

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](http://www.irs.gov/form990)

OMB No 1545-0047  
**2016**  
Open to Public Inspection

### A For the 2016 calendar year, or tax year beginning 01-01-2016, and ending 12-31-2016

- 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 \$ 90,672,210

**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

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	53
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	53
<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)	190
<b>6</b> Total number of volunteers (estimate if necessary)	9,547
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	95,446,399	85,218,044
<b>9</b> Program service revenue (Part VIII, line 2g)	108,645	115,829
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,135,806	1,806,383
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	865,166	803,544
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	98,556,016	87,943,800
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	72,748,118	70,170,908
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	11,861,055	12,886,391
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	59,381	45,000
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 9,729,629		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	11,059,645	11,232,624
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	95,728,199	94,334,923
<b>19</b> Revenue less expenses Subtract line 18 from line 12	2,827,817	-6,391,123

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	158,666,636	153,267,700
<b>21</b> Total liabilities (Part X, line 26)	13,706,064	11,687,289
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	144,960,572	141,580,411

### 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 2017-07-19  
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 102 YEARS, GREATER TWIN CITIES UNITED WAY (GTCUW) HAS CONTINUALLY EVOLVED TO RESPOND TO THE MOST PRESSING CHALLENGES FACING OUR COMMUNITY AND DELIVER ON A CORE PROMISE TO CREATE OPPORTUNITIES FOR ALL. GTCUW SURROUNDS THE ISSUES OF POVERTY IN A WAY THAT MEETS IMMEDIATE NEEDS, AND DEVELOPS LONG-TERM SOLUTIONS FOR THE FUTURE. BECAUSE POVERTY IS MULTI-FACETED, OUR SUPPORT IS HOLISTIC, HELPING THE WHOLE PERSON AND THE WHOLE FAMILY ON THEIR PATH TOWARDS A BETTER LIFE. GTCUW CREATES LASTING IMPACT THROUGH INTERWOVEN STRATEGIES: DIRECT INVESTMENTS IN PROVEN AND INNOVATIVE SOCIAL SERVICE PROGRAMS, BUILDING THE CAPACITY OF NONPROFITS, ENGAGING STAKEHOLDERS ACROSS SECTORS TO BRING ABOUT CHANGES AT THE SYSTEMS LEVEL, AND PROVIDING ACCESS TO INDIVIDUALS THROUGH 2-1-1 BY CONNECTING PEOPLE WITH ESSENTIAL NONPROFIT PROGRAMS AND SERVICES. WORK AT THE INTERSECTION OF THESE STRATEGIES IS THE KEY TO ACHIEVING BROAD-BASED, LASTING CHANGE.

**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 \$ 26,604,764 including grants of \$ 23,211,225 ) (Revenue \$ 1,500 )  
See Additional Data

**4b** (Code ) (Expenses \$ 20,532,483 including grants of \$ 20,405,404 ) (Revenue \$ )  
See Additional Data

**4c** (Code ) (Expenses \$ 25,758,006 including grants of \$ 25,758,006 ) (Revenue \$ 751,809 )  
See Additional Data

(Code ) (Expenses \$ 8,371,567 including grants of \$ 796,273 ) (Revenue \$ 114,329 )

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 2016, 2-1-1 MADE OVER 380,000 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 LEVEL 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 WITHIN THE WORKFORCE AND NONPROFIT SECTORS THROUGH VOLUNTEER UNITED AND LEADERS UNITED, OFFERING UNIQUE VOLUNTEER EXPERIENCES, CAPACITY-BUILDING OPPORTUNITIES AND ENGAGING COMMUNITY-MINDED LEADERS AS IT BUILDS THE NEXT GENERATION OF THE COMMUNITY'S MOST RENOWNED LEADERS, VISIONARIES, AND PHILANTHROPISTS.

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ 8,371,567 including grants of \$ 796,273 ) (Revenue \$ 114,329 )

**4e** Total program service expenses **▶** 81,266,820

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	Yes	
<b>3</b> 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 Schedule C, Part I		No
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	Yes	
<b>5</b> 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 Schedule C, Part III		No
<b>6</b> 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 Schedule D, Part I		No
<b>7</b> 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 Schedule D, Part II		No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		No
<b>9</b> 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 Schedule D, Part IV		No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	Yes	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	Yes	
<b>b</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 Schedule D, Part VII	Yes	
<b>c</b> 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 Schedule D, Part VIII		No
<b>d</b> 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 Schedule D, Part IX		No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	Yes	
<b>f</b> 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 Schedule D, Part X	Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	Yes	
<b>b</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 Schedule D, Parts XI and XII is optional		No
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		No
<b>b</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 Schedule F, Parts I and IV		No
<b>15</b> 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 Schedule F, Parts II and IV		No
<b>16</b> 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 Schedule F, Parts III and IV		No
<b>17</b> 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 Schedule G, Part I (see instructions)	Yes	
<b>18</b> 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 Schedule G, Part II		No
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		No

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>		No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
<b>21</b> 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>	Yes	
<b>22</b> 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>		No
<b>23</b> 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>	Yes	
<b>24a</b> 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>		No
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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>		No
<b>b</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>		No
<b>26</b> 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>		No
<b>27</b> 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>		No
<b>28</b> 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)		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>		No
<b>c</b> 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>	Yes	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>	Yes	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>		No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>		No
<b>32</b> 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>		No
<b>33</b> 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>		No
<b>34</b> 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>		No
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
<b>b</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>		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>		No
<b>37</b> 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>		No
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (53); 1b Enter the number of voting members included in line 1a, above, who are independent (53); 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: a The governing body? (Yes); b 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.)

Table with 3 columns: Question, Yes, No. Rows include: 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? a The organization's CEO, Executive Director, or top management official (Yes); b 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

Table with 3 columns: Question, Yes, No. Rows include: 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: [X] Own website, [ ] Another's website, [X] Upon request, [ ] Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: CRAIG WARREN 404 SOUTH EIGHTH STREET MINNEAPOLIS, MN 55404 (612) 340-7541

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

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

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

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

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

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

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

(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										

**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										

<b>1b Sub-Total</b> . . . . .			
<b>1c Total from continuation sheets to Part VII, Section A</b> . . . . .			
<b>1d Total (add lines 1b and 1c)</b> . . . . .	1,701,047	0	253,199

**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 ▶ 14

<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>3</b>	Yes	No
<b>4</b> 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> . . . . .	<b>4</b>	Yes	No
<b>5</b> 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> . . . . .	<b>5</b>	Yes	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
LIFEWORKS US INC PO BOX 10989 NEWARK, NJ 07193	UW 211 CALL CENTER OUTSOURCING	2,124,092
THE NERDERY 9555 JAMES AVE S SUITE 245 BLOOMINGTON, MN 55431	WEBSITE REDESIGN	497,554
SMARTER PEOPLE PLANNING 819 COLUMBIA CIRCLE NORTH AURORA, IL 60542	CONSULTING SERVICES	329,913
HAWORTH MARKETING AND MEDIA COMPANY 45 S 7TH STREET SUITE 2400 MINNEAPOLIS, MN 55402	ADVERTISING	259,482
TUNHEIM PARTNERS INC 8009 34TH AVE S SUITE 1100 BLOOMINGTON, MN 55425	CONSULTING SERVICES	216,041

**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 ▶ 13



**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	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . .	<b>1a</b>	116,571				
	<b>b</b> Membership dues . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . .	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>	914,020				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	84,187,453				
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____		2,729,252				
	<b>h Total.</b> Add lines 1a-1f . . . . .			85,218,044			
<b>Program Service Revenue</b>		Business Code					
	<b>2a</b> FEES FOR SERVICE	900099	85,677	85,677			
	<b>b</b> MEMBERSHIPS	900099	16,652	16,652			
	<b>c</b> UNITED WAY 2-1-1TM	900099	13,500	13,500			
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue						
<b>g Total.</b> Add lines 2a-2f . . . . .			115,829				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		795,877			795,877	
	<b>4</b> Income from investment of tax-exempt bond proceeds						
	<b>5</b> Royalties . . . . .						
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
			37,699				
		<b>b</b> Less rental expenses	0				
		<b>c</b> Rental income or (loss)	37,699				
	<b>d</b> Net rental income or (loss) . . . . .			37,699		37,699	
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			2,729,473	1,009,443			
		<b>b</b> Less cost or other basis and sales expenses	2,728,410	0			
		<b>c</b> Gain or (loss)	1,063	1,009,443			
	<b>d</b> Net gain or (loss) . . . . .			1,010,506		1,010,506	
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>					
	<b>b</b> Less direct expenses . . . . .	<b>b</b>					
<b>c</b> Net income or (loss) from fundraising events . . . . .							
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>						
<b>b</b> Less direct expenses . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities . . . . .							
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>						
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory . . . . .							
Miscellaneous Revenue	Business Code						
<b>11a</b> DESIGNATION COST RECOVERY	900099	751,809	751,809				
<b>b</b> MISCELLANEOUS INCOME	900099	14,036			14,036		
<b>c</b> _____							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .			765,845				
<b>12 Total revenue.</b> See Instructions . . . . .			87,943,800	867,638	0	1,858,118	

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	70,170,908	70,170,908		
<b>2</b> Grants and other assistance to domestic individuals See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	1,120,762	353,876	333,659	433,227
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	9,593,473	2,957,148	1,566,772	5,069,553
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	710,256	225,039	106,853	378,364
<b>9</b> Other employee benefits	723,469	236,637	103,319	383,513
<b>10</b> Payroll taxes	738,431	234,463	107,006	396,962
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management				
<b>b</b> Legal	25,000	5,459	10,388	9,153
<b>c</b> Accounting	114,950	26,542	77,724	10,684
<b>d</b> Lobbying	271,762	271,762		
<b>e</b> Professional fundraising services See Part IV, line 17	45,000			45,000
<b>f</b> Investment management fees	222,295	5,888	206,792	9,615
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	5,751,862	5,171,626	194,748	385,488
<b>12</b> Advertising and promotion	1,576,408	272,247	58,572	1,245,589
<b>13</b> Office expenses	398,993	128,882	82,674	187,437
<b>14</b> Information technology	9,644	2,714	2,498	4,432
<b>15</b> Royalties				
<b>16</b> Occupancy	360,480	100,810	97,026	162,644
<b>17</b> Travel	48,093	18,051	1,188	28,854
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	569,948	370,633	55,145	144,170
<b>20</b> Interest				
<b>21</b> Payments to affiliates	569,937	160,409	147,588	261,940
<b>22</b> Depreciation, depletion, and amortization	664,964	187,153	172,196	305,615
<b>23</b> Insurance				
<b>24</b> 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)				
<b>a</b> AWARDS AND SPONSORSHIPS	366,573	366,573		
<b>b</b> MISCELLANEOUS	281,715		14,326	267,389
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	94,334,923	81,266,820	3,338,474	9,729,629
<b>26</b> 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 IX

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	18,560,720	<b>1</b>	9,897,481
	<b>2</b> Savings and temporary cash investments . . . . .	8,149,979	<b>2</b>	6,273,435
	<b>3</b> Pledges and grants receivable, net . . . . .	63,289,265	<b>3</b>	57,451,995
	<b>4</b> Accounts receivable, net . . . . .	124,508	<b>4</b>	86,739
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> 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		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	154,174	<b>9</b>	116,415
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10,869,323		
	<b>b</b> Less accumulated depreciation	7,000,913		
	<b>11</b> Investments—publicly traded securities . . . . .	20,962,908	<b>11</b>	26,609,397
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	42,545,026	<b>12</b>	46,427,899
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11 . . . . .	2,179,136	<b>15</b>	2,535,929
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	158,666,636	<b>16</b>	153,267,700	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	1,599,467	<b>17</b>	2,186,150
	<b>18</b> Grants payable . . . . .	11,109,432	<b>18</b>	9,281,340
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> 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 . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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	997,165	<b>25</b>	219,799
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	13,706,064	<b>26</b>	11,687,289
<b>Net Assets or Fund Balances</b>	<b>27</b> <b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b> Unrestricted net assets	33,746,000	<b>27</b>	36,530,118
	<b>28</b> Temporarily restricted net assets . . . . .	81,869,298	<b>28</b>	72,301,073
	<b>29</b> Permanently restricted net assets	29,345,274	<b>29</b>	32,749,220
	<b>30</b> <b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds		<b>32</b>	
	<b>33</b> Total net assets or fund balances . . . . .	144,960,572	<b>33</b>	141,580,411
	<b>34</b> Total liabilities and net assets/fund balances . . . . .	158,666,636	<b>34</b>	153,267,700

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	87,943,800
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	94,334,923
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-6,391,123
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	144,960,572
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	2,309,413
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	701,549
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	141,580,411

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	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		
<b>2a</b>	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
<b>b</b>	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	
<b>c</b>	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	
<b>3a</b>	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	
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 41-1973442

**Name:** GREATER TWIN CITIES UNITED WAY

Form 990 (2016)

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**Form 990, Part III, Line 4a:**

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 GTCUW 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

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**Form 990, Part III, Line 4b:**

SAFETY NET - GTCUW STABILIZES FAMILIES IN CRISIS WITH EMERGENCY FOOD, SAFE SHELTER AND HOUSING SERVICES GTCUW PROVIDES SUPPORT TO PEOPLE EXPERIENCING DOMESTIC VIOLENCE AND PROVIDES 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

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**Form 990, Part III, Line 4c:**

DONOR DESIGNATIONS - CONTRIBUTIONS TO UNITED WAY THAT DONORS DIRECT TO SPECIFIC AGENCIES THERE WERE APPROXIMATELY 12,585 DONOR DESIGNATIONS TO 2,179 AGENCIES IN 2016

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Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										(D)	(E)	(F)
(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)						Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	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 (RESIGNED IN 2016)	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		



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			
MARK BROOKS ..... BOARD MEMBER	1 00 .....	X						0	0	0
LESLIE J CHAPMAN ..... 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

**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			
TRIXIEANN GOLBERG ..... BOARD MEMBER	1 00 .....	X						0	0	0
JOE GOTHARD ..... BOARD MEMBER	1 00 .....	X						0	0	0
JAMIE GULLEY ..... BOARD MEMBER	1 00 .....	X						0	0	0
DOUGLAS HEPPER ..... BOARD MEMBER	1 00 .....	X						0	0	0
WILLIAM HILL ..... BOARD MEMBER	1 00 .....	X						0	0	0
RON JAMES ..... BOARD MEMBER	1 00 .....	X						0	0	0
MARGARET KELLIHER ANDERSON ..... 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
STEPHANIE LILAK ..... BOARD MEMBER (RESIGNED IN 2016)	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			
SARENA S LIN ..... BOARD MEMBER	1 00 .....	X						0	0	0
NANCY E LINDAHL ..... 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
TOM MONTMINY ..... BOARD MEMBER	1 00 .....	X						0	0	0
KATE D MORTENSON ..... BOARD MEMBER	1 00 .....	X						0	0	0
KATHLYN NOECKER ..... BOARD MEMBER	1 00 .....	X						0	0	0
LAURIE B NORDQUIST ..... BOARD MEMBER	1 00 .....	X						0	0	0
TRAYCE PARKER ..... BOARD MEMBER	1 00 .....	X						0	0	0
JUDY POFERL ..... 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			
KIMBERLY F PRICE ..... BOARD MEMBER	1 00 .....	X						0	0	0
KAREN RICHARD ..... 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
JULIE SULLIVAN ..... BOARD MEMBER	1 00 .....	X						0	0	0
DARRELL THOMPSON ..... BOARD MEMBER	1 00 .....	X						0	0	0
ANDREW W TURNER ..... BOARD MEMBER	1 00 .....	X						0	0	0
MARNIE WELLS ..... BOARD MEMBER	1 00 .....	X						0	0	0
JOHN P WHALEY ..... 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			
PENNY WHEELER ..... 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
SRI ZAHEER ..... BOARD MEMBER	1 00 .....	X						0	0	0
SARAH CARUSO ..... PRESIDENT AND CEO	40 00 .....			X				396,231	0	54,095
CRAIG WARREN ..... CHIEF OPERATING OFFICER	40 00 .....			X				208,361	0	37,097
MEGHAN BARP ..... SVP COMMUNITY IMPACT	40 00 .....				X			196,088	0	20,267
BARBARA BEARD ..... SVP ADVANCEMENT	40 00 .....				X			182,296	0	26,327
FRANK FORSBERG ..... SVP SYSTEMS CHANGE & INNOVATION	40 00 .....					X		183,759	0	32,281

**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			
ROBERT POFERL ..... SVP WORKPLACE FUNDRAISING	40 00 .....					X		129,297	0	27,880
LISA KLEIN ..... SVP MARKETING AND COMMUNICATION _____	40 00 .....					X		136,604	0	18,745
ATHENA MIHAS ..... VP FINANCE	40 00 .....					X		138,444	0	16,323
COLLEEN FAHEY ..... VP MAJOR GIFTS	40 00 .....					X		129,967	0	20,184

**SCHEDULE A**  
**(Form 990 or 990EZ)**

**Public Charity Status and Public Support**

OMB No 1545-0047

**2016**

**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](http://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 12, 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university \_\_\_\_\_
- 10  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)
- 11  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12  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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
  - 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- 10 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		
<b>Total</b>						

**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, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant")	90,719,303	92,967,516	98,100,732	95,446,399	85,218,044	462,451,994
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4</b>	<b>Total.</b> Add lines 1 through 3	90,719,303	92,967,516	98,100,732	95,446,399	85,218,044	462,451,994
<b>5</b>	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)						18,766,595
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4						443,685,399

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>7</b>	Amounts from line 4	90,719,303	92,967,516	98,100,732	95,446,399	85,218,044	462,451,994
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	749,466	632,863	663,091	625,602	833,576	3,504,598
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b>	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )	1,155,537	1,237,382	916,623	842,696	765,845	4,918,083
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						470,874,675

**12** Gross receipts from related activities, etc (see instructions) **12** 698,030

**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** . . . . .

**Section C. Computation of Public Support Percentage**

<b>14</b>	Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	94.230%
<b>15</b>	Public support percentage for 2015 Schedule A, Part II, line 14	<b>15</b>	94.280%

**16a** **33 1/3% support test—2016.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

**b** **33 1/3% support test—2015.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

**17a** **10%-facts-and-circumstances test—2016.** 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 ▶

**b** **10%-facts-and-circumstances test—2015.** 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 ▶

**18** **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶



**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b>	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						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b>	Add lines 7a and 7b						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>9</b>	Amounts from line 6						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b>	Add lines 10a and 10b						
<b>11</b>	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14</b>	<b>First five years.</b> 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 <b>stop here</b> <span style="float: right;">► <input type="checkbox"/></span>						

**Section C. Computation of Public Support Percentage**

<b>15</b>	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b>	Public support percentage from 2015 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b>	Investment income percentage for <b>2016</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2015</b> Schedule A, Part III, line 17	<b>18</b>	
<b>19a</b>	<b>33 1/3% support tests—2016.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <span style="float: right;">► <input type="checkbox"/></span>		
<b>b</b>	<b>33 1/3% support tests—2015.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <span style="float: right;">► <input type="checkbox"/></span>		
<b>20</b>	<b>Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <span style="float: right;">► <input type="checkbox"/></span>		

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	<b>1</b>		
<b>2</b>	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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	<b>3a</b>		
<b>b</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 <b>Part VI</b> when and how the organization made the determination.		
	<b>3b</b>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
	<b>3c</b>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	<b>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	<b>4b</b>		
<b>c</b>	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 <b>Part VI</b> 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.		
	<b>4c</b>		
<b>5a</b>	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 <b>Part VI</b> , 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>5a</b>		
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	<b>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<b>6</b>	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
	<b>6</b>		
<b>7</b>	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	<b>7</b>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	<b>8</b>		
<b>9a</b>	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 <b>Part VI</b> .		
	<b>9a</b>		
<b>b</b>	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9b</b>		
<b>c</b>	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9c</b>		
<b>10a</b>	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	<b>10a</b>		
<b>b</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.)		
	<b>10b</b>		

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	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>b</b>	A family member of a person described in (a) above?		
<b>c</b>	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	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? <i>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.</i>		
<b>2</b>	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? <i>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.</i>		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	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)? <i>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).</i>		

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b>	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b>	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b>	Activities Test <b>Answer (a) and (b) below.</b>		
<b>a</b>	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? <i>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.</i>		
<b>b</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? <i>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.</i>		
<b>3</b>	Parent of Supported Organizations <b>Answer (a) and (b) below.</b>		
<b>a</b>	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? <i>Provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**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)
<b>1</b> Net short-term capital gain	<b>1</b>	
<b>2</b> Recoveries of prior-year distributions	<b>2</b>	
<b>3</b> Other gross income (see instructions)	<b>3</b>	
<b>4</b> Add lines 1 through 3	<b>4</b>	
<b>5</b> Depreciation and depletion	<b>5</b>	
<b>6</b> 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)	<b>6</b>	
<b>7</b> Other expenses (see instructions)	<b>7</b>	
<b>8 Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	

**Section B - Minimum Asset Amount**

	(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>	
<b>a</b> Average monthly value of securities	<b>1a</b>	
<b>b</b> Average monthly cash balances	<b>1b</b>	
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e Discount</b> claimed for blockage or other factors (explain in detail in Part VI)		
<b>2</b> Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b> Subtract line 2 from line 1d	<b>3</b>	
<b>4</b> Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b> Multiply line 5 by .035	<b>6</b>	
<b>7</b> Recoveries of prior-year distributions	<b>7</b>	
<b>8 Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	

**Section C - Distributable Amount**

		Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b> Enter 85% of line 1	<b>2</b>	
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b> Income tax imposed in prior year	<b>5</b>	
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in Part VI) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
<b>9</b> Distributable amount for 2016 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2016</b>	<b>(iii) Distributable Amount for 2016</b>
<b>1</b> Distributable amount for 2016 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2016			
<b>a</b>			
<b>b</b>			
<b>c</b> From 2013. . . . .			
<b>d</b> From 2014. . . . .			
<b>e</b> From 2015. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2016 distributable amount			
<b>i</b> Carryover from 2011 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2016 from Section D, line 7			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2016 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
<b>6</b> Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2017.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b>			
<b>b</b> Excess from 2013. . . . .			
<b>c</b> Excess from 2014. . . . .			
<b>d</b> Excess from 2015. . . . .			
<b>e</b> Excess from 2016. . . . .			

**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**

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

**Political Campaign and Lobbying Activities**

OMB No 1545-0047

**2016**

**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](http://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	<b>Employer identification number</b> 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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-
2				
3				
4				
5				
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

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grass roots lobbying)	104,877													
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying)	166,885													
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b)	271,762													
<b>d</b>	Other exempt purpose expenditures	80,995,058													
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d)	81,266,820													
<b>f</b>	Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f)	250,000													
<b>h</b>	Subtract line 1g from line 1a If zero or less, enter -0-	0													
<b>i</b>	Subtract line 1f from line 1c If zero or less, enter -0-	0													
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

**4-Year Averaging Period Under section 501(h)**

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

**Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					6,000,000
<b>c</b> Total lobbying expenditures	435,390	304,523	278,882	271,762	1,290,557
<b>d</b> Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
<b>f</b> Grassroots lobbying expenditures			68,705	104,877	173,582



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

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

	(a)		(b)
	Yes	No	Amount
<b>1</b> During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
<b>a</b> Volunteers?			
<b>b</b> Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
<b>c</b> Media advertisements?			
<b>d</b> Mailings to members, legislators, or the public?			
<b>e</b> Publications, or published or broadcast statements?			
<b>f</b> Grants to other organizations for lobbying purposes?			
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body?			
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
<b>i</b> Other activities?			
<b>j</b> Total Add lines 1c through 1i			
<b>2a</b> Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
<b>b</b> If "Yes," enter the amount of any tax incurred under section 4912			
<b>c</b> If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
<b>d</b> If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
<b>1</b> Were substantially all (90% or more) dues received nondeductible by members?	<b>1</b>	
<b>2</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<b>2</b>	
<b>3</b> Did the organization agree to carry over lobbying and political expenditures from the prior year?	<b>3</b>	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

<b>1</b> Dues, assessments and similar amounts from members	<b>1</b>
<b>2</b> Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).	
<b>a</b> Current year	<b>2a</b>
<b>b</b> Carryover from last year	<b>2b</b>
<b>c</b> Total	<b>2c</b>
<b>3</b> Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	<b>3</b>
<b>4</b> If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	<b>4</b>
<b>5</b> Taxable amount of lobbying and political expenditures (see instructions)	<b>5</b>

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

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

**Supplemental Financial Statements**

OMB No 1545-0047  
**2016**  
**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](http://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.

	(a) Donor advised funds	(b) Funds and other accounts
<b>1</b> Total number at end of year		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> 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?  Yes  No

**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?  Yes  No

**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)

Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

**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

	Held at the End of the Year
<b>a</b> Total number of conservation easements	<b>2a</b>
<b>b</b> Total acreage restricted by conservation easements	<b>2b</b>
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>
<b>d</b> Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	<b>2d</b>

**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?  Yes  No

**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)?  Yes  No

**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

**b** If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

**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

**a** Revenue included on Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

**b** Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" 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?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- |   | Amount |
|---|--------|
| <b>1c</b> Beginning balance             |        |
| <b>1d</b> Additions during the year     |        |
| <b>1e</b> Distributions during the year |        |
| <b>1f</b> Ending balance                |        |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . .

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .	47,021,210	44,685,575	43,383,510	34,244,875	32,328,541
<b>b</b> Contributions . . . . .	2,618,879	3,903,217	345,452	4,501,377	118,912
<b>c</b> Net investment earnings, gains, and losses	3,627,581	57,076	2,162,078	6,016,153	3,214,734
<b>d</b> Grants or scholarships . . . . .	1,566,498	1,624,658	1,205,465	1,378,895	1,417,312
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .	51,701,172	47,021,210	44,685,575	43,383,510	34,244,875

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 28 910 %
  - b** Permanent endowment ▶ 10 870 %
  - c** Temporarily restricted endowment ▶ 60 220 %
- 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
- |  |            |           |
|--|------------|-----------|
| <b>(i)</b> unrelated organizations . . . . . | <b>Yes</b> | <b>No</b> |
| <b>3a(i)</b>                                 | Yes        |           |
| <b>(ii)</b> related organizations . . . . .  |            | No        |
| <b>3a(ii)</b>                                |            | No        |
- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . **3b**
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .		33,083		33,083
<b>b</b> Buildings		7,783,365	5,490,848	2,292,517
<b>c</b> Leasehold improvements				
<b>d</b> Equipment . . . . .		3,052,875	1,510,065	1,542,810
<b>e</b> Other . . . . .				
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . . .				3,868,410

**Part VII Investments—Other Securities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .	5,665,140	F
(3) Other _____ (A) POOLED INVESTMENTS HELD BY THE MINNEAPOLIS FOUNDATION	10,179,399	F
(B) POOLED INVESTMENTS HELD BY THE SAINT PAUL FOUNDATION	30,583,360	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12 )	46,427,899	

**Part VIII Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13 )		

**Part IX Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15 )	

**Part X Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
PENSION LIABILITY	219,799
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	219,799

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

**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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	64,563,258
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	2,309,413
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	260
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII) . . . . .	<b>2d</b>	33,955
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	2,343,628
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	62,219,630
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII) . . . . .	<b>4b</b>	25,724,170
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	25,724,170
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12) . . . . .	<b>5</b>	87,943,800

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	68,577,177
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	260
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII) . . . . .	<b>2d</b>	
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	260
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	68,576,917
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII) . . . . .	<b>4b</b>	25,758,006
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	25,758,006
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18) . . . . .	<b>5</b>	94,334,923

**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
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 41-1973442

**Name:** GREATER TWIN CITIES UNITED WAY

## Supplemental 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

**Supplemental Information**

Return Reference	Explanation
PART X, LINE 2	UNITED WAY IS CLASSIFIED AS A TAX-EXEMPT ORGANIZATION UNDER MINNESOTA STATUTE 290 05 AND SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM PRIVATE FOUNDATION STATUS UNDER SECTION 509(A)(1) OF THE INTERNAL REVENUE CODE AND, AS SUCH, IS SUBJECT TO INCOME TAXES ONLY ON NET UNRELATED BUSINESS INCOME UNITED WAY DID NOT HAVE ANY UNRELATED BUSINESS INCOME FOR THE YEAR ENDED DECEMBER 31, 2016 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



## Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	CHANGE IN FAIR VALUE OF BENEFICIAL INTEREST IN CHARITABLE TRUSTS 33,955

# Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	DONOR DESIGNATED CONTRIBUTIONS FOR OTHER AGENCIES 25,758,006 LOSS ON DISPOSAL OF PROPERTY -33,836

## Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	DONOR DESIGNATED CONTRIBUTIONS FOR OTHER AGENCIES 25,758,006

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

Department of the Treasury  
Internal Revenue Service

## Supplemental Information Regarding Fundraising or Gaming Activities

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

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

OMB No 1545-0047

# 2016

**Open to Public Inspection**

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.
- |   |  |
|---|--|
| <p><b>a</b> <input checked="" type="checkbox"/> Mail solicitations</p> <p><b>b</b> <input checked="" type="checkbox"/> Internet and email solicitations</p> <p><b>c</b> <input checked="" type="checkbox"/> Phone solicitations</p> <p><b>d</b> <input checked="" type="checkbox"/> In-person solicitations</p> | <p><b>e</b> <input checked="" type="checkbox"/> Solicitation of non-government grants</p> <p><b>f</b> <input checked="" type="checkbox"/> Solicitation of government grants</p> <p><b>g</b> <input checked="" type="checkbox"/> Special fundraising events</p> |
|---|--|
- 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	1,720,000	45,000	1,675,000
2						
3						
4						
5						
6						
7						
8						
9						
10						
<b>Total</b>				1,720,000	45,000	1,675,000

**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.

Revenue		(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	<b>1</b> Gross receipts . . . . .				
	<b>2</b> Less Contributions . . . . .				
	<b>3</b> Gross income (line 1 minus line 2) . . . . .				
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .				
	<b>7</b> Food and beverages . . . . .				
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .				
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				
<b>11</b> 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.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		<b>1</b> Gross revenue . . . . .			
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
Revenue	<b>6</b> 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	
	<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶				
	<b>8</b> 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
- |          |                             |            |         |
|----------|-----------------------------|------------|---------|
| <b>a</b> | The organization's facility | <b>13a</b> | _____ % |
| <b>b</b> | An outside facility         | <b>13b</b> | _____ % |
- 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

**Schedule I  
(Form 990)**  
  
Department of the  
Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments and Individuals in the United States**  
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.  
▶ Attach to Form 990.  
▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047  
**2016**  
**Open to Public  
Inspection**

Name of the organization  
GREATER TWIN CITIES UNITED WAY

Employer identification number  
41-1973442

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

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

(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
--	---------	-------------------------------	--------------------------	-----------------------------------	---	--	------------------------------------

See Additional Data Table

(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ \_\_\_\_\_ 198

**3** Enter total number of other organizations listed in the line 1 table ▶ \_\_\_\_\_

**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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

**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. NONPROFIT AGENCIES MUST PROVIDE ANNUAL REPORTS ON USE OF FUNDS AND MUST BE IN COMPLIANCE WITH AGREED UPON TERMS AND CONDITIONS OF FUNDING AGREEMENTS. THE UNITED WAY BOARD OF DIRECTORS AND ITS COMMUNITY IMPACT COMMITTEES APPROVE THE GRANT-MAKING PROCESS, RFP PROCESS AND APPROVE FINAL DECISIONS ON GRANT AWARDS.



**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.**

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
180 DEGREES 236 CLIFTON AVE S MINNEAPOLIS, MN 55403	23-7153536	501(C)(3)	51,451				PROGRAM OPERATING COSTS
360 COMMUNITIES 501 E HWY 13 STE 102 BURNSVILLE, MN 553372877	41-0987708	501(C)(3)	190,810				PROGRAM OPERATING COSTS
ACCESSABILITY INC 360 HOOVER ST NORTHEAST MINNEAPOLIS, MN 554132940	41-0735909	501(C)(3)	315,000				PROGRAM OPERATING COSTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ACCESSIBLE SPACE INC 2550 UNIVERSITY AVE WEST ST PAUL, MN 551141085	41-1330242	501(C)(3)	25,000				PROGRAM OPERATING COSTS
ACHIEVEMPLS 111 THIRD AVE S STE 5 MINNEAPOLIS, MN 55401	41-1425264	501(C)(3)	134,101				PROGRAM OPERATING COSTS
ADVOCATES FOR HUMAN RIGHTS 330 SECOND AVE S STE 800 MINNEAPOLIS, MN 55401	36-3292374	501(C)(3)	50,000				PROGRAM OPERATING COSTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AIN DAH YUNG OUR HOME CENTER 1089 PORTLAND AVENUE ST PAUL, MN 55104	41-1697692	501(C)(3)	115,500				PROGRAM OPERATING COSTS
ALEXANDRA HOUSE INC PO BOX 490039 BLAINE, MN 554490039	41-1309977	501(C)(3)	275,574				PROGRAM OPERATING COSTS
AMERICAN INDIAN OIC INC 1845 EAST FRANKLIN AVE MINNEAPOLIS, MN 554044062	41-1365561	501(C)(3)	275,000				PROGRAM OPERATING COSTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMHERST H WILDER FOUNDATION ATTN CONNIE CLAY 451 LEXINGTON PKWY N ST PAUL, MN 55104	41-0693889	501(C)(3)	499,002				PROGRAM OPERATING COSTS
ANNEX TEEN CLINIC 5810 42ND AVE N ROBBINSDALE, MN 554221730	23-7236943	501(C)(3)	60,000				PROGRAM OPERATING COSTS
ANOKA COUNTY COMMUNITY ACTION INC 1201 NORTH 89TH AVE STE 345 BLAINE, MN 554343346	41-6048575	501(C)(3)	152,000				PROGRAM OPERATING COSTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ARC GREATER TWIN CITIES 2446 UNIVERSITY AVE W STE 110 ST PAUL, MN 55114	41-0782848	501(C)(3)	318,586				PROGRAM OPERATING COSTS
ASIAN WOMEN UNITED OF MINNESOTA PO BOX 6223 MINNEAPOLIS, MN 55406	41-1801991	501(C)(3)	37,500				PROGRAM OPERATING COSTS
ATHLETES COMMITTED TO EDUCATING STUDENTS 1115 EAST HENNEPIN AVE MINNEAPOLIS, MN 554142321	41-1789659	501(C)(3)	100,000				PROGRAM OPERATING COSTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AVENUES FOR HOMELESS YOUTH 1708 OAK PARK AVE NORTH MINNEAPOLIS, MN 55411	41-1765140	501(C)(3)	137,000				PROGRAM OPERATING COSTS
BABY'S SPACE A PLACE TO GROW 2438 18TH AVE S MINNEAPOLIS, MN 55404	20-4502788	501(C)(3)	190,000				PROGRAM OPERATING COSTS
BANYAN COMMUNITY 2529 13TH AVE S MINNEAPOLIS, MN 55404	41-1922813	501(C)(3)	75,000				PROGRAM OPERATING COSTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BIG BROTHERS BIG SISTERS OF GREATER TWIN CITIES 2550 UNIVERSITY AVE STE 410N ST PAUL, MN 55114	32-0017737	501(C)(3)	475,000				PROGRAM OPERATING COSTS
BLOOMINGTON DIVISION OF PUBLIC HEALTH 1900 W OLD SHAKOPEE ROAD BLOOMINGTON, MN 55431	41-6004990	GOVERNMENTAL UNIT	22,000				PROGRAM OPERATING COSTS
BLOOMINGTON SCHOOLS ISD 271 1350 106TH ST WEST BLOOMINGTON, MN 55431	41-6001463	GOVERNMENTAL UNIT	252,424				PROGRAM OPERATING COSTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BREAKTHROUGH TWIN CITIES 2051 LARPEN TEUR AVE E ST PAUL, MN 55109	45-3587267	501(C)(3)	100,000				PROGRAM OPERATING COSTS
BROOKLYN BRIDGE ALLIANCE FOR YOUTH 6150 SUMMIT DRIVE NORTH BROOKLYN CENTER, MN 55443	41-6008804	501(C)(3)	40,000				PROGRAM OPERATING COSTS
BROOKLYN CENTER SCHOOLS ISD 286 6500 HUMBOLDT AVE NORTH BROOKLYN CENTER, MN 554301897	41-6009038	GOVERNMENTAL UNIT	35,000				PROGRAM OPERATING COSTS



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
BURNSVILLE SCHOOL DISTRICT 151 100 RIVER RIDGE COURT BURNSVILLE, MN 55337	41-6000802	GOVERNMENTAL UNIT	5,000				PROGRAM OPERATING COSTS
CAMP FIRE USA MINNESOTA COUNCIL 4829 MINNETONKA BLVD STE 202 ST LOUIS PARK, MN 55416	41-0706116	501(C)(3)	150,000				PROGRAM OPERATING COSTS
CANVAS HEALTH 7066 NORTH STILLWATER BLVD OAKDALE, MN 55128	41-0955577	501(C)(3)	88,500				PROGRAM OPERATING COSTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
CAPI USA 3702 E LAKE ST STE 200 MINNEAPOLIS, MN 55406	41-1417198	501(C)(3)	87,000				PROGRAM OPERATING COSTS
CARVER COUNTY COMMUNITY SOCIAL SERVICES 602 EAST FOURTH ST CHASKA, MN 55318	41-6005768	GOVERNMENTAL UNIT	52,863				PROGRAM OPERATING COSTS
CASA DE ESPERANZA PO BOX 40115 ST PAUL, MN 55104	41-1414710	501(C)(3)	262,113				PROGRAM OPERATING COSTS

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

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CATHOLIC CHARITIES 1200 SECOND AVE SOUTH MINNEAPOLIS, MN 554032500	41-1302487	501(C)(3)	1,266,564				PROGRAM OPERATING COSTS
CENTER FOR VICTIMS OF TORTURE 2356 UNIVERSITY AVE W STE 430 ST PAUL, MN 55114	36-3383933	501(C)(3)	67,000				PROGRAM OPERATING COSTS
CENTRO TYRONE GUZMAN 1915 CHICAGO AVE SOUTH MINNEAPOLIS, MN 554041904	41-1290349	501(C)(3)	468,463				PROGRAM OPERATING COSTS

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CHILDREN'S DEFENSE FUND MN 555 PARK STREET STE 410 ST PAUL, MN 55103	52-0895622	501(C)(3)	100,000				PROGRAM OPERATING COSTS
CHRISTIANS REACHING OUT IN SOCIAL SERVICE 12915 WEINAND CIRCLE ROGERS, MN 55374	41-1314577	501(C)(3)	67,500				PROGRAM OPERATING COSTS
CITY OF MINNEAPOLIS PO BOX 77038 MINNEAPOLIS, MN 55480	41-6005375	GOVERNMENTAL UNIT	15,000				PROGRAM OPERATING COSTS

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COLLEGE POSSIBLE 540 FAIRVIEW AVE N STE 304 ST PAUL, MN 55104	41-1968798	501(C)(3)	314,199				PROGRAM OPERATING COSTS
COMMONBOND COMMUNITIES 1080 MONTREAL AVENUE ST PAUL, MN 55116	41-1260469	501(C)(3)	273,603				PROGRAM OPERATING COSTS
COMMUNITY EMERGENCY ASSISTANCE PROGRAM 7051 BROOKLYN BLVD BROOKLY CENTER, MN 55429	41-0990340	501(C)(3)	133,578				PROGRAM OPERATING COSTS

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COMMUNITY EMERGENCY SERVICES 1900 SOUTH 11TH AVE MINNEAPOLIS, MN 55404	41-1728341	501(C)(3)	25,000				PROGRAM OPERATING COSTS
COMMUNITY PARTNERS WITH YOUTH 1900 SEVENTH ST NW NEW BRIGHTON, MN 55112	41-1952012	501(C)(3)	50,000				PROGRAM OPERATING COSTS
COMUNIDADES LATINAS UNIDAS EN SERVICIO INC 797 EAST SEVENTH ST ST PAUL, MN 551065014	41-1386986	501(C)(3)	413,950				PROGRAM OPERATING COSTS

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CONSERVATION CORPS OF MINNESOTA & IOWA 60 PLATO BLVD E STE 210 ST PAUL, MN 55107	41-1881102	501(C)(3)	50,000				PROGRAM OPERATING COSTS
CONSTRUCTION CAREERS FOUNDATION C/O MN MECHANICAL CONTRACTORS ASSN 830 TRANSFER RD STE 1A ST PAUL, MN 55114	16-1777355	501(C)(3)	-25,000				PROGRAM OPERATING COSTS
CORNERSTONE ADVOCACY SERVICES 1000 EAST 80TH ST BLOOMINGTON, MN 554201424	41-1476268	501(C)(3)	232,536				PROGRAM OPERATING COSTS

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COURAGE KENNY FOUNDATION 3915 GOLDEN VALLEY ROAD GOLDEN VALLEY, MN 554229958	41-0706118	501(C)(3)	546,500				PROGRAM OPERATING COSTS
DAKOTA COUNTY COMMUNITY SERVICES 1 MENDOTA ROAD WEST STE 300 WEST ST PAUL, MN 55118	23-7181360	GOVERNMENTAL UNIT	37,500				PROGRAM OPERATING COSTS
DAKOTA COUNTY SOCIAL SERVICE DBA METRO ALLIANCE FOR HEALTH FAMILIES 1 MENDOTA RD W STE 400 WEST ST PAUL, MN 551184773	41-6005786	GOVERNMENTAL UNIT	500,000				PROGRAM OPERATING COSTS



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DARTS 1645 MARTHALER LANE WEST ST PAUL, MN 551183517	41-1326631	501(C)(3)	173,688				PROGRAM OPERATING COSTS
DIVISION OF INDIAN WORK OF THE GR MPLS COUNCIL 1001 EAST LAKE ST MINNEAPOLIS, MN 554070509	41-0693933	501(C)(3)	262,500				PROGRAM OPERATING COSTS
DOMESTIC ABUSE PROJECT 204 WEST FRANKLIN AVE MINNEAPOLIS, MN 554042398	41-1356278	501(C)(3)	323,831				PROGRAM OPERATING COSTS

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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)	277,500				PROGRAM OPERATING COSTS
EBENEZER SOCIETY FOUNDATION 2722 PARK AVE MINNEAPOLIS, MN 55407	41-1378656	501(C)(3)	21,250				PROGRAM OPERATING COSTS

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EDVISIONS SCHOOLS INC C/O HIGHER GROUND ACADEMY 1381 MARSHALL AVE ST PAUL, MN 55104	41-1983677	501(C)(3)	50,000				PROGRAM OPERATING COSTS
EMERGE COMMUNITY DEVELOPEMENT 1101 WEST BROADWAY AVENUE MINNEAPOLIS, MN 554112570	41-1277423	501(C)(3)	489,000				PROGRAM OPERATING COSTS
EMMA NORTON SERVICES 670 NORTH ROBERT ST ST PAUL, MN 55101	41-0859485	501(C)(3)	56,500				PROGRAM OPERATING COSTS

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FACE TO FACE HEALTH & COUNSELING SERVICE 1165 ARCADE ST ST PAUL, MN 55106	41-0986780	501(C)(3)	310,000				PROGRAM OPERATING COSTS
FAMILY MEANS 1875 NORTHWESTERN AVENUE S STILLWATER, MN 55082	41-6045574	501(C)(3)	129,572				PROGRAM OPERATING COSTS
FAMILY PATHWAYS 6413 OAK STREET NORTH BRANCH, MN 55056	41-1332828	501(C)(3)	243,000				PROGRAM OPERATING COSTS

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FAMILYWISE 3036 UNIVERSITY AVE SE MINNEAPOLIS, MN 55414	41-1343909	501(C)(3)	225,000				PROGRAM OPERATING COSTS
FRIENDS OF THE SAINT PAUL LIBRARY 325 CEDAR ST STE 555 ST PAUL, MN 55101	41-6029683	501(C)(3)	132,500				PROGRAM OPERATING COSTS
GIRL SCOUTS OF MN AND WI RIVER VALLEYS 400 S ROBERT ST ST PAUL, MN 55107	41-0693910	501(C)(3)	440,000				PROGRAM OPERATING COSTS

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GOODWILL INDUSTRIES INC DBA GOODWILL/EASTER SEALS 553 FAIRVIEW AVE N ST PAUL, MN 551041708	41-0706171	501(C)(3)	391,300				PROGRAM OPERATING COSTS
GREATER MINNEAPOLIS CRISIS NURSERY 4544 4TH AVE S MINNEAPOLIS, MN 55419	41-1379021	501(C)(3)	217,500				PROGRAM OPERATING COSTS
GREATER MPLS COUNCIL OF CHURCHES 1001 EAST LAKE ST MINNEAPOLIS, MN 554070509	41-0693933	501(C)(3)	34,000				PROGRAM OPERATING COSTS

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GUILD INCORPORATED 130 WABASHA ST STE 90 ST PAUL, MN 551071819	41-1669233	501(C)(3)	110,000				PROGRAM OPERATING COSTS
HALLIE Q BROWN COMMUNITY CENTER INC 270 KENT ST NORTH ST PAUL, MN 551021744	41-0693846	501(C)(3)	176,321				PROGRAM OPERATING COSTS
HEADWAY EMOTIONAL HEALTH SERVICES 6425 NICOLLET AVE SOUTH RICHFIELD, MN 55423	41-0962511	501(C)(3)	75,000				PROGRAM OPERATING COSTS

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HENNEPIN HEALTH FOUNDATION 701 PARK AVE LSB3 MINNEAPOLIS, MN 55415	41-0845733	501(C)(3)	774,970				PROGRAM OPERATING COSTS
HIRED 1200 PLYMOUTH AVE N MINNEAPOLIS, MN 554114085	41-6078344	501(C)(3)	421,000				PROGRAM OPERATING COSTS
HMONG AMERICAN PARTNERSHIP 1075 ARCADE ST ST PAUL, MN 55106	41-1667580	501(C)(3)	52,500				PROGRAM OPERATING COSTS



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HOME FREE BATTERED WOMEN'S SERVICES 3405 E MEDICINE LAKE BLVD PLYMOUTH, MN 554412396	41-0693952	501(C)(3)	25,000				PROGRAM OPERATING COSTS
HOPE 4 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)	37,137				PROGRAM OPERATING COSTS

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HUNGER SOLUTIONS 555 PARK STREET STE 400 ST PAUL, MN 55103	36-3567366	501(C)(3)	15,000				PROGRAM OPERATING COSTS
IGNITE AFTERSCHOOL 970 RAYMOND AVE STE 204 ST PAUL, MN 55414	47-4834387	501(C)(3)	50,000				PROGRAM OPERATING COSTS
IMMIGRANT LAW CENTER OF MINNESOTA 450 SYNDICATE ST N STE 175 ST PAUL, MN 55104	41-0909036	501(C)(3)	155,147				PROGRAM OPERATING COSTS

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INDIAN HEALTH BOARD OF MINNEAPOLIS 1315 EAST 24TH ST MINNEAPOLIS, MN 554043959	41-0977740	501(C)(3)	142,764				PROGRAM OPERATING COSTS
INTERCONGREGATION COMMUNITIES ASSOCIATION 12990 ST DAVIDS RD MINNETONKA, MN 55305	41-0979010	501(C)(3)	115,000				PROGRAM OPERATING COSTS
INTERFAITH ACTION OF GREATER SAINT PAUL 1671 SUMMIT AVE ST PAUL, MN 551051884	41-0694741	501(C)(3)	210,000				PROGRAM OPERATING COSTS

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INTERFAITH OUTREACH & COMMUNITY PARTNERS 1605 CO ROAD 101N PLYMOUTH, MN 55447	36-3482724	501(C)(3)	95,000				PROGRAM OPERATING COSTS
INTERNATIONAL INSTITUTE OF MINNESOTA 1694 COMO AVE ST PAUL, MN 551082784	41-0693912	501(C)(3)	516,046				PROGRAM OPERATING COSTS
INVER HILL COMMUNITY COLLEGE 2500 EAST 80TH ST INVER GROVE HEIGHTS, MN 55076	41-1410445	501(C)(3)	95,760				PROGRAM OPERATING COSTS

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ISD 279 OSSEO 11200 93RD AVENUE NORTH MAPLE GROVE, MN 55369	41-1705060	GOVERNMENTAL UNIT	236,208				PROGRAM OPERATING COSTS
ISD 625 SPPS 360 COLBORNE ST PAUL, MN 55103	41-0901311	GOVERNMENTAL UNIT	426,251				PROGRAM OPERATING COSTS
JEWISH COMMUNITY CENTER OF ST PAUL 1375 ST PAUL AVE ST PAUL, MN 551162798	41-0698596	501(C)(3)	59,614				PROGRAM OPERATING COSTS

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JEWISH FAMILY & CHILDREN'S SERVICES OF MPLS 13100 WAYZATA BLVD STE 400 MINNETONKA, MN 55305	41-0693860	501(C)(3)	308,778				PROGRAM OPERATING COSTS
JEWISH FAMILY SERVICE OF ST PAUL 1633 WEST SEVENTH ST ST PAUL, MN 55102	41-0694697	501(C)(3)	210,000				PROGRAM OPERATING COSTS
JOYCE PRESCHOOL 1219 WEST 31ST STREET MINNEAPOLIS, MN 55408	81-0594016	501(C)(3)	90,000				PROGRAM OPERATING COSTS

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KAREN ORG OF MN 2353 RICE STREET STE 240 ROSEVILLE, MN 55113	30-0438142	501(C)(3)	65,000				PROGRAM OPERATING COSTS
KEYSTONE COMMUNITY SERVICES 2000 ST ANTHONY AVE ST PAUL, MN 551045199	41-0693924	501(C)(3)	766,226				PROGRAM OPERATING COSTS
KWANZAA COMMUNITY CHURCH 3700 BRYANT AVE N MINNEAPOLIS, MN 55412	27-0031853	501(C)(3)	70,000				PROGRAM OPERATING COSTS

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LA OPORTUNIDAD INC 2700 E LAKE ST STE 3200 MINNEAPOLIS, MN 55406	36-3537919	501(C)(3)	99,000				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 7954 UNIVERSITY AVE FRIDLEY, MN 55432	41-1354967	501(C)(3)	51,400				PROGRAM OPERATING COSTS



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LIFETRACK RESOURCES 709 UNIVERSITY AVE WEST ST PAUL, MN 551044804	41-0874507	501(C)(3)	1,271,833				PROGRAM OPERATING COSTS
LIVING WELL DISABILITY SERVICES 680 ONEILL DRIVE EAGAN, MN 551211535	23-7181360	501(C)(3)	78,875				PROGRAM OPERATING COSTS
LOAVES & FISHES TOO 1121 JACKSON STREET NE STE 143 MINNEAPOLIS, MN 55413	41-1421522	501(C)(3)	71,500				PROGRAM OPERATING COSTS

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LUTHERAN SOCIAL SERVICE OF MN 2485 COMO AVE ST PAUL, MN 55108	41-0872993	501(C)(3)	455,750				PROGRAM OPERATING COSTS
MENTAL HEALTH ASSOCIATION OF MN 2233 UNIVERSITY AVE W STE 424 ST PAUL, MN 55114	41-0722639	501(C)(3)	64,525				PROGRAM OPERATING COSTS
MERRICK COMMUNITY SERVICES 965 PAYNE AVE STE 300 ST PAUL, MN 55130	41-0693851	501(C)(3)	224,407				PROGRAM OPERATING COSTS

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MID-MINNESOTA LEGAL ASSISTANCE 430 FIRST AVE N STE 300 MINNEAPOLIS, MN 554011780	41-1412710	501(C)(3)	461,763				PROGRAM OPERATING COSTS
MIDWEST SPECIAL SERVICES 900 OCEAN ST ST PAUL, MN 551063447	41-0746072	501(C)(3)	100,000				PROGRAM OPERATING COSTS
MINNEAPOLIS AMERICAN INDIAN CENTER 1530 FRANKLIN AVE EAST MINNEAPOLIS, MN 554042136	41-0966005	501(C)(3)	92,619				PROGRAM OPERATING COSTS

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<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MINNEAPOLIS PUBLIC SCHOOL 1250 W BROADWAY AVE MINNEAPOLIS, MN 55411	41-1972445	GOVERNMENTAL UNIT	360,000				PROGRAM OPERATING COSTS
MINNEAPOLIS URBAN LEAGUE 2100 PLYMOUTH AVE NORTH MINNEAPOLIS, MN 55411	41-0706915	501(C)(3)	180,000				PROGRAM OPERATING COSTS
MINNEAPOLIS YOUTH COORDINATING BOARD 330 SECOND AVENUE SOUTH 540 MINNEAPOLIS, MN 55401	41-1566656	501(C)(3)	59,000				PROGRAM OPERATING COSTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MINNESOTA COUNCIL ON CRIME & JUSTICE 822 SOUTH THIRD ST STE 100 MINNEAPOLIS, MN 554151252	41-0798280	501(C)(3)	50,000				PROGRAM OPERATING COSTS
MINNESOTA INDIAN WOMEN'S RESOURCE CENTER 2300 15TH AVE SOUTH MINNEAPOLIS, MN 554043935	41-1500950	501(C)(3)	128,914				PROGRAM OPERATING COSTS
MN COUNCIL ON FOUNDATIONS 800 WASHINGTON AVE N STE 703 MINNEAPOLIS, MN 55401	41-1269275	501(C)(3)	101,540				PROGRAM OPERATING COSTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MN DEPARTMENT OF LABOR 443 LAFAYETTE ROAD ST PAUL, MN 55155	41-6007162	GOVERNMENTAL UNIT	260,800				PROGRAM OPERATING COSTS
MNAEYC-MCSACA 2610 UNIVERSITY AVE W STE 425 ST PAUL, MN 55114	23-7279931	501(C)(3)	200,936				PROGRAM OPERATING COSTS
MODEL CITIES OF ST PAUL INC 1821 UNIVERSITY AVE W STE N461 ST PAUL, MN 55104	41-1687873	501(C)(3)	230,000				PROGRAM OPERATING COSTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
MOMENTUM ENTERPRISES 1179 15TH AVE SE MINNEAPOLIS, MN 55414	23-7098388	501(C)(3)	205,000				PROGRAM OPERATING COSTS
MONTESSORI TRAINING CENTER OF MN 1611 AMES AVE ST PAUL, MN 55106	41-1361913	501(C)(3)	185,000				PROGRAM OPERATING COSTS
NEIGHBORHOOD HEALTHSOURCE INC 3300 FREMONT AVE NORTH MINNEAPOLIS, MN 554122499	41-1235064	501(C)(3)	181,750				PROGRAM OPERATING COSTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NEIGHBORHOOD HOUSE PAUL AND SHEILA WELLSTONE CTR 179 ROBIE ST E ST PAUL, MN 551072360	41-0693916	501(C)(3)	533,957				PROGRAM OPERATING COSTS
NEIGHBORS INC 222 GRAND AVE W SOUTH ST PAUL, MN 55075	41-1360294	501(C)(3)	99,000				PROGRAM OPERATING COSTS
NETWORK FOR THE DEVELOPMENT OF CHILDREN OF AFRICAN DESCENT 655 N FAIRVIEW AVE ST PAUL, MN 55104	41-1936394	501(C)(3)	175,000				PROGRAM OPERATING COSTS



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<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NEW LENS URBAN MENTORING SOCIETY INC 991 SELBY AVE W ST PAUL, MN 55104	47-4050244	501(C)(3)	87,500				PROGRAM OPERATING COSTS
NORTH METRO PEDIATRICS 10081 DOGWOOD ST NW COON RAPIDS, MN 55448	20-1773869	501(C)(3)	34,000				PROGRAM OPERATING COSTS
NORTHERN STAR COUNCIL BOY SCOUTS OF AMERICA 393 MARSHALL AVENUE ST PAUL, MN 55102	20-3000282	501(C)(3)	247,908				PROGRAM OPERATING COSTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
NORTHPOINT HEALTH & WELLNESS CENTER INC 1315 PENN AVE N MINNEAPOLIS, MN 554113047	20-0898277	501(C)(3)	160,000				PROGRAM OPERATING COSTS
NORTHSIDE ACHIEVEMENT ZONE 2123 W BROADWAY AVE STE 100 MINNEAPOLIS, MN 55411	30-0238807	501(C)(3)	100,000				PROGRAM OPERATING COSTS
OASIS FOR YOUTH 2200 W OLD SHAKOPEE RD BLOOMINGTON, MN 55431	45-3683785	501(C)(3)	22,000				PROGRAM OPERATING COSTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
OPEN CITIES HEALTH CENTER 409 NORTH DUNLAP ST ST PAUL, MN 55104	36-3381598	501(C)(3)	32,000				PROGRAM OPERATING COSTS
OPPORTUNITY PARTNERS INC 5500 OPPORTUNITY COURT MINNETONKA, MN 553439093	41-0737221	501(C)(3)	81,273				PROGRAM OPERATING COSTS
PARMLY LIFEPOINTES 28210 OLD TOWNE ROAD CHISAGO, MN 55013	41-1568278	501(C)(3)	25,000				PROGRAM OPERATING COSTS

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<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PARTNERSHIP ACADEMY 305 EAST 77TH STREET RICHFIELD, MN 55423	01-0701608	501(C)(3)	41,668				PROGRAM OPERATING COSTS
PEOPLE INCORPORATED 2060 CENTRE POINTE BLVD STE 3 ST PAUL, MN 55120	41-0962296	501(C)(3)	474,050				PROGRAM OPERATING COSTS
PEOPLE RESPONDING IN SOCIAL MINISTRY 730 FLORIDA AVE S GOLDEN VALLEY, MN 55426	41-1442049	501(C)(3)	50,000				PROGRAM OPERATING COSTS

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PERSPECTIVES INC 3381 GORHAM AVE ST LOUIS PARK, MN 554261074	41-1288300	501(C)(3)	169,500				PROGRAM OPERATING COSTS
PHYLLIS WHEATLEY COMMUNITY CENTER 1301 TENTH AVE N MINNEAPOLIS, MN 55411	41-0706132	501(C)(3)	248,775				PROGRAM OPERATING COSTS
PILLSBURY UNITED COMMUNITIES 125 W BROADWAY STE 130 MINNEAPOLIS, MN 55411	41-0916478	501(C)(3)	1,679,927				PROGRAM OPERATING COSTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PLYMOUTH CHRISTIAN YOUTH CENTER 2210 OLIVER AVE NORTH MINNEAPOLIS, MN 554111878	41-0794440	501(C)(3)	275,000				PROGRAM OPERATING COSTS
PORTICO HEALTHNET 1600 UNIVERSITY AVE W 211 ST PAUL, MN 551043825	41-1814659	501(C)(3)	327,175				PROGRAM OPERATING COSTS
PREPARE AND PROSPER 2610 UNIVERSITY AVE W STE 450 ST PAUL, MN 55114	23-7131829	501(C)(3)	1,500				PROGRAM OPERATING COSTS

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<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
PROJECT FOR PRIDE IN LIVING INC 1035 EAST FRANKLIN AVE MINNEAPOLIS, MN 554042920	23-7232208	501(C)(3)	757,198				PROGRAM OPERATING COSTS
PROJECT SUCCESS 1 GROVELAND TER 300 MINNEAPOLIS, MN 55403	41-1837278	501(C)(3)	70,000				PROGRAM OPERATING COSTS
READING PARTNERS 180 GRAND AVE OAKLAND, CA 94612	77-0568469	501(C)(3)	250,000				PROGRAM OPERATING COSTS

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RESOURCE INC 1900 CHICAGO AVE MINNEAPOLIS, MN 554041903	41-0828779	501(C)(3)	747,142				PROGRAM OPERATING COSTS
RISE INC 8406 SUNSET ROAD NORTHEAST SPRING LAKE PARK, MN 554321317	41-0972476	501(C)(3)	98,638				PROGRAM OPERATING COSTS
RONDO AVENUE INCORPORATED 1360 UNIVERSITY AVE STE 140 ST PAUL, MN 55104	41-1439087	501(C)(3)	62,500				PROGRAM OPERATING COSTS



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SABATHANI COMMUNITY CENTER INC 310 EAST 38TH ST MINNEAPOLIS, MN 554091300	41-0984859	501(C)(3)	319,538				PROGRAM OPERATING COSTS
SALVATION ARMY 2445 PRIOR AVE NORTH ROSEVILLE, MN 551132714	41-0698597	501(C)(3)	425,473				PROGRAM OPERATING COSTS
SCIENCE MUSEUM OF MINNESOTA 120 W KELLOGG BLVD ST PAUL, MN 55102	41-0706172	501(C)(3)	200,000				PROGRAM OPERATING COSTS

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SCOTT-CARVER-DAKOTA CAP AGENCY INC 712 CANTERBURY ROAD SOUTH SHAKOPEE, MN 553791840	41-0903890	501(C)(3)	328,252				PROGRAM OPERATING COSTS
SECOND HARVEST HEARTLAND 1140 GERVAIS AVE MAPLEWOOD, MN 551092042	23-7417654	501(C)(3)	245,000				PROGRAM OPERATING COSTS
SENIOR COMMUNITY SERVICES 10201 WAYZATA BLVD STE 335 MINNETONKA, MN 55305	41-0720473	501(C)(3)	235,996				PROGRAM OPERATING COSTS

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SERVEMINNESOTA 120 SOUTH 6TH STREET STE 2260 MINNEAPOLIS, MN 55402	41-2010058	501(C)(3)	847,563				PROGRAM OPERATING COSTS
SHARING KORNER 439 THOMAS AVE ST PAUL, MN 55103	41-1631989	501(C)(3)	12,500				PROGRAM OPERATING COSTS
SIMPSON HOUSING SERVICES INC 2100 PILLSBURY AVE S MINNEAPOLIS, MN 55404	41-1759477	501(C)(3)	242,500				PROGRAM OPERATING COSTS

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SOJOURNER PROJECT INC PO BOX 272 HOPKINS, MN 553438863	41-1363580	501(C)(3)	50,000				PROGRAM OPERATING COSTS
SOLID GROUND 3521 CENTURY AVENUE NORTH WHITE BEAR LAKE, MN 551105689	36-3578158	501(C)(3)	56,979				PROGRAM OPERATING COSTS
SOMALI SUCCESS SCHOOL 614 E GRANT STREET MINNEAPOLIS, MN 55404	20-3021208	501(C)(3)	75,000				PROGRAM OPERATING COSTS

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SOUTHEAST ASIAN REFUGE CMTY HOME 1113 E FRANKLIN AVE STE 212 MINNEAPOLIS, MN 554042922	41-1729008	501(C)(3)	35,000				PROGRAM OPERATING COSTS
SOUTHERN MN REGIONAL LEGAL SVC INC ALLIANCE BANK BUILDING 55 E 5TH ST STE 1000 ST PAUL, MN 55101	41-1316151	501(C)(3)	255,072				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

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SOUTHSIDE FAMILY NURTURING CENTER 2448 SOUTH 18TH ST MINNEAPOLIS, MN 554044048	41-1274177	501(C)(3)	275,000				PROGRAM OPERATING COSTS
SPPS FOUNDATION 101 E 5TH STREET STE 2400 ST PAUL, MN 55101	41-1824107	501(C)(3)	73,854				PROGRAM OPERATING COSTS
ST DAVID'S SCHOOL FOR CHILD DEVELOPMENT 3395 PLYMOUTH ROAD MINNETONKA, MN 55305	41-1429208	501(C)(3)	150,500				PROGRAM OPERATING COSTS

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ST MARY'S HEALTH CLINICS 1884 RANDOLPH AVE ST PAUL, MN 55105	41-1760632	501(C)(3)	146,500				PROGRAM OPERATING COSTS
ST PAUL & RAMSEY COUNTY DOMESTIC ABUSE INTERVENTION PROJECT 394 DAYTON AVENUE ST PAUL, MN 55102	36-3339157	501(C)(3)	122,600				PROGRAM OPERATING COSTS
ST STEPHEN'S HUMAN SERVICES INC 2309 NICOLLET AVE S MINNEAPOLIS, MN 55404	01-0639118	501(C)(3)	188,500				PROGRAM OPERATING COSTS

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SUMMIT ACADEMY OIC 935 OLSON MEMORIAL HIGHWAY MINNEAPOLIS, MN 554051360	41-0908458	501(C)(3)	429,500				PROGRAM OPERATING COSTS
THE BRIDGE FOR YOUTH 1111 WEST 22ND STREET MINNEAPOLIS, MN 55405	41-0983062	501(C)(3)	442,907				PROGRAM OPERATING COSTS
THE FAMILY PARTNERSHIP 414 SOUTH EIGHTH ST MINNEAPOLIS, MN 554041081	41-0693858	501(C)(3)	962,600				PROGRAM OPERATING COSTS



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THE FOOD GROUP MINNESOTA INC THE FOOD GROUP 8501 54TH AVE N NEW HOPE, MN 554283710	41-1246504	501(C)(3)	160,500				PROGRAM OPERATING COSTS
THE LINK 1210 GLENWOOD AVE MINNEAPOLIS, MN 55405	41-1920649	501(C)(3)	62,500				PROGRAM OPERATING COSTS
THE NETWORK FOR BETTER FUTURES DBA -BETTER FUTURES MINNESOTA 2620 MINNEHAHA AVE S MINNEAPOLIS, MN 55406	45-0550557	501(C)(3)	115,000				PROGRAM OPERATING COSTS

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THINK SMALL DBA REDLEAF PRESS 10 YORKTON COURT ST PAUL, MN 55117	41-1260581	501(C)(3)	990,000				PROGRAM OPERATING COSTS
TUBMAN FAMILY ALLIANCE & CHRYSALIS 4432 CHICAGO AVE SOUTH MINNEAPOLIS, MN 554073522	41-2022341	501(C)(3)	426,000				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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UJAMAA PLACE 1885 UNIVERSITY AVENUE STE 355 ST PAUL, MN 55104	27-1216065	501(C)(3)	50,000				PROGRAM OPERATING COSTS
UNION GOSPEL MISSION ASSOC OF THE GREATER TWIN CITIES 77 EAST 9TH ST ST PAUL, MN 55101	41-0705847	501(C)(3)	62,500				PROGRAM OPERATING COSTS
UNITED CAMBODIAN ASSOCIATION OF MN 1385 MENDOTA HEIGHTS RD INVER GROVE HEIGHTS, MN 55120	41-1631017	501(C)(3)	87,750				PROGRAM OPERATING COSTS

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UNITED FAMILY PRACTICE HEALTH CENTER 1026 WEST 7TH STREET ST PAUL, MN 55102	27-0052697	501(C)(3)	164,000				PROGRAM OPERATING COSTS
UNIVERSITY OF MINNESOTA 200 OAK STREET SE STE 500 MINNEAPOLIS, MN 55455	41-6007513	GOVERNMENTAL UNIT	176,500				PROGRAM OPERATING COSTS
UW CENTRAL MARYLAND PO BOX 1576 BALTIMORE, MD 21203	52-0591543	501(C)(3)	66,127				PROGRAM OPERATING COSTS

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UW NATIONAL CAPITAL AREA 1577 SPRING HILL ROAD STE 420 VIENNA, VA 22182	53-0234290	501(C)(3)	101,127				PROGRAM OPERATING COSTS
VAIL PLACE 23 9TH AVE S HOPKINS, MN 55343	41-1394766	501(C)(3)	66,075				PROGRAM OPERATING COSTS
VIETNAMESE SOCIAL SERVICES OF MN 277 UNIVERSITY AVE W ST PAUL, MN 55103	36-3532232	501(C)(3)	112,500				PROGRAM OPERATING COSTS

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<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
VISION LOSS RESOURCES INC-E METRO 1936 LYNDALE AVE SOUTH MINNEAPOLIS, MN 55403	41-0694713	501(C)(3)	256,705				PROGRAM OPERATING COSTS
VOLUNTEER LAWYERS NETWORK LTD 600 NICOLLET MALL STE 390A MINNEAPOLIS, MN 554021605	41-0988459	501(C)(3)	32,000				PROGRAM OPERATING COSTS
VOLUNTEERS ENLISTED TO ASSIST PEOPLE 9600 ALDRICH AVE S BLOOMINGTON, MN 55420	41-6175999	501(C)(3)	50,000				PROGRAM OPERATING COSTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
VOLUNTEERS OF AMERICA MINNESOTA 7625 METRO BLVD MINNEAPOLIS, MN 55439	41-1554078	501(C)(3)	338,521				PROGRAM OPERATING COSTS
WASHBURN CENTER FOR CHILDREN 1100 GLENWOOD AVE MINNEAPOLIS, MN 55405	41-0711618	501(C)(3)	140,000				PROGRAM OPERATING COSTS
WAY TO GROW 125 WEST BROADWAY STE 110 MINNEAPOLIS, MN 554112246	71-0956749	501(C)(3)	233,457				PROGRAM OPERATING COSTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WELLSHARE INTERNATIONAL 122 WEST FRANKLIN AVENUE SUITE 510 MINNEAPOLIS, MN 55404	41-1397062	501(C)(3)	131,500				PROGRAM OPERATING COSTS
WHITE BEAR LAKE HIGH SCHOOL 4855 BLOOM AVENUE WHITE BEAR LAKE, MN 55110	41-6008212	GOVERNMENTAL UNIT	5,000				PROGRAM OPERATING COSTS
WOMEN OF NATIONS 73 LEECH ST ST PAUL, MN 551022719	41-1447503	501(C)(3)	25,000				PROGRAM OPERATING COSTS



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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
WOMEN'S ADVOCATES INC 588 GRAND AVE ST PAUL, MN 55102	23-7310701	501(C)(3)	100,320				PROGRAM OPERATING COSTS
YMCA OF THE GREATER TWIN CITIES 2125 EAST HENNEPIN AVE STE 150 MINNEAPOLIS, MN 55413	45-2563299	501(C)(3)	1,394,500				PROGRAM OPERATING COSTS
YOUTHLINK 41 NORTH 12TH ST MINNEAPOLIS, MN 55403	41-1341773	501(C)(3)	346,403				PROGRAM OPERATING COSTS

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

<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
YOUTHRIVE 615 FIRST AVE NE STE 155 MINNEAPOLIS, MN 55413	56-2536131	501(C)(3)	120,000				PROGRAM OPERATING COSTS
YWCA OF MINNEAPOLIS 1130 NICOLLET MALL MINNEAPOLIS, MN 554032405	41-0693891	501(C)(3)	1,095,000				PROGRAM OPERATING COSTS
YWCA OF ST PAUL 375 SELBY AVE ST PAUL, MN 551021790	41-0693892	501(C)(3)	551,080				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](http://www.irs.gov/form990).**

**2016**

**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><b>1a</b> 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 border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input checked="" type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><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>b</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>	1b	Yes								
<p><b>2</b> 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>	2	Yes								
<p><b>3</b> 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 border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input checked="" type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><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><b>4</b> 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><b>a</b> Receive a severance payment or change-of-control payment?</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a 4b 4c	No No No								
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p>										
<p><b>5</b> 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><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a 5b	No No								
<p><b>6</b> 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><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a 6b	No No								
<p><b>7</b> 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>	7	Yes								
<p><b>8</b> 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>	8	No								
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									



**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 THE DUES PAID TO THE MINNEAPOLIS CLUB FOR THE CEO'S MEMBERSHIP UTILIZED FOR THE PURPOSE OF BUSINESS MEETINGS WITH EXTERNAL STAKEHOLDERS. THE 2016 ANNUAL EXPENSE INCURRED BY GTCUW FOR THE MINNEAPOLIS CLUB MEMBERSHIP WAS \$5,703.
PART I, LINE 7	THE ORGANIZATION PAID INCENTIVE COMPENSATION TO THE FOLLOWING EMPLOYEES LISTED ON FORM 990 PART VII DURING 2016: -PRESIDENT AND CEO -CHIEF OPERATING OFFICER -SR VICE PRESIDENT OF COMMUNITY IMPACT -SR VICE PRESIDENT OF ADVANCEMENT -SR VICE PRESIDENT OF SYSTEMS CHANGE & INNOVATION -SR VICE PRESIDENT OF WORKPLACE FUNDRAISING -SR VICE PRESIDENT OF MARKETING AND COMMUNICATIONS. THE TOTAL INCENTIVE COMPENSATION PAID IN 2016 WAS \$118,100. THESE INCENTIVES WERE PAID IN APRIL 2016 AND WERE RELATED TO 2015 PERFORMANCE RESULTS.



**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](http://www.irs.gov/form990).**

**2016**

**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

1	(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

(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?	
			To	From			Yes	No	Yes	No	Yes	No

Total . . . . . ▶ \$ \_\_\_\_\_

**Part III Grants or Assistance Benefiting Interested Persons.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(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	116,086	THE COSTS INCURRED IN 2016 WERE RELATED TO THE BUILDING REMODELING PROJECT		No

**Part V Supplemental Information**

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

Return Reference	Explanation



**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No 1545-0047

**2016**

▶ **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](http://www.irs.gov/form990)**

**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 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	372	2,728,410	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 ▶ ( MISCELLANEOUS )	X	1	842	
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? . . . . .		No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .		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 II****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)**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](http://www.irs.gov/form990).

OMB No 1545-0047

**2016****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

**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 MARY BLEGEN, RICHARD DAVIS, AND SCOTT WINE - BUSINESS RELATIONSHIP NANCY LINDAHL AND TIMOTHY WELSH - BUSINESS RELATIONSHIP KATE MORTENSON, BRYAN 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, JOHN WILGERS, AND SCOTT WINE - BUSINESS RELATIONSHIP RON JAMES AND JEANNE CRAIN - BUSINESS RELATIONSHIP

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 11B	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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
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.

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PART VI, SECTION B, LINE 15</p>	<p>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 ADVANCEMENT, SR VICE PRESIDENT OF WORKPLACE FUNDRAISING, SR VICE PRESIDENT OF MARKETING AND COMMUNICATIONS, AND SR VICE PRESIDENT OF COMMUNITY IMPACT. 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 THE 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. COMPENSATION FOR EXECUTIVES INCLUDES INCENTIVE PAYMENTS BASED ON PERFORMANCE RESULTS AGAINST GOALS AND OBJECTIVES FOR THE PRIOR YEAR. INCENTIVE PAYMENTS WERE MADE IN APRIL 2016 AND WERE FOR 2015 PERFORMANCE RESULTS.</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
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

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9	CHANGE IN FAIR VALUE OF BENEFICIAL INTERESTS IN CHARITABLE TRUSTS 33,955 PENSION RELATED CHANGES OTHER THAN NET PERIODIC PENSION COST 667,594