

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

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
 Do not enter social security numbers on this form as it may be made public
 Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2015
Open to Public Inspection

A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization: GREATER TWIN CITIES UNITED WAY
 Doing business as:
 Number and street (or P O box if mail is not delivered to street address) Room/suite: 404 SOUTH EIGHTH STREET
 City or town, state or province, country, and ZIP or foreign postal code: MINNEAPOLIS, MN 554041084

D Employer identification number: 41-1973442
E Telephone number: (612) 340-7400
G Gross receipts \$ 102,221,311

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

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list (see instructions)
H(c) Group exemption number ▶

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

J Website: WWW.GTCUW.ORG

K Form of organization: Corporation Trust Association Other ▶
L Year of formation: 2001
M State of legal domicile: MN

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
 UNITES CARING PEOPLE TO BUILD PATHWAYS OUT OF POVERTY, IMPROVING INDIVIDUAL LIVES AND COMMUNITY

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	3	59
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	59
5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	177
6 Total number of volunteers (estimate if necessary)	6	116,970
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	98,100,732	95,446,399
9 Program service revenue (Part VIII, line 2g)	145,632	108,645
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,692,543	2,135,806
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	939,314	865,166
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	101,878,221	98,556,016
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	71,810,431	72,748,118
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	10,775,087	11,861,055
16a Professional fundraising fees (Part IX, column (A), line 11e)	60,889	59,381
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 9,091,164		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	10,179,842	11,059,645
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	92,826,249	95,728,199
19 Revenue less expenses Subtract line 18 from line 12	9,051,972	2,827,817

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	156,616,916	158,666,636
21 Total liabilities (Part X, line 26)	12,304,782	13,706,064
22 Net assets or fund balances Subtract line 21 from line 20	144,312,134	144,960,572

Part II Signature Block

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

Sign Here
 Signature of officer: *****
 Date: 2016-08-02
 SARAH CARUSO PRESIDENT AND CEO
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: CHRIS HENKE	Preparer's signature: CHRIS HENKE	Date:	Check <input type="checkbox"/> if self-employed	PTIN: P01008921
Firm's name: AKINS HENKE AND COMPANY			Firm's EIN: 46-3220328	
Firm's address: 600 INWOOD AVENUE NORTH SUITE 160 OAKDALE, MN 55128			Phone no: (651) 636-3806	

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

SEE SCHEDULE OFOR 101 YEARS, GREATER TWIN CITIES UNITED WAY (GTCUW) HAS CONTINUALLY EVOLVED TO RESPOND TO CHALLENGES FACING OUR COMMUNITY AND DELIVERS ON A CORE PROMISE TO CREATE A BETTER LIFE FOR US ALL GTCUW'S COMMUNITY IMPACT EXTENDS FAR BEYOND GRANT-MAKING AND CREATES CONDITIONS FOR LASTING CHANGE AND OPPORTUNITIES FOR ALL THROUGH BROAD AND INTERCONNECTED STRATEGIES, INCLUDING MAKING STRATEGIC INVESTMENTS IN NONPROFIT PROGRAMS, BRIDGING CRITICAL GAPS, ENGAGING STAKEHOLDERS ACROSS SECTORS TO BUILD AWARENESS, FOSTERING COLLABORATION, AND SHAPING SYSTEMS AND POLICIES TO STRENGTHEN THE NONPROFIT SECTOR AND BROADER COMMUNITY GTCUW'S PURPOSE IS TO UNLOCK EACH PERSON'S ABILITY TO CONTRIBUTE BY DISMANTLING BARRIERS TO PARTICIPATION AND FUELING LASTING COMMUNITY CHANGE IN THE AREAS OF EDUCATION, JOBS, AND SAFETY NET, WHICH ARE KEY TO CREATING PATHWAYS OUT OF POVERTY

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

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses \$ 29,334,963 including grants of \$ 26,036,714) (Revenue \$ 35,430)
 EDUCATION AND JOBS - GTCUW FOCUSES ON RESULTS IN THREE CRUCIAL STAGES IN A CHILD'S EDUCATION EARLY LEARNING, THIRD GRADE READING, AND LEARNING THROUGH OUT-OF-SCHOOL-TIME PROGRAMMING THE ORGANIZATION INVESTS IN PROVEN PROGRAMS THAT IMPROVE ACADEMIC DEVELOPMENT AND OUTCOMES IT ALSO PROVIDES SERVICES TO SUPPORT GOOD PARENTING AND A STABLE HOME ENVIRONMENT GTCUW PREPARES LOW-INCOME JOB SEEKERS THROUGH JOB TRAINING PROGRAMS THAT CREATE PATHWAYS TOWARD PROSPERITY GTCUW IS THE HIGHEST PERFORMING PROVIDER IN THE METRO AREA AND IS ACCOUNTABLE TO KEY PERFORMANCE INDICATORS SUCH AS JOB PLACEMENT, INCREASED EARNINGS, SIX- AND TWELVE-MONTH JOB RETENTION AND INDUSTRY CREDENTIALS ATTAINMENT

4b (Code) (Expenses \$ 22,046,717 including grants of \$ 21,923,671) (Revenue \$ 13,281)
 SAFETY NET - GTCUW STABILIZES FAMILIES IN CRISIS WITH EMERGENCY FOOD, SAFE SHELTER AND HOUSING SERVICES THE ORGANIZATION PROVIDES SUPPORT TO PEOPLE EXPERIENCING DOMESTIC VIOLENCE AND PROVIDE ESSENTIAL ACCESS TO HEALTH CARE SERVICES, INFORMATION AND RESOURCES IT ALSO LEVERAGES RESOURCES AND PARTNERSHIPS TO IMPROVE THE EFFICIENCY AND CAPACITY OF SERVICES IN OUR REGION

4c (Code) (Expenses \$ 24,109,313 including grants of \$ 24,109,313) (Revenue \$ 829,652)
 DONOR DESIGNATIONS - CONTRIBUTIONS TO UNITED WAY THAT DONORS DIRECT TO SPECIFIC AGENCIES THERE WERE APPROXIMATELY 26,176 DONOR DESIGNATIONS TO 2,502 AGENCIES IN 2015

See Additional Data

4d Other program services (Describe in Schedule O)
 (Expenses \$ 7,707,979 including grants of \$ 678,420) (Revenue \$ 72,978)

4e Total program service expenses 83,198,972

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A <input checked="" type="checkbox"/>	Yes	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete <i>Schedule C, Part I</i> <input checked="" type="checkbox"/>		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete <i>Schedule C, Part II</i> <input checked="" type="checkbox"/>	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete <i>Schedule C, Part III</i> <input checked="" type="checkbox"/>		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete <i>Schedule D, Part I</i> <input checked="" type="checkbox"/>		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete <i>Schedule D, Part II</i> <input checked="" type="checkbox"/>		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete <i>Schedule D, Part III</i> <input checked="" type="checkbox"/>		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete <i>Schedule D, Part IV</i> <input checked="" type="checkbox"/>		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete <i>Schedule D, Part V</i> <input checked="" type="checkbox"/>	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete <i>Schedule D, Parts VI, VII, VIII, IX, or X</i> as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete <i>Schedule D, Part VI</i> <input checked="" type="checkbox"/>	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete <i>Schedule D, Part VII</i> <input checked="" type="checkbox"/>	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete <i>Schedule D, Part VIII</i> <input checked="" type="checkbox"/>		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete <i>Schedule D, Part IX</i> <input checked="" type="checkbox"/>		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete <i>Schedule D, Part X</i> <input checked="" type="checkbox"/>	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete <i>Schedule D, Part X</i> <input checked="" type="checkbox"/>	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete <i>Schedule D, Parts XI and XII</i> <input checked="" type="checkbox"/>	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing <i>Schedule D, Parts XI and XII</i> is optional <input checked="" type="checkbox"/>		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete <i>Schedule E</i>		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete <i>Schedule F, Parts I and IV</i>		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete <i>Schedule F, Parts II and IV</i>		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete <i>Schedule F, Parts III and IV</i>		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete <i>Schedule G, Part I</i> (see instructions) <input checked="" type="checkbox"/>	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete <i>Schedule G, Part II</i> <input checked="" type="checkbox"/>		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete <i>Schedule G, Part III</i> <input checked="" type="checkbox"/>		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete <i>Schedule H</i>		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

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

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

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. 1a 151		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1b 0		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c Yes		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2a 177		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). 2b Yes		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a		No
3b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O. 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		No
b	If "Yes," enter the name of the foreign country: _____ 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? 5a		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		No
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a		No
6b	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).		
7a	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		No
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year. 7d		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g		
7h	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		
9a	Did the sponsoring organization make any taxable distributions under section 4966? 9a		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12. 10a		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities. 10b		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders. 11a		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them). 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 13a		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans. 13b		
13c	Enter the amount of reserves on hand. 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year? 14a		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b		

Part VI Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	MN
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year	
20	State the name, address, and telephone number of the person who possesses the organization's books and records	ATHENA MIHAS 404 SOUTH EIGHTH STREET MINNEAPOLIS, MN 55404 (612) 340-7606

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							1,506,163	0	231,183	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **12**

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
CERIDIAN PO BOX 10989 NEWARK, NJ 07193	UW 211 CALL CENTER OUTSOURCING	2,113,317
HAWORTH MARKETING AND MEDIA COMPANY 2304 MOMENTUM PLACE CHICAGO, IL 60689	ADVERTISING/BROADCASTING	262,747
CLIFTON LARSON ALLEN LLP PO BOX 776376 CHICAGO, IL 60677	CONSULTING SERVICES	244,597
VERITAE GROUP LLC 1650 WEST END BLVD SUITE 100 ST LOUIS PARK, MN 55416	CONSULTING SERVICES	227,585
TUNHEIM PARTNERS INC 8009 34TH AVE S SUITE 1100 BLOOMINGTON, MN 55425	CONSULTING SERVICES	226,790

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **10**

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a	138,454				
	b	Membership dues 1b					
	c	Fundraising events 1c					
	d	Related organizations 1d					
	e	Government grants (contributions) 1e	1,010,560				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	94,297,385				
	g	Noncash contributions included in lines 1a-1f \$	3,664,980				
	h	Total. Add lines 1a-1f	95,446,399				
Program Service Revenue			Business Code				
	2a	FEES FOR SERVICE	900099	54,866	54,866		
	b	MEMBERSHIPS	900099	34,402	34,402		
	c	PROGRAM RENTAL INCOME	531190	17,877	17,877		
	d	UNITED WAY 2-1-1TM	900099	1,500	1,500		
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f		108,645				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		603,132		603,132	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	Gross rents	(i) Real	22,470			
			(ii) Personal				
			b Less rental expenses	0			
			c Rental income or (loss)	22,470			
	d	Net rental income or (loss)		22,470		22,470	
	7a	Gross amount from sales of assets other than inventory	(i) Securities	3,657,650	1,540,319		
			(ii) Other				
			b Less cost or other basis and sales expenses	3,664,980	315		
			c Gain or (loss)	-7,330	1,540,004		
	d	Net gain or (loss)		1,532,674		1,532,674	
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses b					
c	Net income or (loss) from fundraising events						
9a	Gross income from gaming activities See Part IV, line 19	a					
		b Less direct expenses b					
		c Net income or (loss) from gaming activities					
10a	Gross sales of inventory, less returns and allowances	a					
		b Less cost of goods sold b					
		c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code					
11a	DESIGNATION COST RECOVERY	900099	829,652	829,652			
b	MISCELLANEOUS INCOME	900099	13,044	13,044			
c							
d	All other revenue						
e	Total. Add lines 11a-11d		842,696				
12	Total revenue. See Instructions		98,556,016	951,341	0	2,158,276	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	72,748,118	72,748,118		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	773,667	100,378	472,823	200,466
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	9,130,106	2,765,232	1,533,680	4,831,194
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	661,272	203,444	90,256	367,572
9	Other employee benefits	615,451	196,579	63,646	355,226
10	Payroll taxes	680,559	204,951	104,885	370,723
11	Fees for services (non-employees)				
a	Management				
b	Legal	17,365	9,321	3,836	4,208
c	Accounting	91,370	18,021	67,318	6,031
d	Lobbying	278,882	278,882		
e	Professional fundraising services. See Part IV, line 17	59,381			59,381
f	Investment management fees	181,774	24,924	156,850	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	5,538,259	5,145,745	81,048	311,466
12	Advertising and promotion	1,717,455	275,924	160,028	1,281,503
13	Office expenses	453,280	127,466	79,703	246,111
14	Information technology	100,448	24,084	28,283	48,081
15	Royalties				
16	Occupancy	360,095	89,615	106,400	164,080
17	Travel	60,349	20,495	1,385	38,469
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	577,264	363,852	60,032	153,380
20	Interest				
21	Payments to affiliates	569,932	136,637	160,479	272,816
22	Depreciation, depletion, and amortization	657,465	157,623	185,127	314,715
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	AWARDS AND SPONSORSHIPS	307,681	307,681		
b	MISCELLANEOUS	148,026		82,284	65,742
c					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	95,728,199	83,198,972	3,438,063	9,091,164
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	14,725,511	1	18,560,720
	2 Savings and temporary cash investments	14,053,274	2	8,149,979
	3 Pledges and grants receivable, net	65,507,874	3	63,289,265
	4 Accounts receivable, net	180,991	4	124,508
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	547,824	9	154,174
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 9,833,378		
	b Less accumulated depreciation	10b 7,132,458	1,407,234	10c 2,700,920
	11 Investments—publicly traded securities	15,923,340	11	20,962,908
	12 Investments—other securities See Part IV, line 11	41,895,620	12	42,545,026
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	2,375,248	15	2,179,136
16 Total assets. Add lines 1 through 15 (must equal line 34)	156,616,916	16	158,666,636	
Liabilities	17 Accounts payable and accrued expenses	1,829,552	17	1,599,467
	18 Grants payable	9,259,345	18	11,109,432
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	1,215,885	25	997,165
	26 Total liabilities. Add lines 17 through 25	12,304,782	26	13,706,064
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	33,874,208	27	33,746,000
	28 Temporarily restricted net assets	85,502,340	28	81,869,298
	29 Permanently restricted net assets	24,935,586	29	29,345,274
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	144,312,134	33	144,960,572	
34 Total liabilities and net assets/fund balances	156,616,916	34	158,666,636	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	98,556,016
2	Total expenses (must equal Part IX, column (A), line 25)	2	95,728,199
3	Revenue less expenses Subtract line 2 from line 1	3	2,827,817
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	144,312,134
5	Net unrealized gains (losses) on investments	5	-1,770,793
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	-408,586
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	144,960,572

Part XII Financial Statements and Reporting

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

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

Additional Data

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

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

(Code) (Expenses \$ 7,707,979 including grants of \$ 678,420) (Revenue \$ 72,978)

OTHER COMMUNITY SUPPORT AND ENGAGEMENT - UNITED WAY 2-1-1 GTCUW OPERATES 2-1-1, THE STATE'S LARGEST HUMAN SERVICE REFERRAL CENTER AVAILABLE VIA PHONE AND ONLINE 24-HOUR/7 DAYS-A-WEEK/365 DAYS-A-YEAR BY PROVIDING UNITED WAY 2-1-1 TO THE COMMUNITY, GTCUW ENSURES THAT INDIVIDUALS AND FAMILIES HAVE ACCESS TO AVAILABLE COMMUNITY RESOURCES TO ACHIEVE STABILITY WHILE INCREASING THE CAPABILITIES OF NONPROFIT PROGRAMS TO REACH THOSE IN NEED IN 2015, 2-1-1 MADE OVER 500,000 CONNECTIONS IMPACT MANAGEMENT THROUGH COMMUNITY RESEARCH, GTCUW'S IMPACT MANAGEMENT TEAM MONITORS AND INCREASES UNDERSTANDING OF COMMUNITY'S MOST PRESSING NEEDS AND IDENTIFIES THE MOST QUALITY PROGRAMS ACHIEVING THE HIGHEST LEVELS OF SUCCESS FOR THOSE THEY SERVE AS AN ORGANIZATION DEDICATED TO LEARNING AND CONTINUOUS IMPROVEMENT, GTCUW'S IMPACT MANAGEMENT TEAM HELPS TO FOSTER A CULTURE OF INQUIRY AND DATA-DRIVEN DECISION MAKING IN ALL THAT WE DO COMMUNITY COLLABORATION GTCUW IS STRONG IN ITS ROLE AS CONVENER IN THE COMMUNITY THROUGH SUPPORTING OR LEADING COALITIONS THAT BRING TOGETHER SERVICE PROVIDERS, INFLUENCERS, AND DECISION-MAKERS ACROSS SECTORS, GTCUW INITIATES CRITICAL CONVERSATIONS, CREATING A COLLECTIVE SPACE FOR MUTUAL EXCHANGE OF IDEAS AND COLLABORATIVE APPROACH TO COMMUNITY ISSUES GTCUW ALSO SUPPORTS AND LEADS A SERIES OF TARGETED COMMUNITY FORUMS TO BUILD AWARENESS AND DRIVE CHANGE AT A POLICY LEVEL ENGAGEMENT BECAUSE GTCUW BELIEVES THE FUTURE OF OUR COMMUNITY RELIES ON THE VIGOR OF THE NEXT GENERATION, THE ORGANIZATION IS WORKING TO PREPARE THE INCREASINGLY DIVERSE POPULATION THROUGH LEADERSHIP AND VOLUNTEERISM OPPORTUNITIES GTCUW FOSTERS COMMUNITY LEADERSHIP WITHIN THE WORKFORCE AND NONPROFIT SECTORS THROUGH VOLUNTEER UNITED, OFFERING UNIQUE VOLUNTEER EXPERIENCES AND CAPACITY-BUILDING OPPORTUNITIES AND ENGAGING COMMUNITY-MINDED LEADERS AS IT BUILDS THE NEXT GENERATION OF THE COMMUNITY'S MOST RENOWNED LEADERS, VISIONARIES, AND PHILANTHROPISTS

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LYNN CASEY CHAIR AND BOARD MEMBER	1 00	X		X				0	0	0
TIM A WELSH VICE CHAIR AND BOARD MEMBER	1 00	X		X				0	0	0
BRYAN K PHILLIPS TREASURER AND BOARD MEMBER	1 00	X		X				0	0	0
RENEE PETERSON SECRETARY AND BOARD MEMBER	1 00	X		X				0	0	0
MOLLY M ANDVIK BOARD MEMBER	1 00	X						0	0	0
TIMOTHY R BAER BOARD MEMBER	1 00	X						0	0	0
JULIE BAKER BOARD MEMBER	1 00	X						0	0	0
CHANDA SMITH BAKER BOARD MEMBER	1 00	X						0	0	0
MARY E BLEGEN BOARD MEMBER	1 00	X						0	0	0
DOROTHY BRIDGES BOARD MEMBER	1 00	X						0	0	0
MARK BROOKS BOARD MEMBER	1 00	X						0	0	0
LESLIE J CHAPMAN BOARD MEMBER	1 00	X						0	0	0
JULIANA L CHUGG BOARD MEMBER	1 00	X						0	0	0
JEANNE CRAIN BOARD MEMBER	1 00	X						0	0	0
NANCY M DAHL BOARD MEMBER	1 00	X						0	0	0
RICHARD K DAVIS BOARD MEMBER	1 00	X						0	0	0
LAURA DAY BOARD MEMBER	1 00	X						0	0	0
MICHAEL DOYLE BOARD MEMBER	1 00	X						0	0	0
THERESA M EGAN BOARD MEMBER	1 00	X						0	0	0
GARY L ELLIS BOARD MEMBER	1 00	X						0	0	0
BETH FORD BOARD MEMBER	1 00	X						0	0	0
LES M FUJITAKE BOARD MEMBER	1 00	X						0	0	0
TRIXIEANN GOLBERG BOARD MEMBER	1 00	X						0	0	0
JEFFREY GREINER BOARD MEMBER	1 00	X						0	0	0
JOE GOTHARD BOARD MEMBER	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DOUGLAS HEPPER BOARD MEMBER	1 00	X						0	0	0
WILLIAM HILL BOARD MEMBER	1 00	X						0	0	0
RON JAMES BOARD MEMBER	1 00	X						0	0	0
NETHA N JOHNSON JR BOARD MEMBER	1 00	X						0	0	0
MARK KAPLAN BOARD MEMBER	1 00	X						0	0	0
MARGARET KELLIHER-ANDERSON BOARD MEMBER	1 00	X						0	0	0
JAMES KOLAR BOARD MEMBER	1 00	X						0	0	0
STEVEN C KUMAGAI BOARD MEMBER	1 00	X						0	0	0
STEPHANIE BROD LEVINE BOARD MEMBER	1 00	X						0	0	0
GLORIA C LEWIS BOARD MEMBER	1 00	X						0	0	0
STEPHANIE LILAK BOARD MEMBER	1 00	X						0	0	0
SARENA S LIN BOARD MEMBER	1 00	X						0	0	0
NANCY E LINDAHL BOARD MEMBER	1 00	X						0	0	0
MARK E LUCAS BOARD MEMBER	1 00	X						0	0	0
WILLIAM MCCARTHY BOARD MEMBER	1 00	X						0	0	0
RICHARD J MIGLIORI BOARD MEMBER	1 00	X						0	0	0
KATE D MORTENSON BOARD MEMBER	1 00	X						0	0	0
LAURIE B NORDQUIST BOARD MEMBER	1 00	X						0	0	0
JUDY POFERL BOARD MEMBER	1 00	X						0	0	0
KIMBERLY F PRICE BOARD MEMBER	1 00	X						0	0	0
SHEILA RIGGS BOARD MEMBER	1 00	X						0	0	0
LOU RIVIECCIO BOARD MEMBER	1 00	X						0	0	0
ABIGAIL ROSE BOARD MEMBER	1 00	X						0	0	0
PIYUMI M SAMARATUNGA BOARD MEMBER	1 00	X						0	0	0
THOMAS SANDERS BOARD MEMBER	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
DARRELL THOMPSON BOARD MEMBER	1 00	X						0	0	0
ANDREW W TURNER BOARD MEMBER	1 00	X						0	0	0
DAVID M VANDER HAAR BOARD MEMBER	1 00	X						0	0	0
VAL VARGAS BOARD MEMBER	1 00	X						0	0	0
JOHN P WHALEY BOARD MEMBER	1 00	X						0	0	0
JOHN A WILGERS BOARD MEMBER	1 00	X						0	0	0
SCOTT W WINE BOARD MEMBER	1 00	X						0	0	0
JILL WYANT BOARD MEMBER	1 00	X						0	0	0
MARCIA ZIMMERMAN BOARD MEMBER	1 00	X						0	0	0
SARAH CARUSO PRESIDENT AND CEO	40 00			X				360,587	0	54,027
JULIE NEVILLE VP FINANCE (1/1/15 - 7/10/15)	40 00			X				78,163	0	11,925
ATHENA MIHAS VP FINANCE (9/8/15 - 12/31/15)	40 00			X				42,519	0	3,068
CRAIG WARREN CHIEF ADMINISTRATIVE OFFICER	40 00				X			185,221	0	38,157
FRANK FORSBERG SVP SYSTEMS CHANGE & INNOV	40 00					X		177,361	0	33,400
RAYMOND RYBAK EXECUTIVE DIRECTOR, GENERA	40 00					X		176,933	0	29,456
MEGHAN BARP SVP COMMUNITY IMPACT	40 00					X		182,556	0	21,492
BARBARA BEARD SVP ADVANCEMENT	40 00					X		171,021	0	27,450
KEVIN ANDERSON VP INFORMATION SERVICES	40 00					X		131,802	0	12,208

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2015

Open to Public Inspection

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

▶ Attach to Form 990 or Form 990-EZ.

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

Department of the Treasury
Internal Revenue Service

Name of the organization
GREATER TWIN CITIES UNITED WAY

Employer identification number
41-1973442

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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.)	89,351,090	90,719,303	92,967,516	98,100,732	95,446,399	466,585,040
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	89,351,090	90,719,303	92,967,516	98,100,732	95,446,399	466,585,040
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						18,187,114
6 Public support. Subtract line 5 from line 4						448,397,926

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	89,351,090	90,719,303	92,967,516	98,100,732	95,446,399	466,585,040
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	818,705	749,466	632,863	663,091	625,602	3,489,727
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,351,547	1,155,537	1,237,382	916,623	842,696	5,503,785
11 Total support. Add lines 7 through 10						475,578,552
12 Gross receipts from related activities, etc. (see instructions)					12	723,864
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input checked="" type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	94.280%
15 Public support percentage for 2014 Schedule A, Part II, line 14	15	94.650%
16a 33 1/3% support test—2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test—2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
17a 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here . Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input checked="" type="checkbox"/>	

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)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						
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.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of 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. All Supporting Organizations

	Yes	No
1 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 (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) 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 IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).		
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 9(a)) 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 9(a)) 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 IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b 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).		
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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?		
b A family member of a person described in (a) above?		
c 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.		

Part IV Supporting Organizations (continued)**Section B. Type I Supporting Organizations**

- 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 tax year? *If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, 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.*
- 2** Did the organization operate for the benefit of any supported organization other than the supported 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.*

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 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 the supported organization(s).*

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 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, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*
- 3** By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.*

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**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 instructions)

2 Activities Test **Answer (a) and (b) below.**

- 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 those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*
- 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.*

3 Parent of Supported Organizations **Answer (a) and (b) below.**

- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

	Yes	No
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section 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 | |
| 7 Other expenses (see instructions) | 7 | |
| 8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4) | 8 | |

Section B - Minimum Asset Amount

- | | (A) Prior Year | (B) Current Year (optional) |
|---|----------------|-----------------------------|
| 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year) | 1 | |
| a Average monthly value of securities | 1a | |
| b Average monthly cash balances | 1b | |
| c Fair market value of other non-exempt-use assets | 1c | |
| d Total (add lines 1a, 1b, and 1c) | 1d | |
| e Discount claimed for blockage or other factors (explain in detail in Part VI) _____ | | |
| 2 Acquisition indebtedness applicable to non-exempt use assets | 2 | |
| 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 | |

Section 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 | |
| 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) <input type="checkbox"/> | | |

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section 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 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2015			
d From 2013.			
e From 2014.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j 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			
b 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 instructions)			
7 Excess distributions carryover to 2016. Add lines 3j and 4c			
8 Breakdown of line 7			
c Excess from 2013.			
d From 2014.			
e From 2015.			

Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; 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 1 and 2; Part IV, Section C, 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 V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

2015

Open to Public Inspection

For Organizations Exempt From Income Tax Under section 501(c) and section 527
-Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

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

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

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

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

Name of the organization GREATER TWIN CITIES UNITED WAY

Employer identification number

41-1973442

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

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

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

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

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$
3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b \$
4 Did the filing organization file Form 1120-POL for this year? Yes No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

Table with 5 columns: (a) Name, (b) Address, (c) EIN, (d) Amount paid from filing organization's funds, (e) Amount of political contributions received. Rows 1-6.

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

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

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)

(a) Filing organization's totals	(b) Affiliated group totals
----------------------------------	-----------------------------

1a Total lobbying expenditures to influence public opinion (grass roots lobbying)	68,705													
b Total lobbying expenditures to influence a legislative body (direct lobbying)	210,177													
c Total lobbying expenditures (add lines 1a and 1b)	278,882													
d Other exempt purpose expenditures	82,920,090													
e Total exempt purpose expenditures (add lines 1c and 1d)	83,198,972													
f Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000													
<table border="1"> <thead> <tr> <th align="left">If the amount on line 1e, column (a) or (b) is:</th> <th align="left">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>			If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000													
h Subtract line 1g from line 1a If zero or less, enter -0-	0													
i Subtract line 1f from line 1c If zero or less, enter -0-	0													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?														

Y e s **N o**

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

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a)2012	(b)2013	(c)2014	(d)2015	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	81,313	435,390	304,523	278,882	1,100,108
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	8,886			68,705	77,591

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2015

Open to Public Inspection

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.

Department of the Treasury Internal Revenue Service

Name of the organization GREATER TWIN CITIES UNITED WAY

Employer identification number 41-1973442

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

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

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

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply)
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

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

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. 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
1b 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
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
a Public exhibition
b Scholarly research
c Preservation for future generations
d Loan or exchange programs
e Other
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
b If "Yes," explain the arrangement in Part XIII and complete the following table

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

- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows include: 1a Beginning of year balance, b Contributions, c Net investment earnings, gains, and losses, d Grants or scholarships, e Other expenditures for facilities and programs, f Administrative expenses, g End of year balance.

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

- a Board designated or quasi-endowment 30.000%
b Permanent endowment 59.000%
c Temporarily restricted endowment 11.000%
The percentages on lines 2a, 2b, and 2c should equal 100%

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

Table with 2 columns: Yes, No. Rows: 3a(i) unrelated organizations, 3a(ii) related organizations, 3b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

- (i) unrelated organizations
(ii) related organizations

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows include: 1a Land, b Buildings, c Leasehold improvements, d Equipment, e Other, Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c.).

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

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	72,480,114
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a	-1,770,793	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	-196,111	
e	Add lines 2a through 2d			2e -1,966,904
3	Subtract line 2e from line 1			3 74,447,018
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	24,108,998	
c	Add lines 4a and 4b			4c 24,108,998
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)			5 98,556,016

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	71,618,886
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d			2e 0
3	Subtract line 2e from line 1			3 71,618,886
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	24,109,313	
c	Add lines 4a and 4b			4c 24,109,313
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)			5 95,728,199

Part XIII Supplemental Information

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

Return Reference	Explanation
PART V, LINE 4	UNRESTRICTED GRANTS ARE MADE FROM THE ENDOWMENT FUND TO SUPPORT GENERAL OPERATING COSTS, PROGRAMS, AGENCIES, AND INITIATIVES
PART X, LINE 2	UNITED WAY DID NOT HAVE ANY UNRELATED BUSINESS INCOME FOR THE YEAR ENDED DECEMBER 31, 2015 UNITED WAY'S ACCOUNTING POLICY PROVIDES THAT A TAX EXPENSE/BENEFIT FROM AN UNCERTAIN TAX POSITION MAY BE RECOGNIZED WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION, INCLUDING RESOLUTIONS OF ANY RELATED APPEALS OR LITIGATION PROCESSES, BASED ON THE TECHNICAL MERITS UNITED WAY HAS NO UNCERTAIN TAX POSITIONS RESULTING IN AN ACCRUAL OF TAX EXPENSE OR BENEFIT
PART XI, LINE 2D - OTHER ADJUSTMENTS	CHANGE IN FAIR VALUE OF BENEFICIAL INTEREST IN CHARITABLE TRUSTS -196,111
PART XI, LINE 4B - OTHER ADJUSTMENTS	DONOR DESIGNATED CONTRIBUTIONS FOR OTHER AGENCIES 24,109,313 LOSS ON DISPOSAL OF PROPERTY -315
PART XII, LINE 4B - OTHER ADJUSTMENTS	DONOR DESIGNATED CONTRIBUTIONS FOR OTHER AGENCIES 24,109,313

**SCHEDULE G
(Form 990 or 990-EZ)**

**Supplemental Information Regarding
Fundraising or Gaming Activities**

OMB No 1545-0047

2015

**Open to Public
Inspection**

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
GREATER TWIN CITIES UNITED WAY

Employer identification number

41-1973442

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 LUTMAN AND ASSOCIATES 1811 PINEHURST AVENUE ST PAUL, MN 55116	CONSULTING		No	999,500	45,531	953,969
2 PROPOSAL PRO INC 80 THEODORE FREMD RYE, NY 10580	CONSULTING		No	0	13,850	0
3						
4						
5						
6						
7						
8						
9						
10						
Total				999,500	59,381	953,969

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

MN

Part II Fundraising Events.

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

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

Part III Gaming.

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

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

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

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

b If "No," explain _____

.....

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

b If "Yes," explain _____

.....

11 Does the organization conduct gaming activities with nonmembers? Yes No

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

13 Indicate the percentage of gaming activity conducted in

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

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

Name ▶

Address ▶

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

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

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

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

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

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

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

Return Reference	Explanation
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Part III 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

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

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

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

Additional Data

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

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
180 DEGREES 236 CLIFTON AVE S MINNEAPOLIS, MN 55403	23-7153536	501(C)(3)	102,900				PROGRAM OPERATING COSTS
360 COMMUNITIES 501 E HWY 13 STE 102 BURNSVILLE, MN 553372877	41-0987708	501(C)(3)	175,620				PROGRAM OPERATING COSTS
A CHANCE TO GROW 1800 SECOND ST NE MINNEAPOLIS, MN 55418	41-1444113	501(C)(3)	75,000				PROGRAM OPERATING COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ACCESSABILITY INC 360 HOOVER ST NORTHEAST MINNEAPOLIS, MN 554132940	41-0735909	501(C)(3)	315,000				PROGRAM OPERATING COSTS
ACCESSIBLE SPACE INC 2550 UNIVERSITY AVE WEST ST PAUL, MN 551141085	41-1330242	501(C)(3)	50,000				PROGRAM OPERATING COSTS
ACHIEVE MINNEAPOLIS 111 THIRD AVE SOUTH SUITE 5 MINNEAPOLIS, MN 55401	41-1425264	501(C)(3)	101,707				PROGRAM OPERATING COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
AIN DAH YUNG OUR HOME CENTER 1089 PORTLAND AVENUE ST PAUL, MN 55104	41-1697692	501(C)(3)	125,000				PROGRAM OPERATING COSTS
ALEXANDRA HOUSE INC PO BOX 490039 BLAINE, MN 554490039	41-1309977	501(C)(3)	313,147				PROGRAM OPERATING COSTS
AMERICAN INDIAN OIC INC 1845 EAST FRANKLIN AVE MINNEAPOLIS, MN 554044062	41-1365561	501(C)(3)	205,000				PROGRAM OPERATING COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
AMHERST H WILDER FOUNDATION 451 LEXINGTON PKWY N ST PAUL, MN 55104	41-0693889	501(C)(3)	431,012				PROGRAM OPERATING COSTS
ANEW DIMENSION CHILD ENRICHMENT CENTER 1819 MINNEHAHA AVE SOUTH MINNEAPOLIS, MN 554042286	41-1628289	501(C)(3)	29,000				PROGRAM OPERATING COSTS
ANNEX TEEN CLINIC 5810 42ND AVE N ROBBINSDALE, MN 554221730	23-7236943	501(C)(3)	80,000				PROGRAM OPERATING COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
ANOKA COUNTY COMMUNITY ACTION INC 1201 NORTH 89TH AVE STE 345 BLAINE, MN 554343346	41-6048575	501(C)(3)	126,564				PROGRAM OPERATING COSTS
ARC GREATER TWIN CITIES 2446 UNIVERSITY AVE W SUITE 110 ST PAUL, MN 55114	41-0782848	501(C)(3)	362,172				PROGRAM OPERATING COSTS
ATHLETES COMMITTED TO EDUCATING STUDENTS 1115 EAST HENNEPIN AVE MINNEAPOLIS, MN 554142321	41-1789659	501(C)(3)	50,000				PROGRAM OPERATING COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
AVENUES FOR HOMELESS YOUTH 1708 OAK PARK AVE NORTH MINNEAPOLIS, MN 55411	41-1765140	501(C)(3)	163,000				PROGRAM OPERATING COSTS
BABY'S SPACE A PLACE TO GROW 2438 18TH AVE S MINNEAPOLIS, MN 55404	20-4502788	501(C)(3)	168,500				PROGRAM OPERATING COSTS
BANYAN FOUNDATION 2647 BLOOMINGTON AVE S SUITE 300 MINNEAPOLIS, MN 55407	41-1922813	501(C)(3)	37,500				PROGRAM OPERATING COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BETHEL UNIVERSITY 3900 BETHEL DRIVE ST PAUL, MN 55112	41-0708577	501(C)(3)	37,500				PROGRAM OPERATING COSTS
BIG BROTHERS BIG SISTERS OF GREATER TWIN CITIES 2550 UNIVERSITY AVE SUITE 410N ST PAUL, MN 55114	32-0017737	501(C)(3)	516,500				PROGRAM OPERATING COSTS
BLOOMINGTON DIVISION OF PUBLIC HEALTH 1900 W OLD SHAKOPEE ROAD BLOOMINGTON, MN 55431	41-6004990	501(C)(3)	69,000				PROGRAM OPERATING COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BLOOMINGTON SCHOOLS ISD 271 1350 106TH ST WEST BLOOMINGTON, MN 55431	41-6001463	501(C)(3)	540,500				PROGRAM OPERATING COSTS
BOLDER OPTIONS 2100 STEVENS AVE S MINNEAPOLIS, MN 55404	41-1909408	501(C)(3)	25,000				PROGRAM OPERATING COSTS
BOYS & GIRLS CLUBS TWIN CITIES 690 JACKSON ST ST PAUL, MN 55130	41-0842657	501(C)(3)	173,000				PROGRAM OPERATING COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
BREAKTHROUGH TWIN CITIES 2051 LARPEUR AVE E ST PAUL, MN 55109	45-3587267	501(C)(3)	50,000				PROGRAM OPERATING COSTS
BROOKLYN CENTER SCHOOLS ISD 286 6500 HUMBOLDT AVE NORTH BROOKLYN CENTER, MN 554301897	41-6009038	501(C)(3)	70,000				PROGRAM OPERATING COSTS
CAMP FIRE USA MINNESOTA COUNCIL 4829 MINNETONKA BLVD STE 202 ST LOUIS PARK, MN 55416	41-0706116	501(C)(3)	188,500				PROGRAM OPERATING COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CANVAS HEALTH 7066 NORTH STILLWATER BLVD OAKDALE, MN 55128	41-0955577	501(C)(3)	127,000				PROGRAM OPERATING COSTS
CAPI USA 3702 E LAKE ST STE 200 MINNEAPOLIS, MN 55406	41-1417198	501(C)(3)	74,000				PROGRAM OPERATING COSTS
CARVER COUNTY COMMUNITY SOCIAL SERVICES 602 EAST FOURTH ST CHASKA, MN 55318	41-6005768	501(C)(3)	52,728				PROGRAM OPERATING COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CASA DE ESPERANZA PO BOX 40115 ST PAUL, MN 55104	41-1414710	501(C)(3)	262,224				PROGRAM OPERATING COSTS
CATHOLIC CHARITIES 1200 SECOND AVE SOUTH MINNEAPOLIS, MN 554032500	41-1302487	501(C)(3)	1,669,039				PROGRAM OPERATING COSTS
CENTRO TYRONE GUZMAN 1915 CHICAGO AVE SOUTH MINNEAPOLIS, MN 554041904	41-1290349	501(C)(3)	456,742				PROGRAM OPERATING COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
CHARITIES REVIEW COUNCIL OF MN 2334 UNIVERSITY AVE W STE 150 ST PAUL, MN 55114	41-0652474	501(C)(3)	75,000				PROGRAM OPERATING COSTS
CHILDREN'S DEFENSE FUND OF MINNESOTA 555 PARK ST SUITE 410 ST PAUL, MN 55103	52-0895622	501(C)(3)	62,500				PROGRAM OPERATING COSTS
COLLEGE POSSIBLE 540 FAIRVIEW AVEN SUITE 304 ST PAUL, MN 55104	41-1968798	501(C)(3)	230,947				PROGRAM OPERATING COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
COMMONBOND COMMUNITIES 1080 MONTREAL AVENUE ST PAUL, MN 55116	41-1260469	501(C)(3)	201,208				PROGRAM OPERATING COSTS
COMMUNITY EMERGENCY ASSISTANCE PROGRAM 7051 BROOKLYN BLVD BROOKLY CENTER, MN 55429	41-0990340	501(C)(3)	137,712				PROGRAM OPERATING COSTS
COMMUNITY OF PEACE ACADEMY 471 MAGNOLIA AVE E ST PAUL, MN 55130	41-1812210	501(C)(3)	100,000				PROGRAM OPERATING COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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COMMUNITY PARTNERS WITH YOUTH 1900 SEVENTH ST NW NEW BRIGHTON, MN 55112	41-1952012	501(C)(3)	25,000				PROGRAM OPERATING COSTS
COMMUNITY PARTNERSHIP YOUTHFAMILY 38460 LINCOLN TRAIL PO BOX 549 NORTH BRANCH, MN 550560549	41-1729520	501(C)(3)	50,000				PROGRAM OPERATING COSTS
COMMUNITY UNIVERSITY HEALTH CARE CENTER 2001 BLOOMINGTON AVE SOUTH MINNEAPOLIS, MN 55404	41-6007513	501(C)(3)	51,000				PROGRAM OPERATING COSTS

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COMUNIDADES LATINAS UNIDAS EN SERVICIO INC 797 EAST SEVENTH ST ST PAUL, MN 551065014	41-1386986	501(C)(3)	457,894				PROGRAM OPERATING COSTS
CONFEDERATION OF SOMALI COMMUNITY 420 - 15TH AVE SOUTH MINNEAPOLIS, MN 55454	41-1817894	501(C)(3)	16,400				PROGRAM OPERATING COSTS
CONSERVATION CORPS OF MINNESOTA & IOWA 60 PLATO BLVD E ST PAUL, MN 55107	41-1881102	501(C)(3)	25,000				PROGRAM OPERATING COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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CORNERSTONE ADVOCACY SERVICES 1000 EAST 80TH ST STE 210 BLOOMINGTON, MN 554201424	41-1476268	501(C)(3)	263,197				PROGRAM OPERATING COSTS
COURAGE KENNY FOUNDATION 3915 GOLDEN VALLEY ROAD GOLDEN VALLEY, MN 554229958	41-0706118	501(C)(3)	693,000				PROGRAM OPERATING COSTS
DAKOTA COUNTY COMMUNITY SERVICES 1 MENDOTA ROAD WEST SUITE 300 WEST ST PAUL, MN 55118	23-7181360	501(C)(3)	75,000				PROGRAM OPERATING COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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DAKOTA COUNTY SOCIAL SERVICE 1 MENDOTA ROAD WEST STE 400 WEST ST PAUL, MN 551184773	41-6005786	501(C)(3)	500,000				PROGRAM OPERATING COSTS
DARTS 1645 MARTHALER LANE WEST ST PAUL, MN 551183517	41-1326631	501(C)(3)	169,771				PROGRAM OPERATING COSTS
DIVISION OF INDIAN WORK OF THE GR MPLS COUNCIL 1001 EAST LAKE ST MINNEAPOLIS, MN 554070509	41-0693933	501(C)(3)	260,248				PROGRAM OPERATING COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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DOMESTIC ABUSE PROJECT 204 WEST FRANKLIN AVE MINNEAPOLIS, MN 554042398	41-1356278	501(C)(3)	371,664				PROGRAM OPERATING COSTS
EAST SIDE LEARNING CENTER 740 YORK AVE ST PAUL, MN 55106	04-3699678	501(C)(3)	205,000				PROGRAM OPERATING COSTS
EASTSIDE NEIGHBORHOOD SERVICE 1700 SECOND ST NORTHEAST MINNEAPOLIS, MN 55413	41-0873798	501(C)(3)	319,000				PROGRAM OPERATING COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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EBENEZER SOCIETY FOUNDATION 2722 PARK AVE MINNEAPOLIS, MN 55407	41-1378656	501(C)(3)	42,498				PROGRAM OPERATING COSTS
EMERGE COMMUNITY DEVELOPMENT 1101 WEST BROADWAY AVENUE MINNEAPOLIS, MN 554112570	41-1277423	501(C)(3)	484,998				PROGRAM OPERATING COSTS
FACE TO FACE HEALTH & COUNSELING SERVICE 1165 ARCADE ST ST PAUL, MN 55106	41-0986780	501(C)(3)	259,998				PROGRAM OPERATING COSTS

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FAIRVIEW FOUNDATION 2344 ENERGY PARK DRIVE ST PAUL, MN 55108	41-1573810	501(C)(3)	17,500				PROGRAM OPERATING COSTS
FAMILY MEANS 1875 NORTHWESTERN AVENUE S STILLWATER, MN 55082	41-6045574	501(C)(3)	129,144				PROGRAM OPERATING COSTS
FAMILY PATHWAYS 6413 OAK STREET NORTH BRANCH, MN 55056	41-1332828	501(C)(3)	138,497				PROGRAM OPERATING COSTS

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FAMILYWISE 3036 UNIVERSITY AVE SE MINNEAPOLIS, MN 55414	41-1343909	501(C)(3)	226,000				PROGRAM OPERATING COSTS
FRIENDSHIP ACADEMY OF THE ARTS 2600 E 38TH STREET MINNEAPOLIS, MN 55406	31-1756049	501(C)(3)	100,000				PROGRAM OPERATING COSTS
GIRL SCOUTS OF MN AND WI RIVER VALLEYS 400 S ROBERT ST ST PAUL, MN 55107	41-0693910	501(C)(3)	482,500				PROGRAM OPERATING COSTS

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GOODWILL INDUSTRIES INC DBA GOODWILL/EASTER SEALS ST PAUL, MN 551041708	41-0706171	501(C)(3)	565,400				PROGRAM OPERATING COSTS
GREATER MINNEAPOLIS CRISIS NURSERY 4544 4TH AVE S MINNEAPOLIS, MN 55419	41-1379021	501(C)(3)	237,500				PROGRAM OPERATING COSTS
GREATER MPLS COUNCIL OF CHURCHES 1001 EAST LAKE ST MINNEAPOLIS, MN 554070509	41-0693933	501(C)(3)	68,000				PROGRAM OPERATING COSTS

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(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
GUADALUPE ALTERNATIVE PROGRAMS 381 EAST ROBIE ST ST PAUL, MN 55107	41-0906127	501(C)(3)	26,600				PROGRAM OPERATING COSTS
HALLIE Q BROWN COMMUNITY CENTER INC 270 KENT ST NORTH ST PAUL, MN 551021744	41-0693846	501(C)(3)	195,166				PROGRAM OPERATING COSTS
HARVEST PREPATORY SCHOOL 1300 OLSON MEMORIAL HWY MINNEAPOLIS, MN 55411	41-1917232	501(C)(3)	100,000				PROGRAM OPERATING COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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HEADWAY EMOTIONAL HEALTH SERVICES 6425 NICOLLET AVE SOUTH RICHFIELD, MN 55423	41-0962511	501(C)(3)	62,500				PROGRAM OPERATING COSTS
HERITAGE ACADEMY OF SCIENCE AND HEALTH 1042 18TH AVE S MINNEAPOLIS, MN 55414	36-4639826	501(C)(3)	100,000				PROGRAM OPERATING COSTS
HIAWATHA ACADEMIES 3810 E 56TH ST MINNEAPOLIS, MN 55417	20-4798683	501(C)(3)	100,000				PROGRAM OPERATING COSTS

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HIRED 1200 PLYMOUTH AVE N MINNEAPOLIS, MN 554114085	41-6078344	501(C)(3)	284,900				PROGRAM OPERATING COSTS
HMONG AMERICAN PARTNERSHIP 1075 ARCADE ST ST PAUL, MN 55106	41-1667580	501(C)(3)	71,900				PROGRAM OPERATING COSTS
HOME FREE BATTERED WOMEN'S SERVICES 3405 E MEDICINE LAKE BLVD PLYMOUTH, MN 554412396	41-0693952	501(C)(3)	50,000				PROGRAM OPERATING COSTS

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HOPE FOR YOUTH 2665 4TH AVE N STE 40 ANOKA, MN 55303	46-1626500	501(C)(3)	33,000				PROGRAM OPERATING COSTS
HOUSE OF CHARITY 510 SOUTH EIGHTH ST MINNEAPOLIS, MN 554041079	41-0795347	501(C)(3)	74,274				PROGRAM OPERATING COSTS
HUNGER SOLUTIONS MINNESOTA 555 PARK STREET SUITE 400 ST PAUL, MN 551032193	36-3567366	501(C)(3)	15,000				PROGRAM OPERATING COSTS

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IMMIGRANT LAW CENTER OF MINNESOTA 450 SYNDICATE ST N STE 175 ST PAUL, MN 55104	41-0909036	501(C)(3)	155,292				PROGRAM OPERATING COSTS
INDIAN HEALTH BOARD OF MINNEAPOLIS 1315 EAST 24TH ST MINNEAPOLIS, MN 554043959	41-0977740	501(C)(3)	140,527				PROGRAM OPERATING COSTS
INTERCONGREGATION COMMUNITIES ASSOCIATION 12990 ST DAVIDS RD MINNETONKA, MN 55305	41-0979010	501(C)(3)	174,388				PROGRAM OPERATING COSTS

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INTERFAITH ACTION OF GREATER SAINT PAUL 1671 SUMMIT AVE ST PAUL, MN 551051884	41-0694741	501(C)(3)	150,650				PROGRAM OPERATING COSTS
INTERFAITH OUTREACH & COMMUNITY PARTNERS 1605 CO ROAD 101N PLYMOUTH, MN 55447	36-3482724	501(C)(3)	77,500				PROGRAM OPERATING COSTS
INTERNATIONAL INSTITUTE OF MINNESOTA 1694 COMO AVE ST PAUL, MN 551082784	41-0693912	501(C)(3)	418,546				PROGRAM OPERATING COSTS

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JEWISH COMMUNITY CENTER OF ST PAUL 1375 ST PAUL AVE ST PAUL, MN 551162798	41-0698596	501(C)(3)	69,228				PROGRAM OPERATING COSTS
JEWISH FAMILY & CHILDREN'S SERVICES OF MPLS 13100 WAYZATA BLVD MINNETONKA, MN 55305	41-0693860	501(C)(3)	269,555				PROGRAM OPERATING COSTS
JEWISH FAMILY SERVICE OF ST PAUL 1633 WEST SEVENTH ST ST PAUL, MN 55102	41-0694697	501(C)(3)	185,000				PROGRAM OPERATING COSTS

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JOYCE PRESCHOOL 1219 WEST 31ST STREET MINNEAPOLIS, MN 55408	81-0594016	501(C)(3)	77,500				PROGRAM OPERATING COSTS
KALEIDOSCOPE 2400 PARK AVE MINNEAPOLIS, MN 554043713	20-8449852	501(C)(3)	25,000				PROGRAM OPERATING COSTS
KEYSTONE COMMUNITY SERVICES 2000 ST ANTHONY AVE ST PAUL, MN 551045199	41-0693924	501(C)(3)	761,101				PROGRAM OPERATING COSTS

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KWANZAA COMMUNITY CHURCH 3700 BRYANT AVE N MINNEAPOLIS, MN 55412	27-0031853	501(C)(3)	42,200				PROGRAM OPERATING COSTS
LA OPORTUNIDAD INC 2700 E LAKE ST STE 3200 MINNEAPOLIS, MN 55406	36-3537919	501(C)(3)	110,000				PROGRAM OPERATING COSTS
LAKES AND PINES COMMUNITY ACTION COUNCIL INC 1700 MAPLE AVE E MORA, MN 550511227	41-0900982	501(C)(3)	87,500				PROGRAM OPERATING COSTS

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LAKES AREA YOUTH SERVICE BUREAU 244 NORTH LAKE ST FOREST LAKE, MN 55025	41-1322058	501(C)(3)	25,000				PROGRAM OPERATING COSTS
LEARNING DISABILITIES ASSOCIATION 6100 GOLDEN VALLEY RD GOLDEN VALLEY, MN 55422	23-7297031	501(C)(3)	150,000				PROGRAM OPERATING COSTS
LEE CARLSON CENTER FOR MENTAL HEALTH & WELL-BEING UNIVERSITY BUSINESS CENTER II FRIDLEY, MN 55432	41-1354967	501(C)(3)	102,800				PROGRAM OPERATING COSTS

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LIFETRACK RESOURCES 709 UNIVERSITY AVE WEST ST PAUL, MN 551044804	41-0874507	501(C)(3)	1,194,453				PROGRAM OPERATING COSTS
LIVING WELL DISABILITY SERVICES 680 ONEILL DRIVE EAGAN, MN 551211535	23-7181360	501(C)(3)	78,750				PROGRAM OPERATING COSTS
LOAVES & FISHES TOO 1121 JACKSON STREET NE MINNEAPOLIS, MN 55413	41-1421522	501(C)(3)	75,000				PROGRAM OPERATING COSTS

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LUTHERAN SOCIAL SERVICE OF MN 2485 COMO AVE ST PAUL, MN 55108	41-0872993	501(C)(3)	637,449				PROGRAM OPERATING COSTS
MENTAL HEALTH ASSOCIATION OF MN 475 N CLEVELAND ST PAUL, MN 55104	41-0722639	501(C)(3)	129,048				PROGRAM OPERATING COSTS
MERRICK COMMUNITY SERVICES 965 PAYNE AVE ST PAUL, MN 55130	41-0693851	501(C)(3)	280,813				PROGRAM OPERATING COSTS

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METROPOLITAN AREA AGENCY ON AGING 2365 N MCKNIGHT RD N ST PAUL, MN 55109	41-1774247	501(C)(3)	65,000				PROGRAM OPERATING COSTS
MID-MINNESOTA LEGAL ASSISTANCE 430 FIRST AVE N STE 300 MINNEAPOLIS, MN 554011780	41-1412710	501(C)(3)	508,526				PROGRAM OPERATING COSTS
MIDWEST SPECIAL SERVICES 900 OCEAN ST ST PAUL, MN 551063447	41-0746072	501(C)(3)	100,000				PROGRAM OPERATING COSTS

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MINNEAPOLIS AMERICAN INDIAN CENTER 1530 FRANKLIN AVE EAST MINNEAPOLIS, MN 554042136	41-0966005	501(C)(3)	113,986				PROGRAM OPERATING COSTS
MINNEAPOLIS COMMUNITY & TECHNICAL COLLEGE 1501 HENNEPIN AVE MINNEAPOLIS, MN 55403	41-1288502	501(C)(3)	991,716				PROGRAM OPERATING COSTS
MINNEAPOLIS PUBLIC SCHOOLS SPECIAL SCHOOL DIST NO 1 MINNEAPOLIS, MN 55411	41-1972445	501(C)(3)	363,750				PROGRAM OPERATING COSTS

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MINNEAPOLIS URBAN LEAGUE 2100 PLYMOUTH AVE NORTH MINNEAPOLIS, MN 55411	41-0706915	501(C)(3)	230,000				PROGRAM OPERATING COSTS
MINNEAPOLIS YOUTH COORDINATING BOARD 330 SECOND AVENUE SOUTH 540 MINNEAPOLIS, MN 55401	41-1566656	501(C)(3)	118,000				PROGRAM OPERATING COSTS
MINNESOTA ASSOCIATION FOR EDUCATION OF YOUNG 2610 UNIVERSITY AVE W SUITE 425 ST PAUL, MN 55114	23-7279931	501(C)(3)	150,000				PROGRAM OPERATING COSTS

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MINNESOTA ASSOCIATION OF COMMUNITY HEALTH CENTER 1113 FRANKLIN AVE SUITE 202 MINNEAPOLIS, MN 55404	41-1390018	501(C)(3)	10,000				PROGRAM OPERATING COSTS
MINNESOTA COUNCIL ON CRIME & JUSTICE 822 SOUTH THIRD ST SUITE 703 MINNEAPOLIS, MN 554151252	41-0798280	501(C)(3)	100,000				PROGRAM OPERATING COSTS
MINNESOTA COUNCIL ON FOUNDATIONS 800 WASHINGTON AVE N MINNEAPOLIS, MN 554012575	41-1269275	501(C)(3)	5,000				PROGRAM OPERATING COSTS

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MINNESOTA INDIAN WOMEN'S RESOURCE CENTER 2300 15TH AVE SOUTH MINNEAPOLIS, MN 554043935	41-1500950	501(C)(3)	196,828				PROGRAM OPERATING COSTS
MINNESOTA NETWORK OF HOSPICE & PALLIATIVE CARE 2365 MCKNIGHT RD N SUITE 2 NORTH ST PAUL, MN 55109	41-1414694	501(C)(3)	20,000				PROGRAM OPERATING COSTS
MINNESOTA PHILANTHROPY PARTNERS 101 5TH STREET E SUITE 2400 ST PAUL, MN 55101	41-6031510	501(C)(3)	150,000				PROGRAM OPERATING COSTS

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MINNESOTA VISITING NURSE AGENCY 701 PARK AVE LSB 3 MINNEAPOLIS, MN 55415	41-0693895	501(C)(3)	760,940				PROGRAM OPERATING COSTS
MODEL CITIES OF ST PAUL INC 839 UNIVERSITY AVE ST PAUL, MN 551044808	41-1687873	501(C)(3)	225,000				PROGRAM OPERATING COSTS
MOMENTUM ENTERPRISES 1179 15TH AVE SE MINNEAPOLIS, MN 55414	23-7098388	501(C)(3)	205,000				PROGRAM OPERATING COSTS

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MONTESSORI TRAINING CENTER OF MN 1611 AMES AVE ST PAUL, MN 55106	41-1361913	501(C)(3)	135,000				PROGRAM OPERATING COSTS
NAWAYEE CENTER SCHOOL INC 2421 BLOOMINGTON AVE S MINNEAPOLIS, MN 55404	36-3591386	501(C)(3)	30,000				PROGRAM OPERATING COSTS
NEIGHBORHOOD HEALTHSOURCE INC 3300 FREMONT AVE NORTH MINNEAPOLIS, MN 554122499	41-1235064	501(C)(3)	191,500				PROGRAM OPERATING COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
NEIGHBORHOOD HOUSE 179 ROBIE ST EAST ST PAUL, MN 551072360	41-0693916	501(C)(3)	503,279				PROGRAM OPERATING COSTS
NEIGHBORHOOD INVOLVEMENT PROGRAM 2431 HENNEPIN AVE SOUTH MINNEAPOLIS, MN 554052605	41-0956858	501(C)(3)	35,000				PROGRAM OPERATING COSTS
NEIGHBORS INC 222 GRAND AVE W SOUTH ST PAUL, MN 55075	41-1360294	501(C)(3)	104,000				PROGRAM OPERATING COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NETWORK FOR THE DEVELOPMENT OF CHILDREN OF AFRICAN DESCENT 655 N FAIRVIEW AVE ST PAUL, MN 55104	41-1936394	501(C)(3)	162,500				PROGRAM OPERATING COSTS
NEW AMERICAN ACADEMY 6873 WASHIGTON AVE S 201 EDINA, MN 55439	32-0241006	501(C)(3)	25,000				PROGRAM OPERATING COSTS
NORTHERN STAR COUNCIL BOY SCOUTS OF AMERICA 393 MARSHALL AVENUE ST PAUL, MN 55102	20-3000282	501(C)(3)	474,773				PROGRAM OPERATING COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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NORTHPOINT HEALTH & WELLNESS CENTER INC 1315 PENN AVE N MINNEAPOLIS, MN 554113047	20-0898277	501(C)(3)	60,000				PROGRAM OPERATING COSTS
OASIS FOR YOUTH 2200 WOLD SHAKOPEE RD BLOOMINGTON, MN 55431	45-3683785	501(C)(3)	22,000				PROGRAM OPERATING COSTS
OPEN CITIES HEALTH CENTER 409 NORTH DUNLAP ST ST PAUL, MN 55104	36-3381598	501(C)(3)	64,000				PROGRAM OPERATING COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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OPPORTUNITY PARTNERS INC 5500 OPPORTUNITY COURT MINNETONKA, MN 553439093	41-0737221	501(C)(3)	88,545				PROGRAM OPERATING COSTS
PARENTS IN COMMUNITY ACTION INC 700 HUMBOLDT AVE NORTH MINNEAPOLIS, MN 55411	41-0956226	501(C)(3)	50,600				PROGRAM OPERATING COSTS
PARMLY LIFEPOINTES 28210 OLD TOWNE ROAD CHISAGO, MN 55013	41-1568278	501(C)(3)	50,000				PROGRAM OPERATING COSTS

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PEOPLE INCORPORATED 2060 CENTRE POINTE BLVD ST PAUL, MN 55120	41-0962296	501(C)(3)	668,100				PROGRAM OPERATING COSTS
PERSPECTIVES INC 3381 GORHAM AVE ST LOUIS PARK, MN 554261074	41-1288300	501(C)(3)	181,750				PROGRAM OPERATING COSTS
PHYLLIS WHEATLEY COMMUNITY CENTER 1301 TENTH AVE N MINNEAPOLIS, MN 55411	41-0706132	501(C)(3)	285,050				PROGRAM OPERATING COSTS

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PILLSBURY UNITED COMMUNITIES 125 W BROADWAY MINNEAPOLIS, MN 55411	41-0916478	501(C)(3)	1,851,484				PROGRAM OPERATING COSTS
PLYMOUTH CHRISTIAN YOUTH CENTER 2210 OLIVER AVE NORTH MINNEAPOLIS, MN 554111878	41-0794440	501(C)(3)	256,388				PROGRAM OPERATING COSTS
PORTICO HEALTHNET 1600 UNIVERSITY AVE W ST PAUL, MN 551043825	41-1814659	501(C)(3)	337,350				PROGRAM OPERATING COSTS

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PREPARE & PROSPER 2610 UNIVERSITY AVE W SUITE 450 ST PAUL, MN 55114	23-7131829	501(C)(3)	308,000				PROGRAM OPERATING COSTS
PROJECT FOR PRIDE IN LIVING INC 1035 EAST FRANKLIN AVE MINNEAPOLIS, MN 554042920	23-7232208	501(C)(3)	886,548				PROGRAM OPERATING COSTS
PROJECT SUCCESS 1 GROVELAND TER 300 MINNEAPOLIS, MN 55403	41-1837278	501(C)(3)	35,000				PROGRAM OPERATING COSTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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
READING PARTNERS 180 GRAND AVE OAKLAND, CA 94612	77-0568469	501(C)(3)	250,000				PROGRAM OPERATING COSTS
RESOURCE INC 1900 CHICAGO AVE MINNEAPOLIS, MN 554041903	41-0828779	501(C)(3)	864,329				PROGRAM OPERATING COSTS
RISE INC 8406 SUNSET ROAD NORTHEAST SPRING LAKE PARK, MN 554321317	41-0972476	501(C)(3)	45,775				PROGRAM OPERATING COSTS

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RONGO AVENUE INCORPORATED 1360 UNIVERSITY AVE ST PAUL, MN 55104	41-1439087	501(C)(3)	50,000				PROGRAM OPERATING COSTS
SABATHANI COMMUNITY CENTER INC 310 EAST 38TH ST MINNEAPOLIS, MN 554091300	41-0984859	501(C)(3)	399,576				PROGRAM OPERATING COSTS
SALVATION ARMY 2445 PRIOR AVE NORTH ROSEVILLE, MN 551132714	41-0698597	501(C)(3)	502,129				PROGRAM OPERATING COSTS

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SCIENCE MUSEUM OF MINNESOTA 120 W KELLOGG BLVD ST PAUL, MN 55102	41-0706172	501(C)(3)	100,000				PROGRAM OPERATING COSTS
SCOTT-CARVER-DAKOTA CAP AGENCY INC 712 CANTERBURY ROAD SOUTH SHAKOPEE, MN 553791840	41-0903890	501(C)(3)	391,252				PROGRAM OPERATING COSTS
SECOND HARVEST HEARTLAND 1140 GERVAIS AVE MAPLEWOOD, MN 551092042	23-7417654	501(C)(3)	450,000				PROGRAM OPERATING COSTS

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SENIOR COMMUNITY SERVICES 10201 WAYZATA BLVD STE 335 MINNETONKA, MN 55305	41-0720473	501(C)(3)	271,991				PROGRAM OPERATING COSTS
SERVEMINNESOTA 120 SOUTH 6TH STREET MINNEAPOLIS, MN 55402	41-2010058	501(C)(3)	924,027				PROGRAM OPERATING COSTS
SHARING KORNER 595 ARUNDEL ST ST PAUL, MN 551031602	41-1631989	501(C)(3)	25,000				PROGRAM OPERATING COSTS

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SHOWCASE DISCOUNT AUTOS 8600 XYLON AVE N 110 BROOKLYN PARK, MN 55445	41-1963170	501(C)(3)	5,519				PROGRAM OPERATING COSTS
SIMPSON HOUSING SERVICES INC 2100 PILLSBURY AVE S MINNEAPOLIS, MN 55404	41-1759477	501(C)(3)	223,500				PROGRAM OPERATING COSTS
SOJOURNER PROJECT INC PO BOX 272 HOPKINS, MN 553438863	41-1363580	501(C)(3)	50,000				PROGRAM OPERATING COSTS

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SOLID GROUND 3521 CENTURY AVENUE NORTH WHITE BEAR LAKE, MN 551105689	36-3578158	501(C)(3)	53,957				PROGRAM OPERATING COSTS
SOUTHEAST ASIAN COMMUNITY COUNCIL 1827 44TH AVE N MINNEAPOLIS, MN 554121207	41-1675917	501(C)(3)	25,000				PROGRAM OPERATING COSTS
SOUTHEAST ASIAN REFUGE CMTY HOME 1113 E FRANKLIN AVE STE 212 MINNEAPOLIS, MN 554042922	41-1729008	501(C)(3)	35,000				PROGRAM OPERATING COSTS

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SOUTHERN MN REGIONAL LEGAL SVC INC ALLIANCE BANK BUILDING ST PAUL, MN 55101	41-1316151	501(C)(3)	283,143				PROGRAM OPERATING COSTS
SOUTHERN VALLEY ALLIANCE FOR BATTERED WOMEN PO BOX 166 BELLE PLAINE, MN 560110166	41-1483575	501(C)(3)	50,000				PROGRAM OPERATING COSTS
SOUTHSIDE FAMILY NURTURING CENTER 2448 SOUTH 18TH ST MINNEAPOLIS, MN 554044048	41-1274177	501(C)(3)	272,614				PROGRAM OPERATING COSTS

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SOUTHWEST METRO EDUCATIONAL COOPERATIVE 792 CANTERBURY ROAD SHAKOPEE, MN 55379	41-1295656	501(C)(3)	77,500				PROGRAM OPERATING COSTS
SPROCKETS ST PAUL 209 WEST PAGE ST ST PAUL, MN 55107	41-6029683	501(C)(3)	94,713				PROGRAM OPERATING COSTS
ST DAVID'S SCHOOL FOR CHILD DEVELOPMENT 3395 PLYMOUTH ROAD MINNETONKA, MN 55305	41-1429208	501(C)(3)	126,000				PROGRAM OPERATING COSTS

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ST MARY'S HEALTH CLINICS 1884 RANDOLPH AVE ST PAUL, MN 55105	41-1760632	501(C)(3)	180,000				PROGRAM OPERATING COSTS
ST PAUL & RAMSEY COUNTY DOMESTIC ABUSE INTERVENTION PROJECT 394 DAYTON AVENUE ST PAUL, MN 55102	36-3339157	501(C)(3)	110,200				PROGRAM OPERATING COSTS
ST PAUL CITY SCHOOL 260 EDMUND AVE ST PAUL, MN 55103	41-1871279	501(C)(3)	100,000				PROGRAM OPERATING COSTS

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ST PAUL PUBLIC SCHOOLS FOUNDATION 101 E 5TH STREET SUITE 2400 ST PAUL, MN 55101	41-1824107	501(C)(3)	271,746				PROGRAM OPERATING COSTS
ST PAUL PUBLIC SCHOOLS ISD 625 360 COLBORNE ST PAUL, MN 55103	41-0901311	501(C)(3)	362,213				PROGRAM OPERATING COSTS
ST PAUL PUBLIC SCHOOLS JACKSON MAGNET SCHOOL 437 EDMUND AVENUE ST PAUL, MN 55103	41-0901311	501(C)(3)	70,000				PROGRAM OPERATING COSTS

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ST STEPHEN'S HUMAN SERVICES INC 2309 NICOLLET AVE S MINNEAPOLIS, MN 55404	01-0639118	501(C)(3)	177,000				PROGRAM OPERATING COSTS
SUMMIT ACADEMY OIC 935 OLSON MEMORIAL HIGHWAY MINNEAPOLIS, MN 554051360	41-0908458	501(C)(3)	379,500				PROGRAM OPERATING COSTS
SUMMIT UNIVERSITY TEEN CENTER INC 1063 IGLEHART AVE ST PAUL, MN 551045431	41-0919201	501(C)(3)	87,000				PROGRAM OPERATING COSTS

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THE BRIDGE FOR YOUTH 1111 WEST 22ND STREET MINNEAPOLIS, MN 55405	41-0983062	501(C)(3)	485,814				PROGRAM OPERATING COSTS
THE FAMILY PARTNERSHIP 414 SOUTH EIGHTH ST MINNEAPOLIS, MN 554041081	41-0693858	501(C)(3)	1,305,340				PROGRAM OPERATING COSTS
THE FOOD GROUP MINNESOTA INC 8501 54TH AVE N NEWHOPE, MN 554283710	41-1246504	501(C)(3)	95,000				PROGRAM OPERATING COSTS

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THINK SMALL 10 YORKTON COURT ST PAUL, MN 55117	41-1260581	501(C)(3)	900,000				PROGRAM OPERATING COSTS
TUBMAN FAMILY ALLIANCE & CHRYSALIS 4432 CHICAGO AVE SOUTH MINNEAPOLIS, MN 554073522	41-2022341	501(C)(3)	477,000				PROGRAM OPERATING COSTS
TWIN CITIES RISE 1301 BRYANT AVE N MINNEAPOLIS, MN 55411	41-1761118	501(C)(3)	220,000				PROGRAM OPERATING COSTS

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UNITED CAMBODIAN ASSOCIATION OF MN 1385 MENDOTA HEIGHTS RD INVER GROVE HEIGHTS, MN 55120	41-1631017	501(C)(3)	75,500				PROGRAM OPERATING COSTS
UNITED FAMILY PRACTICE HEALTH CENTER 1026 WEST 7TH STREET ST PAUL, MN 55102	27-0052697	501(C)(3)	200,000				PROGRAM OPERATING COSTS
UNIVERSITY OF MN 51 E RIVER ROAD MINNEAPOLIS, MN 55455	41-6007513	501(C)(3)	90,000				PROGRAM OPERATING COSTS

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VAIL PLACE 23 9TH AVE S HOPKINS, MN 55343	41-1394766	501(C)(3)	66,150				PROGRAM OPERATING COSTS
VIETNAMESE SOCIAL SERVICES OF MN 277 UNIVERSITY AVE W ST PAUL, MN 55103	36-3532232	501(C)(3)	141,500				PROGRAM OPERATING COSTS
VISION LOSS RESOURCES INC-E METRO 1936 LYNDAL AVE SOUTH MINNEAPOLIS, MN 55403	41-0694713	501(C)(3)	285,408				PROGRAM OPERATING COSTS

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VOLUNTEERS ENLISTED TO ASSIST PEOPLE 9600 ALDRICH AVE S BLOOMINGTON, MN 55420	41-6175999	501(C)(3)	50,000				PROGRAM OPERATING COSTS
VOLUNTEERS OF AMERICA MINNESOTA 7625 METRO BLVD MINNEAPOLIS, MN 55439	41-1554078	501(C)(3)	466,042				PROGRAM OPERATING COSTS
WASHBURN CENTER FOR CHILDREN 1100 GLENWOOD AVE MINNEAPOLIS, MN 55405	41-0711618	501(C)(3)	140,100				PROGRAM OPERATING COSTS

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WAY TO GROW 125 WEST BROADWAY MINNEAPOLIS, MN 554112246	71-0956749	501(C)(3)	231,562				PROGRAM OPERATING COSTS
WE BELIEVE FOUNDATIONALLIANCE 1350 W 106TH ST BLOOMINGTON, MN 55431	75-3256058	501(C)(3)	37,500				PROGRAM OPERATING COSTS
WELLSHARE INTERNATIONAL 122 WEST FRANKLIN AVENUE SUITE 510 MINNEAPOLIS, MN 55404	41-1397062	501(C)(3)	37,500				PROGRAM OPERATING COSTS

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WEST SEVENTH COMMUNITY CENTER INC 265 ONEIDA ST ST PAUL, MN 551022883	23-7319301	501(C)(3)	58,851				PROGRAM OPERATING COSTS
WHITE BEAR LAKE AREA SCHOOLS ISD 624 4855 BLOOM AVE WHITE BEAR LAKE, MN 55110	41-6008212	501(C)(3)	250,000				PROGRAM OPERATING COSTS
WOMEN OF NATIONS 73 LEECH ST ST PAUL, MN 551022719	41-1447503	501(C)(3)	50,000				PROGRAM OPERATING COSTS

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WOMEN'S ADVOCATES INC 588 GRAND AVE ST PAUL, MN 55102	23-7310701	501(C)(3)	128,638				PROGRAM OPERATING COSTS
YMCA OF THE GREATER TWIN CITIES 2125 EAST HENNEPIN AVE MINNEAPOLIS, MN 55413	45-2563299	501(C)(3)	1,503,880				PROGRAM OPERATING COSTS
YOUTHLINK 41 NORTH 12TH ST MINNEAPOLIS, MN 55403	41-1341773	501(C)(3)	262,806				PROGRAM OPERATING COSTS

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YOUTHRISE 615 FIRST AVE NE SUITE 125 MINNEAPOLIS, MN 55413	27-4126970	501(C)(3)	47,000				PROGRAM OPERATING COSTS
YOUTHRIVE 615 FIRST AVE NE MINNEAPOLIS, MN 55413	56-2536131	501(C)(3)	60,000				PROGRAM OPERATING COSTS
YWCA OF MINNEAPOLIS 1130 NICOLLET MALL MINNEAPOLIS, MN 554032405	41-0693891	501(C)(3)	1,235,586				PROGRAM OPERATING COSTS

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YWCA OF ST PAUL 375 SELBY AVE ST PAUL, MN 551021790	41-0693892	501(C)(3)	511,560				PROGRAM OPERATING COSTS

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.

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

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
GREATER TWIN CITIES UNITED WAY

Employer identification number

41-1973442

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> First-class or charter travel</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Travel for companions</td> <td style="border: none;"><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td style="border: none;"><input checked="" type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Discretionary spending account</td> <td style="border: none;"><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input checked="" type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.</p>	Yes									
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	Yes									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input checked="" type="checkbox"/> Compensation committee</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Independent compensation consultant</td> <td style="border: none;"><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td style="border: none;"><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</p>										
<p>a Receive a severance payment or change-of-control payment?</p>		No								
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>		No								
<p>c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>		No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>										
<p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p>										
<p>a The organization?</p>		No								
<p>b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.</p>		No								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p>										
<p>a The organization?</p>		No								
<p>b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.</p>		No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	Yes									
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>		No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>										

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred on prior Form 990
		Base (i) compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 SARAH CARUSO PRESIDENT AND CEO	(i)	320,132	39,000	1,455	28,115	25,912	414,614	0
	(ii)	0	0	0	0	0	0	0
2 CRAIG WARREN CHIEF ADMINISTRATIVE OFFICER	(i)	180,489	4,560	172	11,642	26,515	223,378	0
	(ii)	0	0	0	0	0	0	0
3 FRANK FORSBERG SVP SYSTEMS CHANGE & INNOV	(i)	172,754	4,246	361	11,180	22,220	210,761	0
	(ii)	0	0	0	0	0	0	0
4 RAYMOND RYBAK EXECUTIVE DIRECTOR, GENERA	(i)	175,882	0	1,051	12,794	16,662	206,389	0
	(ii)	0	0	0	0	0	0	0
5 MEGHAN BARP SVP COMMUNITY IMPACT	(i)	179,722	2,686	148	12,696	8,796	204,048	0
	(ii)	0	0	0	0	0	0	0
6 BARBARA BEARD SVP ADVANCEMENT	(i)	165,693	4,368	960	10,918	16,532	198,471	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 1A	THE SOCIAL CLUB DUES ARE THE BUSINESS PORTION OF DUES PAID TO THE MINNEAPOLIS CLUB FOR THE CEO'S MEMBERSHIP
PART I, LINE 7	THE ORGANIZATION PAID INCENTIVE COMPENSATION TO THE FOLLOWING EMPLOYEES DURING 2015 -PRESIDENT AND CEO -VP OF FINANCE -CHIEF ADMINISTRATIVE OFFICER -SR VICE PRESIDENT OF SYSTEMS CHANGE & INNOVATION -SR VICE PRESIDENT OF COMMUNITY IMPACT -SR VICE PRESIDENT OF ADVANCEMENT THE TOTAL INCENTIVE COMPENSATION PAID IN 2015 WAS \$55,610

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization GREATER TWIN CITIES UNITED WAY

Employer identification number

41-1973442

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by organization managers or disqualified persons during the year under section 4958 \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization?, (e) Original principal amount, (f) Balance due, (g) In default?, (h) Approved by board or committee?, (i) Written agreement?

Total \$

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

Table with 5 main columns: (a) Name of interested person, (b) Relationship between interested person and the organization, (c) Amount of assistance, (d) Type of assistance, (e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) MA MORTENSON COMPANY	A FAMILY MEMBER OF A BOARD MEMBER HAS A CONTROLLING INTEREST IN THE COMPANY	942,391	THE COSTS INCURRED IN 2015 WERE RELATED TO A BUILDING RENOVATION PROJECT THAT INCLUDED COMPLETING THE REMODELING AND UPDATING OF RESTROOMS, WHICH WAS STARTED IN THE PRIOR YEAR, AS WELL AS UPDATING THE LOBBY/RECEPTION AREA AND ALL MEETING AND CONFERENCE ROOMS		No
(2)					No

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions)

Return Reference	Explanation
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**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2015

Open to Public Inspection

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990**

Department of the Treasury
Internal Revenue Service

Name of the organization
GREATER TWIN CITIES UNITED WAY

Employer identification number
41-1973442

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	440	3,664,980	QUOTED MARKET PRICES
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

	Yes	No
30a		No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31	Yes	
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32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a		No
-----	--	----

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Part III Supplemental Information.

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference

Explanation

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2015

Open to Public Inspection

Name of the organization
GREATER TWIN CITIES UNITED WAY

Employer identification number

41-1973442

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	THE FOLLOWING BOARD MEMBERS OF GREATER TWIN CITIES UNITED WAY HAVE A SEPARATE PROFESSIONAL OR BUSINESS RELATIONSHIP WITH EACH OTHER ABIGAIL ROSE AND MARCIA ZIMMERMAN - BUSINESS RELATIONSHIP MARY BLEGEN, RICHARD DAVIS, AND SCOTT WINE - BUSINESS RELATIONSHIP NANCY LINDAHL AND TIMOTHY WELSH - BUSINESS RELATIONSHIP KATE MORTENSON, BRY AN PHILLIPS AND ABIGAIL ROSE - BUSINESS RELATIONSHIP GARY ELLIS AND RENEE PETERSON - BUSINESS RELATIONSHIP BETH FORD AND ANDREW TURNER - BUSINESS RELATIONSHIP NANCY LINDAHL AND JOHN WILGERS - BUSINESS RELATIONSHIP RICHARD DAVIS, DOUGLAS HEPPER, MARK LUCAS, JOHN WILGERS, AND SCOTT WINE - BUSINESS RELATIONSHIP RON JAMES AND JEANNE CRAIN - BUSINESS RELATIONSHIP
FORM 990, PART VI, SECTION B, LINE 11	THE AUDIT COMMITTEE REVIEWS THE COMPLETED FORM 990 WITH MANAGEMENT THE GOVERNANCE COMMITTEE REVIEWS AND APPROVES REQUIRED GOVERNANCE DISCLOSURES INCLUDED IN THE FORM 990 THE EXECUTIVE COMPENSATION COMMITTEE REVIEWS AND APPROVES REQUIRED DISCLOSURES REGARDING THE PROCESS FOLLOWED FOR DETERMINING COMPENSATION OF THE CEO AND SENIOR MANAGEMENT INCLUDED IN THE FORM 990 ONCE THESE REVIEWS HAVE BEEN PERFORMED, THE COMPLETED FORM 990 IS MADE AVAILABLE TO THE BOARD PRIOR TO ITS FILING
FORM 990, PART VI, SECTION B, LINE 12C	EVERY YEAR, ALL BOARD MEMBERS AND STAFF ARE REQUIRED TO SUBMIT A SIGNED CONFLICT OF INTEREST FORM TO THE GOVERNANCE COMMITTEE THE GOVERNANCE COMMITTEE REVIEWS ALL SUBMISSIONS, AND IF NECESSARY, FOLLOWS UP ON ANY POSSIBLE CONFLICTS IF THE CONFLICT IS DEEMED MATERIAL, A BOARD MEMBER WOULD BE ASKED TO STEP DOWN FROM THE BOARD OF DIRECTORS, PER OUR BYLAWS IN THE CASE OF STAFF, STAFF ARE ASKED TO ELIMINATE ANY CONFLICTS OF INTEREST AS SOON AS MANAGEMENT IS MADE AWARE OF THEM
FORM 990, PART VI, SECTION B, LINE 15	AN INDEPENDENT BODY (EXECUTIVE COMPENSATION TASK FORCE CONSISTING OF A MAJORITY OF THE FOLLOWING MEMBERS CHAIR OF THE BOARD, IMMEDIATE PAST CHAIR OF THE BOARD, VICE CHAIR OF THE BOARD, CHAIR OF THE FINANCE AND HUMAN CAPITAL COMMITTEE AND CHAIR OF THE GOVERNANCE COMMITTEE) ANNUALLY CONDUCTS THE CEO'S PERFORMANCE REVIEW ALIGNED WITH THE ORGANIZATION'S STRATEGIC DIRECTION AND MEASURES OF SUCCESS THE PROCESS INCLUDES GATHERING FEEDBACK FROM EACH EXECUTIVE COMMITTEE MEMBER (APPROXIMATELY 15 MEMBERS) MARKET COMPARABILITY DATA IS COLLECTED FROM AN OUTSIDE CONSULTING FIRM AND IS SUPPLEMENTED BY OTHER DATA COLLECTED BY INTERNAL HUMAN RESOURCES STAFF MARKET COMPARABILITY DATA INCLUDES COMPENSATION RANGES AND SUPPLEMENTAL BENEFITS ESTABLISHED FOR THE CEO AND KEY EXECUTIVES - CHIEF OPERATING OFFICER, SR VICE PRESIDENT OF WORKPLACE/COMMUNICATIONS, SR VICE PRESIDENT OF MAJOR GIFTS AND FOUNDATIONS, SR VICE PRESIDENT OF SYSTEMS CHANGE & INNOVATION, SR VICE PRESIDENT OF COMMUNITY IMPACT AND VICE PRESIDENT OF DIVERSITY AND COMMUNITY ENGAGEMENT MARKET COMPARABILITY DATA IS PROVIDED TO THE EXECUTIVE COMPENSATION TASK FORCE PRIOR TO MAKING RECOMMENDATIONS AND/OR APPROVING PAY AND BENEFITS DECISIONS THE EXECUTIVE COMPENSATION TASK FORCE DETERMINES AND RECOMMENDS TO THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS APPROVAL OF THE FOLLOWING -CEO'S TOTAL COMPENSATION AND SUPPLEMENTAL BENEFITS, AND -CEO'S PERFORMANCE GOALS AND OBJECTIVES FOR THE NEXT PERFORMANCE EVALUATION PERIOD THE EXECUTIVE COMPENSATION TASK FORCE REVIEWS AND DISCUSSES KEY EXECUTIVES' COMPENSATION AND BENEFITS BASED ON THE CEO'S PERFORMANCE EVALUATION AND RECOMMENDATIONS FOR THESE EXECUTIVES THE RECOMMENDATIONS ARE THEN REVIEWED WITH THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS THE CHAIR OF THE EXECUTIVE COMPENSATION TASK FORCE REPORTS TO THE BOARD OF DIRECTORS AT A SUBSEQUENT MEETING THE ACTIONS REPORTED AND RECOMMENDATIONS APPROVED BY THE EXECUTIVE COMMITTEE AND EXECUTIVE COMPENSATION TASK FORCE THE EXECUTIVE COMPENSATION TASK FORCE DOCUMENTS THE BASIS FOR MAKING ITS DETERMINATION CONCURRENTLY WITH MAKING ITS DECISION
FORM 990, PART VI, SECTION C, LINE 19	GREATER TWIN CITIES UNITED WAY MAKES ITS FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON ITS WEBSITE AS WELL AS UPON REQUEST GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST
FORM 990, PART XI, LINE 9	CHANGE IN FAIR VALUE OF BENEFICIAL INTERESTS IN CHARITABLE TRUSTS -196,111 PENSION RELATED CHANGES OTHER THAN NET PERIODIC PENSION COST -212,475