		_X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_ '		7.5
	of officers, directors, or trustees, or key employees to a management company or other person?	3	37	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4_	<u>X</u>	37
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7a	·	,		v
	more members of the governing body? Are any represented to (or subject to approval by) members, stockholders, or	_7a		X
D	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7.		Х
0	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	_7b		
8		0.	Х	
		_8a 8b	X	
ь 9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	- 60		
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			71
	The second Program of		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
_	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	the state of the s	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	District the second of the sec			
	ın Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	_X_	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	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?	16a		<u> X</u>
b				
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed MN, WI			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	ıvailab	ıe	
	for public inspection. Indicate how you made these available. Check all that apply X Own website. Another's website. X Upon request. Other (explain in Schedule O)			
40		1 4	oual	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	Hinan	uidi	
20	statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records			
20	CHARLES FAUSE - 218-726-4770			
	424 WEST SUPERIOR ST, #402, DULUTH, MN 55802			

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HEAD OF THE LAKES UNITED WAY

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

							ed any current officer, director, or trustee				
(A)		(C)						(D)	(E)	(F)	
Name and Title	Average	Position (do not check more than or						Reportable	Reportable	Estimated	
	hours per			ss person is both an did a director/trustee)				compensation	compensation	amount of	
	week	-			., 00.0	T	,	from	from related	other	
	(list any hours for	litect				_		the organization	organizations (W-2/1099-MISC)	compensation from the	
	related	6.01.0	tee	·	ĺ	satec	i	(W-2/1099-MISC)	(***2/1099***********************************	organization	
	organizations	traste	al trus		yee	шрег	}	(** 27 1000 111100)		and related	
	below	dual	nontr	_ '	읦	stco	<u></u>	ļ		organizations	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				
(1) DAN LESLIE	1.00										
DIRECTOR		X				Ļ		0.	0.	0.	
(2) CASSANDRA BEARDSLEY	1.00										
DIRECTOR	<u> </u>	X				<u> </u>		0.	0.	0.	
(3) DEANNA BENSON	1.00		,	}	ļ	}	1]		:	
TREASURER		X		X			<u> </u>	0.	0.	0.	
(4) MARY ANDERSON-PETROSKE	1.00										
DIRECTOR		X						0.	0.	0.	
(5) ANNA DOWNS	1.00						[
DIRECTOR		X						0.	0.	0.	
(6) BRENT FENNESSEY	1.00										
DIRECTOR		X						0.	0.	0.	
(7) DAN O'NEILL	1.00										
DIRECTOR		X	Ĺ					0.	0.	0.	
(8) WILLIAM GRONSETH	1.00										
DIRECTOR		X			L	L		0.	0.	0.	
(9) LISA NEITZEL	1.00						ļ				
DIRECTOR		X			L	_		0.	0.	0.	
(10) KAYLEE HERMANSON	1.00		ļ		1				i		
DIRECTOR		X					_	0.	0.	0.	
(11) BARBARA REYELTS	1.00	}	}			}					
DIRECTOR		X			L	_	<u> </u>	0.	0.	0.	
(12) STEVE JORGENSON	1.00]			İ			İ			
DIRECTOR		X	<u> </u>	<u> </u>			_	0.	0.	0.	
(13) STEVE RISACHER	1.00]			ļ	1					
DIRECTOR		X						0.	0.	0.	
(14) WILLIAM CRANDALL	1.00										
DIRECTOR_		X		<u> </u>		L	L	0.	0.	0.	
(15) LISA ERWIN	1.00			Ì							
CHAIR		X	L	X	_	<u> </u>	L	0.	0.	0.	
(16) DENISE HAMSHER	1.00	1				1					
DIRECTOR		X	L_	L	<u> </u>	1_	<u> </u>	0.	0.	0.	
(17) JOANNA KIRK	1.00]		1	1				}		
DIRECTOR		X		L	_			<u> </u>	0.	0.	
532007 12-16-15										Form 990 (2015)	

Name and title

Average

hours per

week

(C)
Position
(do not check more than one box, unless person is both an officer and a director/trustee)

Reportable

compensation

from

=			-	-				
41-0	<u>857</u>	077	Р	age 8				
es (continued)								
(E)			(F)					
Reportable			stimate					
compensation from related		an	nount other	of				
organization		com	pensa	ation				
(W-2/1099-MI			om th					
			anızat					
			d relat anızatı					
		orga	amzau	ons				
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	0.	2	5,4	75.				
0,000 of reportab	le							
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			Yes	No				
mployee on		3		х				
the organization		3						
o organization		4		x				
idual for services	;							
		5_		<u>X</u>				
<u></u>								
\$100,000 of cor year	npens	ation 1	rom					
, Jui		((C)					
services	c	ompe		n				

	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	org ar	npensa rom th ganizat id relat anizati	e tion ted
18) KATHRYN KOCH	1.00											
DIRECTOR		X		Ĺ				0.	0			0.
(19) CINDI SORENSEN BAKER	1.00											
DIRECTOR		X						0.	0	<u>. </u>		<u>0.</u>
(20) MARK BRITTON	1.00									1		
DIRECTOR		X						0.	0	•		0.
(21) BETH MCCUSKEY	1.00							_		ļ		
DIRECTOR		X						0.	0	<u>.</u>		0.
(22) ERIC SILJENDAHL	1.00	:							_	Ì		_
SECRETARY		X		X	<u> </u>			0.	0	• -		0.
(23) PATRICIA PRATT-COOK	1.00								_	-		_
DIRECTOR		X				<u> </u>		0.	0			0.
(24) MARK SITEK	1.00								2			_
DIRECTOR	1 00	X				<u> </u>		0.	0	•		0.
(25) CINDY THEIEN	1.00								•			^
/ICE CHAIR	1 00	X		X		}		0.	0	•		0.
(26) STEVE MORRIS	1.00	٠,	}			}	l		0	1		^
DIRECTOR	l	X	ا ا		L	l	<u> </u>	0.	0			0.
1b Sub-total									0		E 1	0.
c Total from continuation sheets to Part V	I, Section A							164,855. 164,855.	0		5,4 5,4	
d Total (add lines 1b and 1c)	ot limited to th		liete	d o	DO1/		20 "			•	5,4	15.
2 Total number of individuals (including but r compensation from the organization	iot ilmited to tr	1026	11516	d a	DOV	e) Wi	10 16	sceived more man \$100,	Joo of reportable			1
compensation from the organization							_				Yes	No
3 Did the organization list any former officer,	director or tri	ister	e ke	v er	nnlc	Vee	or l	highest compensated em	inlovee on		100	
line 1a? If "Yes," complete Schedule J for s		15(0)	o, no	, y C1	пріс	,,,,,	, 0, ,	mgnost compensates en	ipioyee on	3]	х
4 For any individual listed on line 1a, is the si		le co	omo	ensa	ation	n and	to t	ner compensation from th	ne organization	-		
and related organizations greater than \$15	•								io organization	4	[[x
5 Did any person listed on line 1a receive or									lual for services	<u> </u>	<u> </u>	
rendered to the organization? If "Yes," com	•				•			· g		5		х
Section B. Independent Contractors												
1 Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors t	hat received more than \$	100,000 of comper	sation	from	
the organization Report compensation for												
(A)							[(B)			C)	
Name and business	address	N	<u>INC</u>	<u> </u>				Description of se	rvices	Compe	nsatio	n
					_							
									1			
							\dashv					
]					
								L-1				
2 Total number of independent contractors (-	iot li	mite	a to	tno	ise ii ∧	sted	above) who received mo	ore tnan			
\$100,000 of compensation from the organ		ידח	NTTT:	ν ш.	T ()	U	CILI	D D T C			990 (0045
SEE PART VII, SECTIO	IN W COIN.	111	NUZ	7 T.	LU.	LV i	OU!	rr r 2		rorm	32U (∠U I5)

41-0857077 Form 990 (2015) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or (C) Unrelated (D) Revenue excluded from tax under Total revenue exempt function business sections 512 - 514 revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a b Membership dues 16 c Fundraising events 1,500. 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 1f 2,668,427 similar amounts not included above 46,128 g Noncash contributions included in lines 1a-1f \$ 669,927. h Total. Add lines 1a-1f Business Code 624100 83,342. 2a 2-1-1 PROGRAM <u>83,342.</u> Program Service Revenue f All other program service revenue 83,342. g Total. Add lines 2a-2f Investment income (including dividends, interest, and 2,564. 2,564. other similar amounts) Income from investment of tax-exempt bond proceeds 4 5 Royalties (ı) Real (II) Personal 6 a Gross rents **b** Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory 44,294. b Less cost or other basis 42,697. and sales expenses 1,597. c Gain or (loss) 1,597. 1,597. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$1,500. of contributions reported on line 1c) See 11,138 Part IV. line 18 8,214. b Less. direct expenses 2,924. 2,924. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 14,027. 14,027. 11 a MISCELLANEOUS 900099 6,328. 6,328. 900099

20,355.

20,355

780,709.

b OTHER EVENT REVENUE

d All other revenue

e Total. Add lines 11a-11d

Total revenue See instructions.

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 (C) Management and (B) Program service expenses (D) Fundraising Do not include amounts reported on lines 6b, Total expenses 7b, 8b, 9b, and 10b of Part VIII. general expenses expenses Grants and other assistance to domestic organizations 1,324,994. 1,324,994 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 92,657 77,540. trustees, and key employees 188,366. <u> 18,169.</u> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 262,785 508,276 27,026. 218,465. 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 89,634 45,409 4,968. 39,257. Other employee benefits 9 54,981 27,652. 8,341. 18,988. Payroll taxes 10 11 Fees for services (non-employees). Management 2,917. 2,917 Legal b 25,129 451. 24,337. 341. Accounting ¢ Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 12,602 8,241. 751 3,610. column (A) amount, list line 11g expenses on Sch O.) 15,424 4,085. 565. 10,774. Advertising and promotion 12 25,389 10,326. 2,447. 12,616. 13 Office expenses Information technology 14 Royalties 15 37,280 17,755 4,845. 14,680. Occupancy 16 Travel 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 34,569 14,789 2,330. 17,450. Conferences, conventions, and meetings 19 20 Interest 2,600 21,472. 10,996. 7,876. Payments to affiliates 21 12,531 3,717. 2,187. 6,627. 22 Depreciation, depletion, and amortization 7,176. 5,004. 539. 1,633. Insurance 23 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.) 30,449 18,691 2,795. 8,963. EQUIPMENT RENTAL AND MA FEES ON DONOR DESIGNATE 18,109. 18,109. 8,828 2,063. 412. 6,353. c OTHER <u>7,44</u>1. d OTHER EVENT EXPENSES 6,028. 473. 940. 1,785. 1,024. 6,302. 3,493. e All other expenses 2,431,869. 1,875,537. 166,097. 390,235. Total functional expenses Add lines 1 through 24e 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 ıf 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 198,685. 433,054. Cash - non-interest-bearing 609,372. 613,587. 2 2 Savings and temporary cash investments 624,969. 833,288. 3 3 Pledges and grants receivable, net 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 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 instr) Complete Part II of Sch L 6 7 Notes and loans receivable, net 8 Inventories for sale or use 5,905. 6,768. 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other <u>237,366.</u> 10a basis Complete Part VI of Schedule D 10b 209,060. 36,838. 10c 28,306. b Less accumulated depreciation 11 Investments - publicly traded securities 11 12 Investments - other securities See Part IV, line 11 12 Investments - program-related See Part IV, line 11 13 13 Intangible assets 14 14 4,411,812. 15 4,333,567. Other assets See Part IV, line 11 15 5,887,581. 6,248,570. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 68,790. 81,510. 17 Accounts payable and accrued expenses 17 18 18 Grants payable Deferred revenue 19 19 20 Tax-exempt bond liabilities 20 8,744. 7,077. 21 21 Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of 908,315. 959,769. Schedule D 25 985,849. 048,356. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 1,028,004. 1,373,681. 27 27 Unrestricted net assets 74,406. 49,855. 28 28 Temporarily restricted net assets 3,799,322. 3,776,678. Permanently restricted net assets 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 32

> 6,248,570. Form 990 (2015)

5,200,214.

4,901,732

5,887,581

33

33

Total net assets or fund balances

Total liabilities and net assets/fund balances

	990 (2015) HEAD OF THE LAKES UNITED WAY	41-	<u>0857077</u>	Pa	ige 12
Pai	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
		١ ١			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,78		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,43	1,8	169.
3	Revenue less expenses Subtract line 2 from line 1	3	34	8,8	40.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,90	<u>1,7</u>	32.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	<5	0,3	58.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	5,20	0,2	14.
Pa	t XIII 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 Cash X Accrual Other				ļ
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	1		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a	}		
	separate basis, consolidated basis, or both		{		
	Separate basis Consolidated basis Both consolidated and separate basis		-		
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,	l		
	consolidated basis, or both] .		
	X Separate basis Consolidated basis Both consolidated and separate basis]		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,	İ		
	review, or compilation of its financial statements and selection of an independent accountant?		2c	_X_	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O	4		
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud	dit		
	Act and OMB Circular A-133?		3 <u>a</u>		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	iired auc	lit		}
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2015)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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.

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

OMB No 1545-0047

Open to Public Inspection

Nan	ne of t	he organization	,					Employer	identification number					
		HEAD	OF THE LA	KES UNITED W	ΆΥ			4	1-0857077					
Pa	rt I	Reason for Public C				is part) Se	e instruction	s						
The	organ	ization is not a private found												
1	Γ	A church, convention of chu)(A)(i).							
2	一						76 767							
3	\equiv	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).												
	岸	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,												
4		city, and state												
_		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in												
5	لـــا	section 170(b)(1)(A)(iv). (Complete Part II)												
_	Г													
6		A federal, state, or local gov	•											
7	(\mathbf{X})	An organization that normal		intial part of its support f	rom a gov	ernmentai	unit or from	tne generai	public described in					
		section 170(b)(1)(A)(vi). (Co												
8	\square	A community trust describe												
9		An organization that normal												
		activities related to its exem												
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	om busine	sses acqu	ired by the o	rganızatıon	after June 30, 1975					
		See section 509(a)(2). (Cor	mplete Part III)											
10		An organization organized a	and operated exclus	ively to test for public sa	afety See s	section 50	9(a)(4).							
11		An organization organized a	and operated exclus	ively for the benefit of, to	o perform t	the functio	ns of, or to c	arry out the	purposes of one or					
		more publicly supported org	ganizations describe	ed in section 509(a)(1) o	r section (509(a)(2)	See section	509(a)(3). 🤇	Check the box in					
		lines 11a through 11d that	describes the type c	of supporting organizatio	n and com	nplete lines	11e, 11f, an	d 11g						
а		Type I. A supporting orga	inization operated, s	supervised, or controlled	by its sup	ported org	anızatıon(s),	typically by	giving giving					
		the supported organization	on(s) the power to re	gularly appoint or elect a	a majority o	of the direc	ctors or trust	ees of the s	supporting					
		organization You must c	omplete Part IV, Se	ections A and B.										
b		Type II. A supporting orga	anization supervised	d or controlled in connec	tion with it	s supporte	ed organizati	on(s), by ha	iving					
		control or management o	f the supporting org	anization vested in the s	ame perso	ons that co	ntrol or man	age the sup	ported					
		organization(s) You mus			-									
		Type III functionally inte	•		ın connec	tion with, a	and functions	ally integrate	ed with.					
		its supported organization						, ,	,					
c		Type III non-functionally	• • •	•				orted organi	zation(s)					
·		that is not functionally int												
		requirement (see instruct	•	- ,	•									
6	,	Check this box if the orga	•	•				ll Type III						
•	· L	functionally integrated, or					, , , , , , , , , ,	, ii, i jpo iii						
	Ent	, , ,		many integrated support	ing organia	zation								
'		er the number of supported o	-	nd organization(a)					L					
		vide the following information (i) Name of supported	(ii) EIN	(III) Type of organization		rganization	(v) Amount o	f monetary	(vi) Amount of					
	•	organization	, ,	(described on lines 1-9	listed i	in your	suppor	t (see	other support (see					
				above (see instructions))	Yes	No	instruc	tions)	instructions)					
					163	110								
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<u>Total</u>

Schedule A (Form 990 or 990-EZ) 2015 HEAD OF THE LAKES UNITED WAY 41-08570 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)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not		ĺ				
	ınclude any "unusual grants ")	2489602.	2334371.	2327383.	2140105.	2669927.	<u>11961388.</u>
2	Tax revenues levied for the organ-						
	ızatıon'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	2489602.	2334371.	2327383.	2140105.	2669927.	11961388.
5	The portion of total contributions				1		
	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)						954,708.
6	Public support. Subtract line 5 from line 4						11006680.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	2489602.	2334371.	2327383.	2140105.	2669927.	11961388.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						1
	and income from similar sources	2,932.	448.	3,441.	1,069.	2,564.	10,454.
9	Net income from unrelated business					1	
	activities, whether or not the		,				
	business is regularly carried on	32,255.	14,987.	13,035.	7,717.	2,924.	70,918.
10	Other income Do not include gain						
	or loss from the sale of capital	})		
	assets (Explain in Part VI)	16,947.	23,446.	11,390.	8,126.	20,355.	80,264.
11	Total support. Add lines 7 through 10						12123024.
	Gross receipts from related activities	etc (see instructi	ons)		-	12	83,342.
13	First five years. If the Form 990 is fo	r the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop	o here					▶□
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2015 (line 6, column (f) d	ivided by line 11, o	column (f))		14	90.79 %
15	Public support percentage from 2014	1 Schedule A, Part	II, line 14			15	91.18 %
16a	33 1/3% support test - 2015. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this be	
	stop here. The organization qualifies	as a publicly supp	orted organization	1			$\triangleright \mathbf{X}$
b	33 1/3% support test - 2014. If the	organization did no	ot check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	or more, check t	nis box
	and stop here. The organization qua	lifies as a publicly	supported organiz	ation			
17a	10% -facts-and-circumstances tes	t - 2015. If the org	anization did not o	check a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	cts-and-circumstar	ces" test, check t	his box and stop h	i <mark>ere.</mark> Explain in Pai	rt VI how the organ	nization
	meets the "facts-and-circumstances"						▶□
b	10% -facts-and-circumstances tes					17a, and line 15 is	10% or
	more, and if the organization meets t	he "facts-and-circu	ımstances" test, c	heck this box and	stop here. Explair	in Part VI how the	Э
	organization meets the "facts-and-cir						▶□
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17l	o, check this box a	ind see instruction	s 🕨
					Sche	dule A (Form 990	or 990-FZ) 2015

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) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and		,				
membership fees received (Do not include any "unusual grants")		1				
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 bus- iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons					<u>. </u>	
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		<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
8 Public support. (Subtract line 7c from line 6)		<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>
Section B. Total Support	,				,	
Calendar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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					i i	
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 VI)						
13 Total support (Add lines 9, 10c, 11, and 12)	L	<u> </u>	<u> </u>	1	L	<u> </u>
14 First five years. If the Form 990 is fo	r the organization'	s first, second, thi	rd, fourth, or fifth t	tax year as a section	on 501(c)(3) organ	ization,
check this box and stop here						
Section C. Computation of Pub					 	
15 Public support percentage for 2015 (column (f))		15	<u>%</u>
16 Public support percentage from 2014					16	%
Section D. Computation of Inve					Tan	
17 Investment income percentage for 2			ne 13, column (t))		17	%
18 Investment income percentage from19a 33 1/3% support tests - 2015. If the			on line 14 and lin	o 15 is mars than	18 33 1/3% and line	17 is not
more than 33 1/3%, check this box a	and stop here. The	e organization qua	ilifies as a publicly	supported organiz	ation	
b 33 1/3% support tests - 2014. If the						
line 18 is not more than 33 1/3%, ch. 20 Private foundation. If the organization						

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I if you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C if you checked 11c of Part I, complete Sections A, D, and E if you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section A	A. All	ogguZ	rtina O	rganiz	ations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- B Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

	Yes	No
1		
_2		
_3a		
3b		
20		
3c		
4a		
4b		
	l	
4c		
5a		
5b		
5c		
]		
6		
7		
		
8		
9a		
9b		
00		
9c		
10a		
10b_		
990 or 99	0-EZ)	2015

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Pai	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	1	1	İ
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a	<u> </u>	
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		L
<u>Sec</u>	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	1	[ĺ
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	1	1	
	controlled the organization's activities. If the organization had more than one supported organization,	1	}	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	 	
2	Did the organization operate for the benefit of any supported organization other than the supported	1	()	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in] ,	
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,] _]	
	supervised, or controlled the supporting organization.			
Sec	tion C. Type II Supporting Organizations		T	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors]		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed		(
<u></u>	the supported organization(s)	1	L	
Sec	tion D. All Type III Supporting Organizations		J., 1	
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	-	[[
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	ł	li	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	.		
^	organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1	-	
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	1		
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a	-	1	
3	significant voice in the organization's investment policies and in directing the use of the organization's	i	1	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	1	[[
	supported organizations played in this regard	3	1	
Sec	tion E. Type III Functionally-Integrated Supporting Organizations	<u></u>		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
' a	The organization satisfied the Activities Test Complete line 2 below			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
c	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see in	structions	3)	
2	Activities Test Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			.,,,
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	1	1 (
	those supported organizations and explain how these activities directly furthered their exempt purposes,	1	} }	
	how the organization was responsive to those supported organizations, and how the organization determined		, ;	
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
_	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		}	
	reasons for the organization's position that its supported organization(s) would have engaged in these]]	
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
a				
-	trustees of each of the supported organizations? Provide details in Part VI.	3a	<u> </u>	
b				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	<u> </u>	
	0 1 1 1 1 1 5			

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Par	Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on 1	Nov 20, 1970 See instr	uctions. All
	other Type III non-functionally integrated supporting organizations must co	omplete Se	ctions A through E	
Secti	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		<u> </u>
_7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		<u> </u>
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	1		
	instructions for short tax year or assets held for part of year)		·—	
a	Average monthly value of securities	1a		<u></u>
b	Average monthly cash balances	1b		<u> </u>
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		<u> </u>
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6	·	
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3_	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
_5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		<u> </u>
7	Check here if the current year is the organization's first as a non-functional	ally-integrate	ed Type III supporting org	ganization (see

instructions)

Par	t V Type III Non-Functionally Integrated 509			1-065/0// Page /
		(a)(b) Supporting Orga	inizations (continued)	Current Vacu
	on D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish exe Amounts paid to perform activity that directly furthers exemp			
2		pt purposes or supported		
	organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purpos	· · · · · · · · · · · · · · · · · · ·		
		es of supported organization	5	
	Amounts paid to acquire exempt-use assets			
	Qualified set-aside amounts (prior IRS approval required)			<u> </u>
	Other distributions (describe in Part VI) See instructions			
_7	Total annual distributions. Add lines 1 through 6	ha arganization is reapparent		
8	Distributions to attentive supported organizations to which t	ne organization is responsive		
	(provide details in Part VI) See instructions Distributable amount for 2015 from Section C, line 6			
9				
10	Line 8 amount divided by Line 9 amount	(i)	(si)	(ii)
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015	1	i.	
	(reasonable cause required-see instructions)		·	
3	Excess distributions carryover, if any, to 2015			
а				
<u>b</u>			! 	
с			i 	
d	From 2013		 	
<u>e</u>	From 2014		 	
f	Total of lines 3a through e		 	
_ 9	Applied to underdistributions of prior years			<u> </u>
h	Applied to 2015 distributable amount	<u> </u>	<u></u>	
i_	Carryover from 2010 not applied (see instructions)			
i	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2015 from Section D,			
	line 7 \$			
a	Applied to underdistributions of prior years			
<u>b</u>	Applied to 2015 distributable amount			
c	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2015, if			
	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)	 		
6	Remaining underdistributions for 2015 Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see	1		
	instructions)	 	<u> </u>	ļ. — — — — — — — — — — — — — — — — — — —
7	Excess distributions carryover to 2016. Add lines 3j		}	
	and 4c	 		ļ
8	Breakdown of line 7	 		
a		 		
<u>b</u>		 		ļ.——
c	Excess from 2013	 		
d	Excess from 2014	 		
е	Excess from 2015	İ		

Schedule A	(Form 990 or 990-EZ) 2015 HEAD OF THE LAKES UNITED WAY	41-0857077 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a of Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional complete	or 17b, Part III, line 12, 1 and 2, Part IV, Section C, V, Section B, line 1e, Part V,

Department of the Treasury

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

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

Open to Public

Inspection

Internal Revenue Service Employer identification number Name of the organization HEAD OF THE LAKES UNITED WAY 41-0857077 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year Total number of conservation easements 2a 2b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Par		ollections of Ar			or Simi	lar Asso			ige Z
L									
3	Using the organization's acquisition, accessing	on, and other record	s, check any of the	rollowing that are a	signilicani	use or its	Collection	items	3
	(check all that apply)	ì							
a	Public exhibition	d		nange programs					
b									
C									
4						ose in Par	i Alli		
5	During the year, did the organization solicit o				ar assets	Γ	٦٧.	Γ—	١
Dar	t IV Escrow and Custodial Arran				n Farm 00	O Port IV	_ Yes		No
Fai	t IV Escrow and Custodial Arrange reported an amount on Form 990, Par		ete ir the organizatio	n answered Yes o	n Form 99	o, Part IV,	line 9, or		
			lion, for contribution	e or other ecests as	t included				
та	Is the organization an agent, trustee, custodi	an or other intermed	nary for contribution	s or other assets no	n included	<u> </u>	Yes	$\overline{\mathbf{x}}$	ا ا
	on Form 990, Part X?		llauma tabla			L	」 res	الم	NO
b	If "Yes," explain the arrangement in Part XIII	and complete the lo	llowing table		Γ		A === = = 4		
	D						Amount		
C	Beginning balance				1c	 			
d	Additions during the year				1d	 			
e	Distributions during the year				1e 1f	 			
7	Ending balance	orm 000 Bort V line	21 for accrow or o	setodial account liah	·	V	Yes	\neg	No
2a	Did the organization include an amount on Foundation of the strength of the arrangement in Part XIII					LA	_ res	x	NO
Par									
	Zirdo Willott Landor Gomplete	(a) Current year	(b) Prior year	(c) Two years back		years back	(e) Four	vears t	nack
10	Beginning of year balance		3,863,252.	3 387 064		128,420.			
1a	Contributions	3,873,728,	51,660.	25 235		39,552.		203,	_
b	Net investment earnings, gains, and losses	45,409, <22,644,			<u> </u>	287.487.		<51.	500 <u>.</u>
d	Grants or scholarships	69,960,	27,268.	54.834	`\	68,395.			<u>563.</u> 5 637.
e	Other expenditures for facilities	09,500,	27,200.	54,034	 	00,323.			037.
e	and programs				İ				
	Administrative expenses								
'	End of year balance	3,826,533.	3,873,728.	3,863,252,	3	387.064.	3	128.	420
g 2	Provide the estimated percentage of the curr					<u> </u>		140,	<u>420.</u>
a	Board designated or quasi-endowment	ionit your one balanc	%	-,,					
b	Permanent endowment > 98.70	%	_^~						
		1.30 %							
•	The percentages on lines 2a, 2b, and 2c sho								
3a	Are there endowment funds not in the posse	· ·	ation that are held a	nd administered for	the organ	ızatıon			
	by	3			ŭ		ſ	Yes	No
	(i) unrelated organizations						3a(ı)		X
	(ii) related organizations						3a(iı)		X
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the	e organization's endo	wment funds			_			
Pai	rt VI Land, Buildings, and Equipm								
	Complete if the organization answere	d "Yes" on Form 990), Part IV, line 11a S	See Form 990, Part 2	X, line 10				
	Description of property	(a) Cost or o	ther (b) Cost	or other (c)	Accumulat	ed	(d) Book	value	
		basis (investr	nent) basis	(other) d	epreciatio	ו ו			
1a	Land								
b	Buildings								
С	Leasehold improvements			7,553.	47,5	53.			0.
d	Equipment			9,813.	161,5	07.	28	3,30	
	Other								
	Add lines to through to (Caluma (d) must s		V 1 (D) 1 1	10-1			2.0	3 3 (16

Schedule D (Form 990) 2015

Part VII Investments - Other Securities.			41-085/077 Page
Complete if the organization answered "Yes" of (a) Description of security or category (including name of security)	on Form 990, Part IV, lin (b) Book value		2 st or end-of-year market value
(1) Financial derivatives	(b) Book value	(c) Method of Valuation Cos	or end-or-year market value
(1) Financial derivatives (2) Closely-held equity interests	· · · · · · · · · · · · · · · · · · ·	<u>-</u>	
(3) Other		+	
(A)		 	
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, lin	e 11c See Form 990, Part X, line 1	3
(a) Description of investment	(b) Book value	(c) Method of valuation Cos	t or end-of-year market value
(1)			
(2)			
(3)			·····
(4)			
(5)			
(6)			
(9)			
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13) ▶ Part IX Other Assets.			
	on Form 000 Dort IV In	on 11d Son Form 000 Bort V line 1	E
Complete if the organization answered "Yes" of	Description	e 11d See 101111 930, Fait X, line 1	(b) Book value
(1) PERPETUAL TRUST			3,776,678
(2) ASSETS HELD BY OTHERS			556,889
(3)			330,009
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line Part X Other Liabilities.	15.)		▶ 4,333,567
Complete if the organization answered "Yes" of	on Form 990 Part IV Jin	se 11e or 11f See Form 990 Part X	line 25
1. (a) Description of liability	5111 01111 550, 1 41 (17, 111)	(b) Book value	, 1110 20
(1) Federal income taxes		, , , , , , , , , , , , , , , , , , ,	
(2) DESIGNATED PLEDGES		54,933.	
(3) ALLOCATION PAYABLE		904,836.	
(4)			
(5)			
(6)			
(7)			
(8)			

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII X

▶

959,769.

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

	t XI Reconciliation of Revenue per Audited Financial Stateme		Revenue per R		0037077 Page 4
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•
1	Total revenue, gains, and other support per audited financial statements			1	2,620,495.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on investments	2a	_		
b	Donated services and use of facilities	2b	19,675.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	<50,358.	>	
е	Add lines 2a through 2d			2e_	<u><30,683.</u> >
3	Subtract line 2e from line 1			3	2,651,178.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	_4b	129,531.	}	
С	Add lines 4a and 4b			4c	129,531.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	1 1000		5	2,780,709.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statem		n Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a				0.000.010
1	Total expenses and losses per audited financial statements			1	2,322,013.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1.1	10 675		
а	Donated services and use of facilities	2a	19,675.		
b	Prior year adjustments	2b			
С	Other losses	2c	0 214	[
d	Other (Describe in Part XIII)	_2d	8,214.		27 000
e	Add lines 2a through 2d			2e	27,889. 2,294,124.
3	Subtract line 2e from line 1			3	2,294,124.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 4-1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b	137,745.		
b	Other (Describe in Part XIII)	4b	13/,/43.		127 7/5
c	Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			4c 5	$\frac{137,745}{2,431,869}$
5 Pa	rt XIII Supplemental Information.			<u> </u>	4,431,009.
	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part	t IV. lines 1b	and 2h Part V line	1 Part	X line 2 Part XI
	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any add			.,	, 2, . a ,,
PA:	RT IV, LINE 2B:				
HL	JW IS THE FISCAL AGENT FOR THESE FUNDS FOR	A COL	LABORATIVE	OF	YOUTH
					 -
OR	<u>GANIZATIONS THAT ARE 501(C)3 ORGANIZATIONS</u>				
PA:	RT V, LINE 4:				
TH.	E INVESTMENT INCOME FROM THE ENDOWMENT FUN	ID IS U	NRESTRICTE	D AI	ND IS USED
<u>TO</u>	FURTHER THE ORGANIZATIONS MISSION.				
י ע כד	ישר אי דע מור אי מור אי אי מור אי אי מור אי אי מור אי אי אי אי אי אי אי אי אי אי אי אי אי				
PA.	RT X, LINE 2:		<u></u>		<u></u>
ψħ.	E ORGANIZATION IS EXEMPT FROM INCOME TAXES	ם יברואון!	SECTION 5	01/4	ግ)(3) ሰዋ
<u> 111</u>	LONGINITED TO EXEMIT THOM INCOME TAKED	, CHULL	. DUCTION D	<u> </u>	5/\5/\OI
тн	E INTERNAL REVENUE CODE.				

Schedule D (Form 990) 2015

532054 09-21-15

Schedule D (Form 990) 2015 HEAD OF THE LAKES UNITED WAY 41-0857077 Page 5 Part XIII Supplemental Information (continued)
NOT-FOR-PROFIT ORGANIZATIONS MAY BECOME SUBJECT TO INCOME TAXES IF
QUALIFICATION AS A TAX-EXEMPT ENTITY CHANGES, IF UNRELATED BUSINESS INCOME
IS GENERATED, AND IN CERTAIN OTHER INSTANCES. NOT-FOR-PROFIT ORGANIZATIONS
ARE REQUIRED TO ASSESS THE CERTAINTY OF THEIR TAX POSITIONS RELATED TO
THESE MATTERS AND, IN SOME CASES, RECORD LIABILITIES FOR POTENTIAL TAXES,
INTEREST AND PENALTIES ACCOMPANIED BY FOOTNOTE DISCLOSURES. THE
ORGANIZATION HAS NOT IDENTIFIED ANY UNCERTAIN TAX POSITIONS THAT WOULD
REQUIRE THE ACCRUAL OF AN INCOME TAX PROVISION.
GENERALLY, THE ORGANIZATION IS NO LONGER SUBJECT TO INCOME TAX
EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR THE
YEARS BEFORE 2012.
PART XI, LINE 2D - OTHER ADJUSTMENTS:
LOSS IN PERPETUAL TRUST -22,644.
LOSS IN ASSETS HELD BY OTHERS -27,714.
TOTAL TO SCHEDULE D, PART XI, LINE 2D -50,358.
PART XI, LINE 4B - OTHER ADJUSTMENTS:
SPECIAL EVENT EXPENSES TAKEN AGAINST SPECIAL EVENT REVENUE -8,214.
DONOR DESIGNATIONS 137,745.
TOTAL TO SCHEDULE D, PART XI, LINE 4B 129,531.
PART XII, LINE 2D - OTHER ADJUSTMENTS:
SPECIAL EVENT EXPENSES TAKEN AGAINST SPECIAL EVENT REVENUE 8,214.
PART XII, LINE 4B - OTHER ADJUSTMENTS:
DONOR DESIGNATIONS 137,745. Schedule D (Form 990) 2015

Schedule D (Form 990) 2015

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization					Employer i	dentification number
HEAD OF	THE LAKES UNITED	WAY			41-085	7077
Part I Fundraising Activities required to complete this par	Complete if the organization answe	ered "Y	es" o	n Form 990, Part IV, I	ine 17 Form 990	EZ filers are not
1 Indicate whether the organization rais		ng acti	/ities	Check all that apply		
a Mail solicitations				overnment grants		
b Internet and email solicitations	f Solicita	tion of	gover	nment grants		
c Phone solicitations	g 🔲 Special	fundra	using	events		
d In-person solicitations						
2 a Did the organization have a written of						
key employees listed in Form 990, P						es L No
b If "Yes," list the ten highest paid ind		uant to	agre	ements under which	the fundraiser is t	o be
compensated at least \$5,000 by the	organization					
(i) Name and address of individual or entity (fundraiser)	(iı) Actıvıty	(iii) fundr have con or con contribi	ustody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
						
		ļ				
			_			
		ļ				<u> </u>
		ļ				
	<u> </u>	1	L			
Total			<u> </u>		1.1	
3 List all states in which the organization or licensing	on is registered or licensed to solicit	CONTIL		s or has been notined	it is exempt from	registration
						
						
					·	

Ра	rt I	Fundraising Events. Complete if the of fundraising event contributions and groups are the contributions.	•		•	•
			(a) Event #1 CHILI	(b) Event #2	(c) Other events NONE	(d) Total events (add col (a) through
			CAMPAIGN KIC		4-1-1	col (c))
e e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	12,638.			12,638.
	2	Less Contributions	1,500.			1,500.
	3	Gross income (line 1 minus line 2)	11,138.			11,138.
	4	Cash prizes				
se	5	Noncash prizes	63.			63.
kpense	6	Rent/facility costs	3,012.			3,012.
Direct Expenses	7	Food and beverages	1,713.			1,713.
	8	Entertainment				
	9	Other direct expenses	3,426.			3,426.
	10	·			<u> </u>	8,214.
	11	Net income summary Subtract line 10 from li	ne 3, column (d)			2,924.
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a				
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
-B 	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6		Yes % No	Yes% No	Yes % No	
	7	Direct expense summary Add lines 2 through	n 5 ın column (d)		•	
	8	Net gaming income summary Subtract line 7	from line 1, column (d)			
_		A - v Ale A - A - Z - A - v - v - de - a le - Ale				
		ter the state(s) in which the organization condi the organization licensed to conduct gaming a				Yes No
		'No," explain				
10a	W	ere any of the organization's gaming licenses re	evoked, suspended or te	rminated during the tax	year?	Yes No
		Yes," explain.				
5320	B2 0	9-14-15			Schedule G (Fo	rm 990 or 990-EZ) 2015

41-0857077 Page 2

Schedule G (Form 990 or 990 EZ) 2015 HEAD OF THE LAKES UNITED WAY

<u>Sch</u>	edule G (Form 990 or 990-EZ) 2015 HEAD OF THE LAKES UNITED WAY 41-0	<u> </u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	L Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity conducted in		
	The organization's facility	13a	%
	An outside facility	13b	
	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name		
	Address ▶		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
С	: If "Yes," enter name and address of the third party		
	Name		. —
	Address ►		
16	Gaming manager information		
	Name >		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	☐☐ Yes	☐ No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year > \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (III) and (v), and Part III, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	lines 9, 9b, 10	Ob, 15b,

Schedule G (Form 990 or 990 EZ	<u> HEAD OF THE LAKES UNITED WAY</u>	41-0857077 Page 4
Schedule G (Form 990 or 990-EZ Part IV Supplemental	Information (continued)	·
		
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		·····

SCHEDULE

(Form 990)

Department of the Treasury Internal Revenue Service

Part

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

Complete if the organization answered "Yes" on 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.

Open to Public OMB No 1545-0047 Inspection Employer identification number 41-0857077 2 []

X Yes 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 HEAD OF THE LAKES UNITED WAY General Information on Grants and Assistance Name of the organization

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. criteria used to award the grants or assistance? Part II

recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	55,000 Part II can	be duplicated if additi	onal space is need	pal			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS - NORTHLAND							DISASTER / EMERGENCY
CHAPTER - 2524 MAPLE GROVE RD	41-0711602	501(C)(3)	15 519	0			SERVICES, DONOR DESIGNATIONS
	1						FASD INTERVENTION, FAMILY
ARC NORTHLAND							SERVICES & CHILDREN'S
424 W SUPERIOR ST #500 DULUTH MN 55802	41-6042720	501(C)(3)	8,058	0.			MENTAL HEALTH, DONOR DESIGNATIONS
BOYS & GIRLS CLUB OF THE NORTHLAND							
102 S 29TH AVE W, STE #200							EDUCATION/AT-RISK YOUTH,
DULUTH, MN 55806	41-0969947	501(C)(3)	87,451.	0			DONOR DESIGNATIONS
CENTER CITY HOUSING							
105 W 1ST ST							TRANSITIONAL HOUSING,
DULUTH, MN 55802	36-3485584	501(C)(3)	25,338,	0.			EARLY CHILDHOOD
CHILDREN'S DENTAL SERVICES							
636 BROADWAY ST. NE		•		_			SMILES ACROSS MINNESOTA,
MINNEAPOLIS, MN 55413	41-0857929	501(C)(3)	8,963,	0			DONOR DESIGNATIONS
CATHOLIC CHARITIES BUREAU, INC							FOSTER GRANDPARENTS RSVP
1416 CUMMING AVENUE				-			BOOKWORMS PROJECT, DONOR
SUPERIOR, WI 54880	39-0940744	501(C)(3)	6,042.	0			DESIGNATIONS

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

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SEE PART IV FOR COLUMN (H) DESCRIPTIONS LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2015)

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Schedule I (Form 990) HEAD OF T	THE LAKES UNITED	UNITED WAY					41-0857077 Page 1
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	Assistance to Go	vernments and Organ	nizations in the Ur	inted States (Sche	dule I (Form 990), Par	t)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY ACTION DULUTH 2424 W 5TH ST, STE 201 DULUTH, MN 55806	41-1410670	501(c)(3)	48,426,	.0			FAIM ASSET DEV., JUMP START, TAX PREPARATION, DONOR DESIGNATIONS
COURAGE KENNEY FOUNDATION 424 W SUPERIOR ST #200 DULUTH, MN 55802	41-1952989	501(c)(3)	7,976.	0			COURAGE CENTER DULUTH PROGRAM, DONOR DESIGNATIONS
DAMIANO CENTER 206 W. 4TH ST. DULUTH, MN 55806	41-1453521	501(C)(3)	55,204.	0			SOUP KITCHEN, KIDS CAFE, CLOTHING PROGRAMS, DONOR DESIGNATIONS
DOMESTIC ABUSE INTERVENTION PROGRAM - 202 E. SUPERIOR ST DULUTH, MN 55802	41-1382134	501(C)(3)	5,173.	0			DOMESTIC ABUSE INTERVENTION, DONOR DESIGNATIONS
4, [41-0693931	501(C)(3)	118,895,	0			COMMUNITY SERVICES, OST PROG AT TITLE 1 SCHOOLS, LITTLE TREASURES CHILDCARE, DONOR
1 8 1	41-0739103	501(C)(3)	6,276,	0			AT-RISK OUTREACH, DONOR DESIGNATIONS
GOODWILL INDUSTRIES VOCATIONAL ENTERPRISES, INC 700 GARFIELD AVE DULUTH, MN 55802	41-0919602		26,633.	0			COMMUNITY EMPLOYMENT, DONOR DESIGNATIONS
HUMAN DEVELOPMENT CENTER 1401 E 1ST ST. DULUTH, MN 55805	41_0777937	501(C)(3)	56,366.	0			FAMILY & INDIVIDUAL COUNSELING, DONOR DESIGNATIONS, RUNAWAY AND HOMELESS YOUTH
LAKE SUPERIOR COMMUNITY HEALTH CENTER - 4825 GRAND AVE DULUTH, MN 55807	23-7167576	501(C)(3)	53, 213,	0			HEALTH CARE ACCESS, DONOR DESIGNATIONS Schedule (Form 990)

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41-0857077

Schedule I (Form 990) HEAD OF THE LAKES UNITED WAY

Part II | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule 1 (1011) 390), Falt III	Assistance to GO	vernments and Organ	izations in the Or	nied States (Source	udle I (i oiiii aau), i ai	(11)	
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
LEGAL AID SERVICE OF NE MN 424 W. SUPERIOR ST. #302							DULUTH LEGAL SERVICES,
	41-0958386	501(C)(3)	44,697,	0			DONOR DESIGNATIONS
							KIDS TO ADULTS
LIFE HOUSE 102 W. 1ST ST.							TRANSITION, BASIC NEEDS, EDUCATION PROGRAMS, DONOR
DULUTH MN 55802	41-1704840	501(C)(3)	40,614,	0			DESIGNATIONS
							CONSUMER CREDIT
Ö							COUNSELING, TOGETHER FOR
3SOTA - 424	000000		715	c			YOUTH, FIRST YEAR / YOUNG DARFNT PROGRAM
#800 - DOLUIH, MN 53802	4-100/233	761701700					BOYS RESTORATIVE PROGRAM,
MEN AS PEACEMAKERS							
205 W SECOND ST #15						_	PROGRAM, DONOR
DULUTH, MN 55802	41-1841689	501(C)(3)	23,362,	0			DESIGNATIONS
							CADEMIC AND CHIEBIDAL
MYEKS-WILKINS COMMONITY SCHOOL							ENRICHMENT DONOR
- 1027 N. IN 55806	41-2002724	501(C)(3)	28,233.	0.0			
JUST KIDS DENTAL							DENTAL EDUCATION AND
							SERVICES, DONOR
TWO HARBORS MN 55616	27-2311353	501(C)(3)	5,847.	0			DESIGNATIONS
ONE ROOF COMMUNITY HOUSING							
12 EAST FOURTH STREET							HOMEBUYER EDUCATION
DULUTH, MN 55805	41-1465688	501(C)(3)	5,282.	0			PROGRAM
POSITIVE ENERGY OUTDOORS							LOW INCOME YOUTH
4757 DATKA RD							OUTREACH, DONOR
DULUTH, MN 55803	36-4560104	501(C)(3)	10,081,	0		j	DESIGNATIONS
VEN SHELTER AND							
CENTER - PO BOX 3558 - DULUTH, MN 55803	41-1317462	501(C)(3)	32,342.	0			LEGAL ADVOCACY, DONOR DESIGNATIONS
							Schedule I (Form 990)

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Schedule I (Form 990) HEAD OF THE	THE LAKES	UNITED WAY				4	41-0857077 Page 1
n of Grants and Oth	Assistance to Go	vernments and Organ	nizations in the Ur	ited States (Sche	edule I (Form 990), Pa	t !!)	
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
SALVATION ARMY - NORTHERN DIVISION PO BOX 16052 DULUTH, MN 55806	41-0698597	501(C)(3)	87,358.	0			FOOD SERVICES, EMERGENCY SERVICES, FAMILY TRANSITIONAL HOUSING, DONOR DESIGNATIONS,
SECOND HARVEST NORTHERN LAKES FOOD BANK - 4503 AIRPARK BLVD DULUTH, MN 55811	36-3479964	501(C)(3)	20,703.	0			DULUTH FOOD BANK, BACKPACK PROGRAM, DONOR DESIGNATIONS CAREER DEVELOPMENT
SOAR CAREER SOLUTIONS 205 W. 2ND ST., #101 DULUTH, MN 55802	41-1449179	501(C)(3)	32,728.	0			PROGRAM, COMMUNITY OFFENDER RE-ENTRY, DONOR DESIGNATIONS
VALLEY YOUTH CENTERS OF DULUTH 720 N. CENTRAL AVE. W DULUTH, MN 55807	36-3488171	501(C)(3)	64,920.	0			YOUTH DEV / SUPPORTIVE SERVICES, DONOR DESIGNATIONS
WOODLAND HILLS 4321 ALLENDALE AVE. DULUTH, MN 55806	41-0693848	501(C)(3)	33,963.	0			NEIGHBORHOOD YOUTH SERVICES, DONOR DESIGNATIONS
VOLUNTEER ATTORNEY PROGRAM 314 W SUPERIOR ST STE 1000 DULUTH, MN 55802	41-1443184	501(C)(3)	8,254,	0			VOLUNTEER ATTORNEY SERVICES
YWCA 32 E. 1ST ST. #202 DULUTH, MN 55802	41-0696493	501(C)(3)	45,888,	0			GIRLS & YOUTH PROGRAMS, EARLY CHILDHOOD CENTER, DONOR DESIGNATIONS
CENTER AGAINST SEXUAL & DOMESTIC ABUSE, INC - 318 21ST AVENUE EAST - SUPERIOR, WI 54880	39-1478768	501(C)(3)	18,932,	0			EMERGENCY SHELTER, DONOR DESIGNATIONS
CHALLENGE CENTER 39 NORTH 25TH STREET SUPERIOR, WI 54880	39-1658019	501(c)(3)	10,597.	0			COMMUNITY LIVING SUPPORT SERVICES, DONOR DESIGNATIONS Schedule (Form 990)

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Schedule I (Form 990) HEAD OF TI	THE LAKES	UNITED WAY					41-0857077 Page 1
Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)	Assistance to Go	vernments and Organ	izations in the Ur	ited States (Sche	dule I (Form 990), Pa	(= t	
(a) Name and address of organization or government	(b) EIN	(c) IRC 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
CHURCHES UNITED IN MINISTRY							DROP-IN CENTER, EMERGENCY
102 WEST SECOND STREET							SHELTER, DONOR
DULUTH, MN 55802	41-1227969	501(C)(3)	38,581.	0			DESIGNATIONS
FAITH UNITED METHODIST CHURCH DBA							HOMELESS STABILIZATION
SHELTERS -							PROJECT, CHILDREN S LIFE
1531 HUGHITT AVENUE - SUPERIOR, WI 54880	39-1840533	501(C)(3)	20,958,	0			DESIGNATIONS
				,			
DOUGLAS COUNTY 4-H CLUBS, INC.				_			מכווסת אמוסא אמום הא
CNAP			700				
SUPERIOR, WI 34680	462624C-07	76177176					FINANCIAL
- CNI NECTHILL STATE OF THE STA							COUNSELING/HOMELESS RISK,
							HOMELESS COLLAB.
WI 54880	39-0816846	501(C)(3)	18,073.	0			COUNSELING, AT-RISK YOUTH
ANT TANTON ABAY CITED TOD							DOUGLAS COUNTY
SUPERIOR WI 54880	36-2167910	501(C)(3)	7,913.	0			DONOR DESIGNATIONS
						-	
SCHOOL DISTRICT OF SUPERIOR							SUPPORT & EARLY
台		T & HISTORY	0	c		_	INTERVENTION FOR AT-RISA
SUPERIOR WI 54880	39-6004/36	GOVERNMENTAL	.005,02				
SUPERIOR DOUGLAS COUNTY FAMILY							SCHOLARSHIPS, YMCA SUMMER
YMCA - 9 NORTH 21ST STREET -							LITERACY PROGRAM, DONOR
TOR WI 54880	39-0813468	501(C)(3)	25,607	0		-	DESIGNATIONS
dumwan wormen dordeding							
2320 HILL AVENUE							REPRESENTATIVE PAYEE
SUPERIOR, WI 54880	39-1077898	501(C)(3)	8,634.	0			PROGRAM
					- - - - - -		Schedule I (Form 990)

HEAD OF THE LAKES UNITED WAY Schedule I (Form 990) (2015)

Page 2

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Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed

Part III

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) PANEL REVIEW EVERY TWO YEARS WITH BOTH A WRITTEN APPLICATION AND SITE VISIT IN ADDITION, AS PART OF THE APPLICATION, THE AGENCY MUST DESCRIBE WHY FUNDS ARE NEEDED, WHAT THEY WILL BE USED FOR, AND WHAT WILL BE UNITED WAY HAS SEVERAL METHODS IN PLACE TO ENSURE THAT ALLOCATED FUNDS ARE A) ANNUAL REPORTING FROM EACH AGENCY SHOWING HOW FUNDS ARE BEING USED AND WHAT IS BEING ACCOMPLISHED; B) VOLUNTEER REVIEWERS CAN NOT ONLY READ BUT ACTUALLY SEE IN PERSON WHAT IS BEING DONE BY THAT AGENCY AND HOW UNITED WAY FUNDS SUPPORT Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information (d) Amount of non-cash assistance (c) Amount of cash grant THESE INCLUDE: (b) Number of recipients USED FOR INTENDED PURPOSES. (a) Type of grant or assistance THOSE ACTIVITIES. TO THE AGENCY. I, LINE PART

ACHIEVED. C) ONCE EVERY FIVE YEARS, ALL RECEIPIENTS OF UNITED WAY FUNDING

GO THROUGH AN "AGENCY SELF STUDY" PROCESS. THIS PROCESS IS INTENDED TO

OFFER FURTHER ASSURANCE OF ACCOUNTABILITY TO OUR DONORS AND TO SUPPORT AND

STRENGTHEN OUR AGENCY PARTNERS. REVIEWS INCLUDE ASSESSMENT OF WRITTEN

MATERIALS AND ON-SITE AGENCY VISITS. D) QUARTERLY DIRECTOR'S MEETINGS

PROVIDE AN OPPORTUNITY FOR UNITED WAY STAFF TO CONNECT WITH AGENCY LEADERS

TO DISCUSS A VARIETY OF TOPICS INCLUDING HIGHLIGHTS OR CHALLENGES THAT MAY

BE AFFECTING THEIR PROGRAMS AND OUR COMMUNITY.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: DULUTH AREA FAMILY YMCA

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY SERVICES, OST PROG AT

TITLE 1 SCHOOLS, LITTLE TREASURES CHILDCARE, DONOR DESIGNATIONS, MENTOR

SUPERIOR-DOUGLAS COUNTY

NAME OF ORGANIZATION OR GOVERNMENT: LUTHERAN SOCIAL SERVICE OF MINNESOTA

(H) PURPOSE OF GRANT OR ASSISTANCE: CONSUMER CREDIT COUNSELING, TOGETHER

FOR YOUTH, FIRST YEAR / YOUNG PARENT PROGRAM, FORECLOSURE PREVENTION,

BETHANY CRISIS NURSERY, TRUANCY ACTION PROJECT, DONOR DESIGNATIONS

NAME OF ORGANIZATION OR GOVERNMENT: SALVATION ARMY - NORTHERN DIVISION

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD SERVICES, EMERGENCY SERVICES,

FAMILY TRANSITIONAL HOUSING, DONOR DESIGNATIONS, FINANCIAL ASSISTANCE

PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT:

LUTHERAN SOCIAL SERVICE OF WISCONSIN & UPPER MICHIGAN, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: FINANCIAL COUNSELING/HOMELESS RISK,

Schedule I (Form Part IV Su	990) pplemental l	<u> </u>	HE LAKES	UNITE	D WAY	<u> </u>	<u> 11-0857077</u>	Page
		COUNSELING,	AT-RISK	YOUTH	COUNSELING,	DONOR	DESIGNATIO	ONS
								
								
								
				- ,-				

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► 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.

Open To Public Inspection

Name	e of the organization					Employer ident	ificati	on nu	mber
	HEAD OF THE	LAKES	UNITED WA	Υ		41-0	857	077	
Pai									
L		(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 de oncash contribu		-	ts
1	Art - Works of art								
2	Art - Historical treasures				L		-		
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	11	42,698.	AVG	ON DATE	OF	GI	FT
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or						-		
	trust interests				ļ				
12	Securities - Miscellaneous				ļ				
13	Qualified conservation contribution -		}		Ì				
	Historic structures				 				
14	Qualified conservation contribution - Other				ļ				
15	Real estate - Residential				<u> </u>				
16	Real estate - Commercial				<u> </u>				
17	Real estate - Other				<u> </u>				
18	Collectibles								
19	Food inventory		ļ		<u> </u>	<u> </u>			
20	Drugs and medical supplies				<u> </u>				
21	Taxıdermy		<u></u>		<u> </u>				
22	Historical artifacts				<u> </u>				
23	Scientific specimens								
24	Archeological artifacts				<u> </u>				
25	Other • ()				ļ				
26	Other				<u> </u>				
27	Other ()	L							
28	Other ()	ļ			<u> </u>				
29	Number of Forms 8283 received by the organia	zation durin	g the tax year for o	contributions					
	for which the organization completed Form 828	83, Part IV,	Donee Acknowled	gement 29				0	
								Yes	No
30a	During the year, did the organization receive by	y contributi	on any property re	ported in Part I, lines 1 throu	ıgh 28,	that it]		
	must hold for at least three years from the date	e of the initi	al contribution, and	d which is not required to be	used f	for			
	exempt purposes for the entire holding period?	?					30a		X
b	If "Yes," describe the arrangement in Part II								ļ
31	Does the organization have a gift acceptance p	policy that r	equires the review	of any non-standard contrib	outions'	?	31		X
32a	Does the organization hire or use third parties								
	contributions?						32a	X	
b	If "Yes," describe in Part II								
33	If the organization did not report an amount in	column (c)	for a type of prope	rty for which column (a) is ch	hecked	i,			

Schedule M (Form 990) (2015) HEAD OF THE LAKES UNITED WAY	41 -0857077 Pa	age 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33 is reporting in Part I, column (b), the number of contributions, the number of items received, or a community part for any additional information	, and whether the organization	
SCHEDULE M, LINE 32B:		
WHEN A DONATION OF STOCK IS RECEIVED, THE STOCK IS TRANSF	ERRED TO A	
UNITED WAY BROKER ACCOUNT USUALLY US BANCORP. THE BROKER	THEN SELLS	
THE STOCK AND SENDS HLUW THE PROCEEDS LESS ANY COMMISSION	AND/OR	
EXPENSE ON THE SALE. THIRD PARTIES ARE NOT USED TO SOLIC	<u>:IT</u>	
CONTRIBUTIONS.		

41-0857077

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

HEAD OF THE LAKES UNITED WAY

Employer identification number 41-0857077

Schedule O (Form 990 or 990-EZ) (2015)

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE HEAD OF THE LAKES REGION. OUR GOAL IS TO CREATE LONG LASTING
CHANGES. WE DO THIS BY RESEARCHING, IDENTIFYING, ANALYZING, AND
REPORTING ON OUR COMMUNITY'S MOST PRESSING ISSUES. WE STRATEGICALLY
INVEST IN LOCAL PROGRAMS AND HIGH IMPACT INITIATIVES THAT ACHIEVE
MEASURABLE OUTCOMES AND DEMONSTRATE RESULTS. WE UNITE OUR EFFORTS WITH
OTHERS TO ACHIEVE POSITIVE COMMUNITY CHANGE AND TOGETHER, UNITED, WE
INSPIRE HOPE AND CREATE OPPORTUNITIES FOR A BETTER TOMORROW. WE EXIST
TO IMPROVE PEOPLE'S LIVES AND WE GET RESULTS.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
HELPS ENSURE THAT CHILDREN ARE READY TO SUCCEED IN SCHOOL AND LIFE BY
STRATEGICALLY INVESTING IN PROGRAMS AND INITIATIVES THAT INCREASE
SCHOOL READINESS AND PROVIDE YOUTH WITH THE PERSONAL, SOCIAL, AND
ACADEMIC SKILLS NECESSARY TO SUCCEED IN SCHOOL.
2) HEALTH - IMPROVING PEOPLE'S HEALTH. UNITED WAY INCREASES ACCESS TO
HEALTHCARE SERVICES AND BENEFITS FOR UNINSURED AND UNDERINSURED PEOPLE
BY STRATEGICALLY INVESTING IN PROGRAMS AND INITIATIVES THAT PROVIDE
PHYSICAL, MENTAL AND DENTAL SERVICES TO THOSE WHO WOULD NOT OTHERWISE
RECEIVE THE CARE THEY NEED.
3) INCOME - PROMOTING FINANCIAL STABILITY AND INDEPENDENCE. UNITED WAY
ASSISTS INDIVIDUALS AND FAMILIES IN THE TRANSITION OUT OF POVERTY BY
STRATEGICALLY INVESTING IN PROGRAMS AND INITIATIVES THAT INCREASE
INCOME, SAVINGS AND ASSETS - LEADING TO INCREASED FINANCIAL STABILITY

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 532211 09-02-15

Schedule O (Form 990 or 990-EZ) (2015) Page 2 Name of the organization Employer identification number HEAD OF THE LAKES UNITED WAY 41-0857077 AND INDEPENDENCE. 4) BASIC NEEDS - ENSURING A STRONG NETWORK OF BASIC HUMAN SERVICES. UNITED WAY PROVIDES VITAL ONGOING OPERATING SUPPORT TO ORGANIZATIONS AND PROGRAMS THAT ENSURE A STRONG NETWORK OF BASIC HUMAN SERVICES. UNITED WAY SUPPORTS PROGRAMS THAT MEET PEOPLE'S EMERGENCY AND TRANSITIONAL NEEDS FOR FOOD, SHELTER, HOUSING, SAFETY AND CLOTHING. FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: ENSURING THAT GOOD USE IS MADE OF THE RESOURCES AVAILABLE. THERE ARE MORE THAN 900 COMMUNITY, HEALTH AND HUMAN SERVICE ORGANIZATIONS SERVING OUR REGION. SOMETIMES UNCERTAINTY ABOUT WHERE TO TURN IS THE ONLY BARRIER SEPARATING PEOPLE FROM THE SERVICES THEY NEED. WITH A DATABASE OF MORE THAN 1900 AVAILABLE SERVICES, UNITED WAY 2-1-1 IS ABLE TO EFFECTIVELY CONNECT INDIVIDUALS WITH THE SERVICES AND RESOURCES THEY NEED. UNITED WAY 2-1-1 ENCOURAGES PARTICIPATION AND FOSTERS SELF-SUFFICIENCY. FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: UNITED WAY VOLUNTEER CENTER - THE MISSION OF THE VOLUNTEER CENTER IS TO BUILD COMMUNITY BY PROMOTING EFFECTIVE VOLUNTEERISM AND CONNECTING PEOPLE WITH THE OPPORTUNITY TO SERVE. WE ACCOMPLISH THIS BY PROVIDING AN ONLINE DATABASE OF VOLUNTEER OPPORTUNITIES IN NORTHEASTERN MINNESOTA AND NORTHWESTERN WISCONSIN, A MONTHLY VOLUNTEER NEWSLETTER, AND A PERIODIC VOLUNTEER COLUMN IN THE DULUTH NEWS TRIBUNE AND SUPERIOR

TELEGRAM. THE VOLUNTEER CENTER CONNECTS LOCAL VOLUNTEERS WITH

OPPORTUNITIES THAT MATCH THEIR SKILLS AND INTERESTS. AFL-CIO COMMUNITY

Name of the organization HEAD OF THE LAKES UNITED WAY	Employer identification number 41-0857077
BETWEEN UNITED WAY AND ORGANIZED LABOR. THIS PROGRAM IS	FOCUSED ON
HEALTH AND WELFARE SERVICES OF THE COMMUNITY AND INVOLVIN	G ORGANIZED
LABOR IN THE ONGOING ACTIVITIES OF UNITED WAY. THE AFL-C	IO COMMUNITY
SERVICES PROGRAM SUPPORTS PROJECTS THAT HAVE A CONTINUING	IMPACT IN THE
HEAD OF THE LAKES REGION INCLUDING, BUT NOT LIMITED TO:	ADVOCACY AND
INTERVENTION SERVICES, SERVICES TO THE UNEMPLOYED, SHOES	FOR TOTS, UCAN
TRAINING, DAY OF CARING, AND HOLIDAY PROGRAMS.	
EXPENSES \$ 123,039. INCLUDING GRANTS OF \$ 0. REVENUE	\$ 0.
FORM 990, PART VI, SECTION A, LINE 4:	
ON JULY 1, 2015, THE UNITED WAYS OF GREATER DULUTH (UWGD)	AND
SUPERIOR-DOUGLAS COUNTY (UWSDC) MERGED, BECOMING HEAD OF	THE LAKES UNITED
WAY (HLUW). CHANGES TO THE CORPORATE BYLAWS AND ARTICLES	OF INCORPORATION
WERE NECESSITATED BY THE MERGER. UNITED WAY OF GREATER DU	LUTH'S FINAL
BYLAWS AND ARTICLES SERVED AS THE BASE DOCUMENT TO WHICH	CHANGES WERE MADE.
IF THE BOARD DETERMINED THAT UWSDC'S BYLAWS OR ARTICLES S	TATED MATTERS MORE
EFFECTIVELY, THEN LANGUAGE FROM THE UWSDC BYLAWS OR ARTIC	LES WAS INCLUDED
IN THE NEW HLUW BYLAWS AND ARTICLES OF INCORPORATION.	
BYLAWS	
PREAMBLE: HLUW REPLACED ALL REFERENCES TO UWGD; UWGD'S MI	SSION AND VISION
STATEMENTS WERE REPLACED BY THOSE OF HLUW.	
ARTICLE I, GENERAL: HLUW'S PRIMARY PLACE OF BUSINESS REMA	INED THE CITY OF
DULUTH, ST. LOUIS COUNTY, MINNESOTA, BUT MENTION WAS ADDE	D OF THE
POSSIBILITY FOR BUSINESS OFFICES TO BE OPENED ELSEWHERE A	CROSS HLUW'S
EXPANDED TERRITORY. (CURRENTLY, HLUW MAINTAINS AN OFFICE	
532212 00-03-15	tule () (Form 990 or 990-FZ) /2015

ARTICLE IV, BOARD OF DIRECTORS, SECTION 9: QUORUM FOR BOARD AND STANDING COMMITTEE MEETINGS WAS CHANGED FROM 1/3RD OF THE BOARD OR COMMITTEE Schedule O (Form 990 or 990-EZ) (2015) 532212 09-02-15

Schedule	O (Form	gan a	990.E7\	(2015)
Scriedule	O IFORN	990 0	990-641	(2010)

Name of the organization HEAD OF THE LAKES UNITED WAY	Employer identification number 41-0857077
MEMBERSHIP, TO 1 MORE THAN OF THE BOARD OR COMMITTEE MEMB	ERSHIP.
ARTICLE IV, BOARD OF DIRECTORS, SECTION 10: AS WITH THE P	REVIOUS BYLAWS, NO
DIRECTOR CAN BE REMOVED FROM OFFICE EXCEPT FOR CAUSE. THE	HLUW BYLAWS NOW
DEFINE WHAT REMOVAL FOR CAUSE MEANS.	
ARTICLE IV, BOARD OF DIRECTORS, SECTION 11: INSTEAD OF IN	CLUDING THE
LANGUAGE OF THE CONFLICT OF INTEREST POLICY IN THE DOCUME	NT, HLUW'S BYLAWS
REQUIRE THE EXISTENCE OF SUCH A CONFLICT OF INTEREST POLI	CY CONSISTENT WITH
STATUTORY PROVISIONS. THIS ALLOWS CHANGES TO BE MADE TO T	HE CONFLICT OF
INTEREST POLICY WITHOUT ALSO HAVING TO AMEND THE BYLAWS.	BOARD MEMBERS MUST
NOW SIGN/RECOMMIT TO THE CONFLICT OF INTEREST POLICY ANNU	ALLY.
ARTICLE V, OFFICERS, SECTION 2: CLARIFICATION WAS MADE THOUGH AN OFFICER, IS NOT SUBJECT TO TERM LIMITS.	AT THE PRESIDENT,
ARTICLE VI, DUTIES OF THE OFFICERS, SECTION 3: THE PRESIDENCE TO THE "DUTIES OF THE OFFICERS" SECTION.	ENT'S DUTIES WERE
ARTICLE VII, EMPLOYEES: THE REQUIREMENT THAT THE PRESIDENT COMMITTEE MEETINGS WAS REMOVED.	
ARTICLE VIII, BOARD COMMITTEES, SECTION 2: THE INTENTION	TO INCLUDE 2
REPRESENTATIVES FROM NW WISCONSIN ON THE EXECUTIVE COMMIT	TEE WAS ADDED.
ARTICLE VIII, BOARD COMMITTEES, SECTION 4: THE FINANCE CO	

•	
Schedule O (Form 990 or 990-EZ) (2015) Name of the organization HEAD OF THE LAKES UNITED WAY	Employer identification number 41-0857077
ARTICLE VIII, BOARD COMMITTEES, SECTION 6: THE COMMUNITY	
NAME WAS CHANGED TO COMMUNITY IMPACT AND INVESTMENT COMMI	TTEE.
ARTICLE XI, BOARD OF DIRECTORS COMMUNICATION: THE FORMER	"ARTICLE XI:
AMENDMENT" WAS SPLIT INTO TWO ARTICLES: 1) "ARTICLE XI: E	OARD OF DIRECTORS
COMMUNICATION", AND 2) "ARTICLE XII: AMENDMENTS TO THE BY	LAWS".
ARTICLE XII, AMENDMENTS TO THE BYLAWS: ADVANCE NOTICE OF	PROPOSED
AMENDMENTS WAS DEFINED AS "NO LESS THAN FIVE (5) DAYS PRI	OR TO THE DATE OF
THE REGULAR OR SPECIAL MEETING AT WHICH THEY ARE TO BE CO	NSIDERED."
EXHIBIT A: A LIST OF ZIP CODES SERVED BY HLUW WAS ADDED T	O THE END OF THE
BYLAWS.	
ARTICLES OF INCORPORATION	
PRIOR TO THE MERGER BETWEEN UWGD AND UWSDC, THE ARTICLES	
OF THE UNITED FUND OF DULUTH/UWGD WERE LAST UPDATED IN 19	
PERIOD BETWEEN UPDATES MADE SIGNIFICANT AMENDMENT AND RES	
NECESSARY. ALL RESTATEMENTS AND AMENDMENTS TO THE BYLAWS	WERE DRAFTED AND
RECOMMENDED BY LEGAL COUNSEL.	
THE PREAMBLE TO HLUW'S AMENDED AND RESTATED BYLAWS HAS BE	EN INCLUDED AS
EXPLANATION OF THE REASONS FOR CHANGE:	

THESE AMENDED AND RESTATED ARTICLES OF INCOPORATION OF UNITED WAY OF

LAKES UNITED WAY" AND COMPLETELY AMEND AND RESTATE THE ARTICLES OF

532212 09-02-15

GREATER DULUTH, INC. CHANGE THE NAME OF THE CORPORATION TO "HEAD OF THE

Schedule O (Form 990 or 990-EZ) (2015)

Schedule O (Form 990 or 990 EZ) (2015) Page 2 Name of the organization Employer identification number HEAD OF THE LAKES UNITED WAY 41-0857077 INCORPORATION OF THE CORPORATION SO THAT ALL OF ITS PROVISIONS ARE CONTAINED HEREIN. THE FOLLOWING AMENDED AND RESTATED ARTICLES OF INCORPORATION ARE ADOPTED UNDER THE MINNESOTA NONPROFIT COPORATION ACT, AS SET FORTH IN MINNESOTA STATUTES, CHAPTER 317A. ARTICLE 2 - PURPOSE: IN ARTICULATING THE ORGANIZATION'S PURPOSE, THE PREVIOUS ARTICLES PROVIDED A LIST OF SPECIFIC PURPOSES, SIMILAR TO A JOB DESCRIPTION FOR UWGD. FOR EXAMPLE, PURPOSE A. READ: "TO IDENTIFY AND CALL PUBLIC ATTENTION TO COMMUNITY SOCIAL PROBLEMS, AND TO INITIATE AND PARTICIPATE IN EFFORTS TO SOLVE OR AMELIORATE THEM." THE LIST OF SPECIFIC PURPOSES RAN FROM A. THROUGH J. IN THE AMENDED AND RESTATED ARTICLES, THE LIST OF SPECIFIC PURPOSES WAS SIMPLIFIED INTO ONE SENTENCE: "THE PURPOSES INCLUDE RAISING FUNDS BY GIFT, DEVICE, BEQUEST, GRANT, DONATION, OR OTHERWISE AND FINANCING, IN WHOLE OR IN PART, LOCAL, STATE, REGIONAL AND NATIONAL CHARITABLE AND BENEVOLENT COMMUNITY WELFARE OR GENERAL WELFARE ORGANIZATIONS FOR THE BENEFIT OF THE POPULATION OF THE PROSCRIBED AREAS OF THE CORPORATION'S OPERATIONS." TO THIS STATEMENT OF PURPOSE WAS ADDED MENTION OF THE MINNESOTA NONPROFIT CORPORATION ACT AND THE SECTIONS OF THE INTERNAL REVENUE CODE OF 1986

A LIST OF SPECIFIC ACTIVITIES OF THE CORPORATION WAS PROVIDED, INCLUDING: "DEVELOPING UNIFORM FINANCING POLICIES TO FURTHER THE CHARITABLE PURPOSE; CONDUCTING FUNDRAISING CAMPAIGNS FOR ORGANIZATIONS WHICH ARE A PART OF UNITED WAY; WORKING WITH THE PUBLIC SO AS TO DEFINE AND EXPAND THE CHARITABLE PURPOSES OF THE CORPORATION TO BENEFIT THE PERSONS WITHIN THE AREA OF THE CORPORATION'S OPERATION."

APPLICABLE TO SAID PURPOSE.

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Schedule O (Form 990 or 990-EZ) (2015)

ALLOCATION GRANT TO ANY SPECIFIC OR TO A SELECT NUMBER OF UNITED WAY

HEAD OF THE LAKES UNITED WAY

Employer identification number 41-0857077

AGENCIES, ANY MEMBERSHIP DECISION AFFECTING A SPECIFIC AGENCY, OR OTHER MATTER IMPLICATING A POTENTIAL CONFLICT OF INTEREST., IF SUCH PERSON SERVES ON THE BOARD OR HAS A PROFESSIONAL OR OTHER FINANCIAL RELATIONSHIP WITH ANY PERSON, CORPORATION, AGENCY OR OTHER ORGANIZATION HAVING A FINANCIAL INTEREST IN A BOARD DECISION, SUCH PERSON SHALL BE DISQUALIFIED FROM VOTING ON THE PROPOSED MATTER. SUCH PERSON MAV VOTE ON DECISIONS OR ACTIONS THAT WILL AFFECT ALL AGENCIES OR FUND DISTRIBUTION POLICIES. SUCH PERSON SHALL NOT USE HIS OR HER PERSONAL INFLUENCE IN THE DISCUSSION OF THE MATTER. WHEN THE MEMBER'S KNOWLEDGE WILL ASSIST THE BOARD OR COMMITTEE AND WHEN THE BOARD OR COMMITTEE REQUESTS SUCH INFORMATION, A PERSON WITH A CONFLICT OR DUALITY OF INTEREST MAY BRIEFLY ANSWER PERTINENT QUESTIONS.

- 3. NO ORGANIZATION WITH WHICH ANY MEMBER OF THE BOARD OR HIS OR HER FAMILY MEMBERS ARE A BOARD MEMBER, STAFF, SIGNIFICANT FINANCIAL SUPPORTER OR ACTIVE VOLUNTEER SHALL RECEIVE ANY SPECIAL CONSIDERATION, ATTRIBUTABLE TO SUCH A RELATIONSHIP, WHATSOEVER BY THE BOARD, OR BY THE STAFF, IN ANY MATTER. THE BOARD MEMBER SHALL DISCLOSE ALL SUCH RELATIONSHIPS.
- 4. A CONTRACT OR OTHER TRANSACTION BETWEEN THE HEAD OF THE LAKES UNITED WAY AND A DIRECTOR IS NOT VOID OR VOIDABLE BECAUSE THE DIRECTOR IS A PARTY TO THE CONTRACT OR BECAUSE THE DIRECTOR IS PRESENT AT THE MEETING AT WHICH THE CONTRACT OR TRANSACTION IS AUTHORIZED, APPROVED, OR RATIFIED, SO LONG AS THE FOLLOWING CONDITIONS ARE SATISFIED:
- A. THE MATERIAL FACTS CONCERNING THE CONTRACT OR TRANSACTION AS THEY RELATE TO THE DIRECTOR'S CONFLICT OF INTEREST MUST BE FULLY DISCLOSED, OR MUST BE KNOWN TO THE BOARD OR COMMITTEE AUTHORIZING, APPROVING OR RATIFYING THE CONTRACT OR TRANSACTION;
- B. A COMPETITIVE BID OR COMPARABLE VALUATION EXISTS, IF APPROPRIATE AND Schedule O (Form 990 or 990-EZ) (2015)

Schedule O (Form 990 or 990-EZ) (2015) Page 2 Name of the organization Employer identification number HEAD OF THE LAKES UNITED WAY 41-0857077 RELEVANT TO THE CONTRACT OR TRANSACTION IMPLICATED; AND C. THE BOARD OR COMMITTEE AUTHORIZING, APPROVING, OR RATIFYING THE CONTRACT OR TRANSACTION MUST DO SO IN GOOD FAITH BY A MAJORITY, NOT COUNTING ANY VOTE THAT THE INTERESTED DIRECTOR MIGHT OTHERWISE HAVE, AND NOT COUNTING THE DIRECTOR IN DETERMINING THE PRESENCE OF A QUORUM. THESE CONDITIONS ALSO APPLY TO CONTRACTS OR OTHER TRANSACTIONS BETWEEN UNITED WAY AND A MEMBER OF A DIRECTOR'S FAMILY OR AN ORGANIZATION IN OR OF WHICH THE DIRECTOR OR A MEMBER OF THE DIRECTOR'S FAMILY IS A DIRECTOR, OFFICER, OR LEGAL REPRESENTATIVE, OR HAS A MATERIAL FINANCIAL INTEREST. 5. CONFIDENTIALITY OF BOARD PROCEEDINGS ARE OF THE UTMOST IMPORTANCE, AND DISCUSSIONS WHICH OCCUR AT BOARD MEETINGS, INCLUDING BUT NOT LIMITED TO: (1) FUND DISTRIBUTION POLICIES, FUNDING DECISIONS, OR OTHER ISSUES AFFECTING AN AGENCY'S RELATIONSHIP WITH UNITED WAY, (2) CONTRACTS, (3) DONOR NAMES AND DONATION AMOUNTS, AND (4) PERSONNEL MATTERS, ARE TO STAY WITHIN AND AMONG THE BOARD MEMBERS WITHOUT REGARD TO THEIR RELATIONSHIP WITH SUCH AGENCY OR THIRD PERSON. A PERSON WHO OWES A DUTY TO MORE THAN ONE ORGANIZATION SHOULD ABSENT THEMSELVES FROM DISCUSSIONS INVOLVING, IN ANY MANNER, THE OTHER ORGANIZATION TO AVOID THE POSSIBILITY OF DISADVANTAGING ONE ORGANIZATION AND/OR AVOIDING INAPPROPRIATE DISCLOSURE. IF DECISIONS ARE MADE OR DISCUSSIONS HAD BY THE UNITED WAY BOARD WHICH POTENTIALLY AFFECT THE AGENCY OR OTHER THIRD PARTY WITH WHICH THE BOARD MEMBER, COMMITTEE MEMBER, VOLUNTEER OR EMPLOYEE IS ASSOCIATED, THAT PERSON SHALL NOT DIVULGE

THAT INFORMATION TO THE AGENCY PRIOR TO THE UNITED WAY MAKING THE DECISION

TO DO SO.

^{6.} WHENEVER A QUESTION OR DISPUTE AS TO WHETHER A CONFLICT OF INTEREST

Schedule O (Form 990 or 990 EZ) (2015) Page 2 Name of the organization Employer identification number HEAD OF THE LAKES UNITED WAY 41-0857077 EXISTS FOR A BOARD MEMBER, AT THE DISCRETION OF THE BOARD CHAIR, OR VICE CHAIR IF THE CHAIR IS THE BOARD MEMBER IN QUESTION, THE BOARD SHALL EITHER DETERMINE THE QUESTION BY A VOTE OF THE MEMBERS PRESENT AT THE MEETING OR SHALL REFER THE QUESTION TO AN AD HOC COMMITTEE APPOINTED BY THE BOARD CHAIR OR VICE CHAIR. THE MEMBER WHOSE INTEREST IS BEING DETERMINED HAS THE OPPORTUNITY TO SPEAK BUT SHALL NOT PARTICIPATE IN EITHER THE VOTE OR THE COMMITTEE. 7. EACH DIRECTOR'S CONFLICTS OF INTEREST WILL BE DISCLOSED AND UPDATED ANNUALLY. A LIST OF THESE CONFLICTS OF INTEREST WILL BE DISTRIBUTED TO ALL DIRECTORS INTERPRETATION OF TERMS AND POLICY THE AREAS OF CONFLICTING INTEREST LISTED IN THE "DEFINITIONS" SECTION BELOW, AS WELL AS GENERALLY DESCRIBED IN THE PRECEDING PARAGRAPHS, ARE NOT EXHAUSTIVE. CONFLICTS MIGHT ARISE IN OTHER AREAS OR THROUGH OTHER RELATIONS. IT IS ASSUMED THAT THE DIRECTORS, OFFICERS, AND EMPLOYEES WILL RECOGNIZE SUCH AREAS AND RELATIONS BY ANALOGY. THE FACT THAT ONE OF THE INTERESTS DEFINED IN THIS POLICY EXISTS DOES NOT NECESSARILY MEAN THAT A CONFLICT EXISTS, OR THAT THE CONFLICT, IF IT EXISTS, IS MATERIAL ENOUGH TO BE OF PRACTICAL IMPORTANCE, OR IF MATERIAL, THAT UPON FULL DISCLOSURE OF ALL RELEVANT FACTS AND CIRCUMSTANCES IT IS NECESSARILY ADVERSE TO THE INTERESTS OF THE UNITED WAY.

HOWEVER, IT IS THE POLICY OF THE BOARD THAT THE EXISTENCE OF ANY OF THE CONFLICTS OF INTEREST DEFINED IN THIS POLICY SHALL BE DISCLOSED BEFORE ANY TRANSACTION IS CONSUMMATED. IT SHALL BE THE CONTINUING RESPONSIBILITY OF Schedule O (Form 990 or 990-EZ) (2015) 532212 09-02-15

Schedule O (Form 990 or 990-EZ) (2015) Page 2 Name of the organization Employer identification number HEAD OF THE LAKES UNITED WAY 41-0857077 THE BOARD, OFFICERS, AND MANAGEMENT EMPLOYEES TO SCRUTINIZE THEIR TRANSACTIONS AND OUTSIDE BUSINESS INTERESTS AND RELATIONSHIPS FOR POTENTIAL CONFLICTS AND TO IMMEDIATELY MAKE SUCH DISCLOSURES. DISCLOSURE FOR THE PURPOSE OF CARRYING OUT THIS POLICY, THE UNITED WAY WILL PERIODICALLY DISTRIBUTE TO ALL MEMBERS OF THE BOARD, THE ALLOCATION COMMITTEES AND STAFF, A QUESTIONNAIRE CONCERNING SUCH ORGANIZATIONS WITH WHICH EACH PERSON AND/OR FAMILY MEMBERS IS, OR HAS BEEN WITHIN THE PRIOR TWO YEARS, A TRUSTEE, DIRECTOR, SIGNIFICANT FINANCIAL SUPPORTER, ACTIVE VOLUNTEER, CURRENT CONSUMER OF ITS SERVICES OR STAFF MEMBER. ON THE BASIS OF THESE QUESTIONNAIRES, STAFF WILL IDENTIFY ANY AFFILIATION WHENEVER SUCH ORGANIZATIONS ARE CONSIDERED FOR A POSSIBLE ALLOCATION GRANT OR OTHER MATTER. THIS, HOWEVER, DOES NOT RELEASE A BOARD MEMBER, FUND DISTRIBUTION COMMITTEE MEMBER AND EMPLOYEE OF THE RESPONSIBILITY TO INFORM THE PRESIDENT, CHAIR OR FUND DISTRIBUTION COMMITTEE OF ANY CONFLICTING ROLES OR DUAL ROLES THEY MAY HAVE IF NOT OTHERWISE DISCLOSED. DIRECTORS, COMMITTEE MEMBERS AND VOLUNTEERS, AS WELL AS EMPLOYEES, ENTER INTO A SPECIAL RELATIONSHIP WITH BOTH THE UNITED WAY AND ITS AFFILIATED AGENCIES. THE QUALITY OF THIS RELATIONSHIP REQUIRES PROTECTION AGAINST POSSIBLE CONFLICTS AND DUALITIES OF INTEREST, OR THE APPEARANCE OF CONFLICT

DIRECTORS, COMMITTEE MEMBERS AND VOLUNTEERS, AS WELL AS EMPLOYEES, ARE REQUIRED TO DISCLOSE ANY UNITED WAY AGENCY AFFILIATIONS AND OTHER POTENTIAL CONFLICTS OF INTEREST ANNUALLY, OR AS THE POTENTIAL CONFLICT BECOMES KNOWN.

OF INTEREST OR DUALITIES.

-50,358.

Schedule O (Form 990 or 990-EZ) (2015)

Schedule O (Form 990 or 990 EZ) (2015)	Page 2
Name of the organization HEAD OF THE LAKES UNITED WAY	Employer identification number 41-0857077
THIS DISCLOSURE IS TO INCLUDE CURRENT CONFLICTS AS WELL A	S THOSE WITHIN THE
PRIOR TWO YEARS.	
FORM 990, PART VI, SECTION B, LINE 15:	
COMPENSATION OF KEY EMPLOYEES WILL BE DETERMINED BASED ON	JOB PERFORMANCE
AND BUDGET PARAMETERS. IN ADDITION, THE COMPENSATION COM	MITTEE WILL OBTAIN
APPROPRIATE COMPARABILITY DATA PRIOR TO MAKING ITS DETERM	IINATION. THE
COMPENSATION AGREEMENT WILL BE PRESUMED REASONABLE WHERE	A DETERMINATION
HAS BEEN MADE USING COMPARATIVE COMPENSATION DATA FOR SIM	ILARLY QUALIFIED
PERSONS IN COMPARABLE POSITIONS AT SIMILAR ORGANIZATIONS.	FOR EXAMPLE,
SALARY DATA FROM SIMILAR SIZED UNITED WAY ORGANIZATIONS M	LAY BE USED IN THE
DELIBERATION PROCESS. THE COMPENSATION COMMITTEE WILL RE	PORT ITS
DETERMINATION TO THE UNITED WAY EXECUTIVE COMMITTEE FOR A	PPROVAL AT THE
FIRST EXECUTIVE COMMITTEE MEETING FOLLOWING THE PRESIDENT	''S PERFORMANCE
REVIEW. ORGANIZATION OFFICERS RECEIVE NO COMPENSATION.	
FORM 990, PART VI, SECTION C, LINE 19:	
MULTIPLE YEARS OF THE ORGANIZATION'S ANNUAL REPORTS AND A	
STATEMENTS ARE AVAILABLE ON THE HLUW WEBSITE. THE ORGANI	ZATION'S GOVERNING
DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE U	IPON REQUEST.
FINANCIAL STATEMENTS, CONFLICT OF INTEREST AND GOVERNING	DOCUMENTS ARE
AVAILABLE FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH	IN SECTION
6104(D).	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
GAIN ON ASSETS HELD BY OTHERS	-27,714.
GAIN ON PERPETUAL TRUST	-22,644.

TOTAL TO FORM 990, PART XI, LINE 9

AMENDED AND RESTATED ARTICLES OF INCORPORATION OF UNITED WAY OF GREATER DULUTH, INC.

These Amended and Restated Articles of Incorporation of United Way of Greater Duluth, Inc. change the name of the Corporation to "Head of the Lakes United Way" and completely amend and restate the Articles of Incorporation of the Corporation so that all of its provisions are contained herein. The following Amended and Restated Articles of Incorporation are adopted under the Minnesota Nonprofit Corporation Act, as set forth in Minnesota Statutes, Chapter 317A.

ARTICLE 1 - NAME

The name of this Corporation is "HEAD OF THE LAKES UNITED WAY."

ARTICLE 2 - PURPOSE

This Corporation is organized and shall be operated exclusively for charitable purposes within the meaning of Sections 170(c)(2), 501(c)(3) and 2055(a) of the Internal Revenue Code of 1986 (the "Code") and exclusively for the benefit of the charitable enterprises in northeastern Minnesota and northwestern Wisconsin, as they may be specifically prescribed in the Bylaws of the Corporation. The purposes include raising funds by gift, device, bequest, grant, donation or otherwise and financing, in whole or in part, local, state, regional and national charitable and benevolent community welfare or general welfare organizations for the benefit of the population of the proscribed areas of the Corporation's operations.

For such purposes, and not otherwise, this Corporation shall have and may exercise all powers that are afforded to it by the Minnesota Nonprofit Corporation Act and by any future laws amendatory thereof and supplementary thereto; provided, however, that this Corporation shall not carry on any activity not permitted to be carried on by a corporation that is exempt from federal income tax under section 501(a) of the Code as a corporation described in Sections 501(c)(3) and 509(a)(3) of the Code or by a Corporation that is described in, and contributions to which are deductible for federal income and estate tax purposes under, sections 170(c)(2) and 2055(a) of the Code.

The specific activities of the Corporation will include developing uniform financing policies to further the charitable purpose; conducting fundraising campaigns for organizations which are a part of the United Way; working with the public so as to define and expand the charitable purposes of the Corporation to benefit the persons within the area of the Corporation's operation.

All references in these Articles of Incorporation to a particular section of the Code shall include the corresponding provisions of any future federal tax law.

ARTICLE 3 - EXEMPTION REQUIREMENTS

At all times the following shall operate as conditions restricting the operations and activities of the Corporation:

- 1. No part of the net earnings of the Corporation shall inure to the benefit of, or be distributable to, its members, directors, officers or other private persons, except that the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of the purpose set forth in the purpose clause hereof.
- 2. No substantial part of the activities of the Corporation shall constitute the carrying on of propaganda or otherwise attempting to influence legislation, or any initiative or referendum before the public and the Corporation shall not participate in, or intervene in (including by publication of distribution of statements), any political campaign on behalf of, or in opposition to, any candidate for public office.

ARTICLE 4 - DURATION

The duration of this Corporation shall be perpetual.

ARTICLE 5 - LOCATION OF REGISTERED OFFICE

The principal office of this Corporation shall be located at 424 West Superior Street, Suite 402, Duluth, Minnesota 55802.

ARTICLE 6 - CORRESPONDING PROVISIONS

These Amended and Restated Articles of Incorporation correctly set forth without change the corresponding provisions of the Articles of Incorporation as previously amended.

ARTICLE 7 - DIRECTORS

The directors of this Corporation shall consist of up to 24 persons, inclusive, initially, of all of the persons who are acting as directors of the Corporation upon the amending and restating of these Articles of Incorporation and then, immediately, the naming of additional directors with the goal and intent that one-third (1/3rd) of the Board of Directors shall include persons representing those portions of northwestern Wisconsin that are within the prescribed area of the Corporation and that shall include at least one (1) person from the North Shore area of northeastern Minnesota, outside of the corporate limits of the City of Duluth.

ARTICLE 8 - PERSONAL LIABILITY

No officers, directors, or members of this Corporation shall be personally liable to any extent whatsoever for any debts or obligations of this Corporation, nor shall any of the property of the members, officers, or directors be subject to the payment of the debts or obligations of this Corporation.

ARTICLE 9 - OFFICERS

The Board of Directors shall elect officers of the Corporation, which shall include, a Chair of the Board, Vice Chair of the Board, Secretary and Treasurer, all of whom shall be elected annually by the Board of Directors, to serve thereafter until their successors have been elected and qualified. The President shall also be elected by the Board, but is not subject to term limits, as that is a full-time position subject to the terms and conditions of election and appointment. The Bylaws of the Corporation may proscribe methods of appointing additional officers.

ARTICLE 10 - VACANCIES

A vacancy in any office of the Corporation or in the office of a Director may be filled for the unexpired term by the Board of Directors.

ARTICLE 11 - DISSOLUTION

This Corporation may be dissolved in accordance with the laws of the State of Minnesota. Upon dissolution of this Corporation, and after the payment of all liabilities and obligations of this Corporation and all costs and expenses incurred by this Corporation in connection with such dissolution, and subject always to the further provisions of this Article 11, any remaining assets shall be distributed in furtherance of the purposes of this Corporation.

Action to dissolve the Corporation shall be as taken by the Board of Directors, provided that dissolution is not required by the laws of the State of Minnesota then in existence or, if so required, by a court of competent jurisdiction if the dissolution is, in fact, required by the laws of the State of Minnesota then in existence, to be conducted under court supervision subject to the foregoing proviso regarding who shall receive any assets of the Corporation distributed in dissolution.

Notwithstanding anything apparently or expressly to the contrary hereinabove contained in this Article 11, if any assets are then held by this Corporation in trust or upon condition or subject to any executory or special limitation and if the condition or limitation occurs by reason of the dissolution of this Corporation, such assets shall revert or be returned, transferred, or conveyed in accordance with the terms and provisions of such trust, condition, or limitation.

Upon dissolution of the Corporation, none of the assets of this Corporation shall, directly or indirectly, be distributed to or inure to the benefit of any of the officers, directors, or members of this Corporation.

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It is the intent and purpose of these Amended and Restated Articles of Incorporation that every attempt is made to distribute the remaining assets of the Corporation to that geographic area or areas where the funds can best be determined to have been initiated, toward the end of fairly distributing assets within the geographic area served by the Corporation. It is anticipated that all and any distribution of assets on dissolution shall be made to an organization or organizations which has/have the same tax-exempt status as this Corporation.

ARTICLE 12 - AMENDMENT OF ARTICLES

These Articles of Incorporation may be amended in accordance with the procedures set forth in Minnesota Statutes Sections 317A.133 and 317A.139, or in accordance with the applicable laws of the State of Minnesota then in existence.

IN WITNESS WHEREOF, the undersigned has hereunto set his name hereto as of June 29, 2015.

Matt Hunter, President



Work Item 831618900022 Original File Number E-199

STATE OF MINNESOTA
OFFICE OF THE SECRETARY OF STATE
FILED
06/29/2015 11:59 PM

Steve Simon Secretary of State

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