NOTIC	E 2018-100	AMENDED F	RETURN	- S	ECTION 512	(a)(7) RE	PEAL				
Form · C	990-T	<b>Exempt Organizat</b>	ion Bus	sine	ss Income	Tax Retur	n I	OMB No 1545-0687			
roini 🔾	/ LJ.				ection 6033(e))	1412	''	0040			
	( ૹૢૻઌૢૻૺ).	calendar year 2018 or other tax year beginnin	9		, and ending	(010	<u></u>	2018			
	ent of the Treasury	Go to www.irs.gov/F					.	Open to Public Inspection for			
		Do not enter SSN numbers on this				<del> </del>		Open to Public Inspection for 50 1(c)(3) Organizations Only loyer identification number			
ΑĻ	Check box if address changed	(Fmoloyees' trust see									
B Exen	npt under section / Prin	GREATER TWIN CIT	REATER TWIN CITIES UNITED WAY 41-19								
	601(c)(3) _ 0	Number, street, and room or suite	ber, street, and room or suite no. If a P.O. box, see instructions.  E Unrelated business activity code (See instructions.)								
4	08(e) 220(e) Type	404 SOUTH EIGHTH STREET									
	08A530(a)										
	29(a)	MINNEAPOLIS, MN	55404	- TO	84		900	099			
at end	of year L 27 . 972 . 190 .	F Group exemption number (See in G Check organization type	501(c) cor	ooration	501(c) trust	4016	a) trust	Other trust			
H Enter	the number of the organi	zation's unrelated trades or businesse	s. <b>&gt;</b>	1		e the only (or first) u					
trade	or business here 🕨 🙎	SEE STATEMENT 1			<del></del>	e, complete Parts Í-V					
descri	be the first in the blank sp	pace at the end of the previous sentend	ce, complete Pa	arts I an	d II, complete a Schedu	ile M for each additio	onal trad	e or			
	ess, then complete Parts I										
		rporation a subsidiary in an affiliated g ntifying number of the parent corporat		nt-subs	idiary controlled group?	· •	Y	es X No			
		ATHENA MIHAS	uon. 🖊		Telen	hone number	(612	)340-7606			
Part		de or Business Income			(A) Income	(B) Expens		(C) Net			
1a Gr	oss receipts or sales							, , ,			
	ss returns and allowances		ce 🕨	1c		i.					
	st of goods sold (Schedu	· /		2							
	oss profit. Subtract line 2 pital gain net income (atta	·	٦	3 4a	<del></del>	-	_				
		Part II, line 17) (attach Form 4797) /	1	4a 4b		-					
	pital loss deduction for tri		1	4c		<u> </u>					
5 Inc	come (loss) from a partne	rship or an S corporation (attach state	ment)	5							
	nt income (Schedule C)			6							
_	related debt-financed inco	,		7		<del></del>					
		and rents from a controlled organization 501(c)(7), (9), or (17) organization		8		<del> </del>					
	ploited exempt activity inc		i (Scriedule d)	10		<b>-</b>					
	vertising income (Schedu	'		11			-				
<b>12</b> Oth	ner income (See instructio	ons; attach schedule)		12			-				
	tal. Combine lines 3 thro			13	0						
Part		lot Taken Elsewhere (See in outlons, deductions must be direct									
14 Co		directors, and trustees (Schedule K)	ntly confidence	3 WILL	inc difference busine	33 1100110 )	14				
	alaries and wages	and trastees (Schedule K)	REC	FIV	ED		15				
	epairs and maintenance				1/01		16				
17 Ba	ad debts	<b>\</b> 2	2	95	2020 SON		17				
	terest (attach schedule) (	see instructions)	FEB	<b>2</b> . U	1881		18				
•	axes and licenses	<b>+</b>			TIT		19				
<u>_</u>	epreciation (attach Form 4	ee instructions for limitation rules)	OGI	ノニ	21		20				
22 16	•	on Schedule A and elsewhere on returi	1		22a		22b				
23 De	epletion				[===]		23				
<b>2</b> 24 Co	ontributions to deferred co	ompensation plans					24				
يباد	nployee benefit programs						25				
- £26 Ex	cess exempt expenses (S	•					26				
	cess readership costs (S						27				
	ther deductions (attach so otal deductions. Add lines	•					28 29	0.			
		income before net operating loss dedu	uction Subtrac	t line 29	9 from line 13		30	0.			
		loss arising in tax years beginning on					3				
32 Ur	related business taxable	income. Subtract line 31 from line 30					32	0.			
823701 01	1-09-19 LHA For Pape	erwork Reduction Act Notice, see inst	ructions.					Form <b>990-T</b> (2018)			

Form 990-	T(2018) GREATER TWIN CITIES UNITED WAY	41-197	3442	Page 2
Part!	III Total Unrelated Business Taxable Income	-		-
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		33	0.
34	Amounts paid for disallowed fringes		34	-
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of			
•	lines 33 and 34		36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	1.8	3/7	1,000.
38		$\mathcal{D}_{\mathcal{O}}$	<del>                                     </del>	1,000.
30	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36.		املا	0.
Dort			38	<u> </u>
Part			<del></del>	
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)		₿9 	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation, Income tax on the amount on line 38 from:	_		
	Tax rate schedule or Schedule D (Form 1041)		40	
41	Proxy tax. See instructions	<b>&gt;</b>	<b>A</b> 1	
42	Alternative minimum tax (trusts only)		#2	
43	Tax on Noncompliant Facility Income. See instructions		#3	
44	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44	0.
Part \	/ Tax and Payments			
45 a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)			
b	Other credits (see instructions)			
C	General business credit. Attach Form 3800 45c			
ď	Credit for prior year minimum tax (attach Form 8801 or 8827) 45d		! .	
е	Total credits. Add lines 45a through 45d		45e	
46	Subtract line 45e from line 44	1	46	0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (ai	ttach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)		48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49	0.
	Payments. A 2017 overpayment credited to 2018	ŀ	1 7	<del></del>
	2018 estimated tax payments		<b>=</b>	
		22,750.		
	Foreign organizations Tax paid or withheld at source (see instructions) 50d	32,,300		
	Backup withholding (see instructions)  50e		·	
	Credit for small employer health insurance premiums (attach Form 8941) 50f		'	
			,	
9	Form 4136 Other Total 50g			
E4				22,750.
51	Total payments Add lines 50a through 50g	}	51	22,730.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	_ {	52	- <del></del>
53	Tax due If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		53	22 750
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		-54	22,750.
55		nded	55	22,750.
Part \				<del></del>
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority			Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			
ı	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			
	here	· · · · · · · · · · · · · · · · · · ·		X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign	ıgn trust?		X
	If "Yes," see instructions for other forms the organization may have to file.			
58	Enter the amount of tax-exempt interest received or accrued during the tax year > \$			
٥.	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	e best of my know e	ledge and be	lief, it is true,
Sign	2/0/		the IRS disc	cuss this return with
Here	hm A. Wilson   h8/20   PRESIDENT AND C	1770	•	wn below (see
	Signature of officer U Date Title	ınst	ructions)?	X Yes No
	Print/Type preparer's name Preparer's signature / Date C	heck if	PTIN	
Paid	s s	elf- employed	1	
Prepa	CUDIC HENVE	. ,	P01	008921
Use C	Fundame & AVING HENVE AND COMPANY	Firm's EIN 🕨		3220328
USE C	600 INWOOD AVENUE NORTH, SUITE 160			<del></del>
		Phone no. 6!	51-63	6-3806
823711 01				orm <b>990-T</b> (2018)

Schedule A - Cost of Good	<b>Is Sold.</b> Enter	method of invei	ntory valuation N/A	1		
1 Inventory at beginning of year						6
2 Purchases	2 7 Cost of goods sold. Subtra				line 6	
3 Cost of labor	<del>  -   -   -   -   -   -   -   -   -   -</del>					
4a Additional section 263A costs			line 2			7
(attach schedule)	4a		8 Do the rules of section	263A (	with respect to	Yes No
b Other costs (attach schedule)	4b		property produced or	•		
5 Total. Add lines 1 through 4b	5		the organization?	•	,	
Schedule C - Rent Income	(From Real	Property an	d Personal Property	Leas	ed With Real Pro	perty)
(see instructions)						
1. Description of property						
(1)					<u></u>	
(2)					•	
(3)						
(4)						
	<ol><li>Rent receiv</li></ol>	ed or accrued				
(a) From personal property (if the personal property is more 10% but not more than 50%	e than	of rent for	and personal property (if the percent personal property exceeds 50% or if nt is based on profit or income)	age	3(a) Deductions directly columns 2(a) an	connected with the income in d 2(b) (attach schedule)
(1)						<u> </u>
(2)						
(3)					ï i	
(4)						
Total	0.	Total	· · · · · · · · · · · · · · · · · · ·	0.		
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column		ter		0.	(b) Total deductions. Enter here and on page 1, Part I, tine 6, column (B)	<b>o</b> .
Schedule E - Unrelated Del	bt-Financed	I Income (see	: instructions)			
			2. Gross income from		3. Deductions directly cont to debt-finance	nected with or allocable ad property
1 Description of debt-fi	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)						
(2)						
(3)						
(4)						
Amount of average acquisition debt on or allocable to debt-financed	of or a	adjusted basis illocable to nced property	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
property (attach schedule)		schedule)				
			%			
property (attach schedule)			% %			
property (attach schedule)  (1) (2)			<del> </del>			
(1) (2) (3)			%			
property (attach schedule)  (1) (2)			% %		nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)
(1) (2) (3)			% %			Part I, line 7, column (B)
(1) (2) (3) (4)	(attach	n schedule)	% %		Part I, line 7, column (A)	Part I, line 7, column (B)

Schedule F - Interest,	Annuities, Ro	yalties, a	nd Rent	s From C	ontroll	ed Organiz	zatio	ns (see in:	structio	ons)	
				Controlled O						· · · · · · · · · · · · · · · · · · ·	
1. Name of controlled organiza	ıde	Employer entification number	3. Net unrelated income (loss) (see instructions)		4. Total of specified payments made		5. Part of column 4 that is included in the controlling organization's gross income		trolling	6. Deductions directly connected with income in column 5	
/1\	<u> </u>		<del> </del>		l				-+		
(1)			<del> </del>				<del>                                     </del>				
(2)			1				<del>                                     </del>			····	
(3)							<del>                                     </del>		$\rightarrow$		
(4)									L		
Nonexempt Controlled Organi 7. Taxable Income	1	(lace)	O Total			10 Percent anti-	0 11-		44 5		
7. Taxable income	8. Net unrelated ir (see instruc		9. Total	of specified pay made	nents	10. Part of colur in the controlli gross	mn 9 tha ing orgai s income	nization's	11, D WI	Deductions directly connected th income in column 10	
(1)											
(2)				***							
(3)				· · · ·							
(4)										·	
_(4)	l .				-			1.40			
						Add colum Enter here and line 8, c		1, Part I,		Add columns 6 and 11 here and on page 1, Part I, line 8, column (B)	
Totals								0.		0.	
Schedule G - Investme	ent Income of	a Section	501(c)(	7) (9) or	(17) Or	ganization					
(see instr		a occioi	1 501(6)(	7, (3), (1	(17) 01	gamzation	•				
			<del></del>	Γ		3. Deduction	ns			5. Total deductions	
1. Desc	ription of income			2. Amount of	ıncome	directly conne	cted	4 Set- (attach s	asides chedule)	and set-asides	
(1)				<del></del>		(attach sched	uie)	•		(col 3 plus col 4)	
(1)	<del></del>			<b></b>						<del></del>	
(2)											
(3)										_	
(4)				<u> </u>							
				Enter here and of Part I, line 9, co					-	Enter here and on page 1, Part I, line 9, column (B)	
				' '	`					', ', ', ', ', ', ', ', ', ', ', ', ',	
Totals			<b>•</b>	L	0.					0.	
Schedule I - Exploited (see instru	•	ity Incom	ne, Othe	r Than Ad	vertisi	ng Income	)				
Description of exploited activity	2. Gross unrelated business income from trade or business	directly of un	penses connected oduction related ss income	4. Net incom from unrelated business (co minus columi gain, compute through	trade or lumn 2 i 3) If a i cols 5	5. Gross inco from activity the is not unrelate business inco	hat ed	6. Exp attribut colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)	•••			l							
(2)		+		<u> </u>							
(3)											
(4)		-		<u> </u>							
(4)	Enter here and on	Foter he	ere and on	<del> </del>						Enter here and	
	page 1, Part I,	page 1	1, Part I,							on page 1,	
<b>-</b>	line 10, col (A)		, col (B)							Part II, line 26	
Totals •	0		0.	<u> </u>	•					<u> </u>	
Schedule J - Advertision											
Part I Income From I	Periodicals Re	eported o	n a Con	solidated	Basis						
1. Name of periodical	2. Gross advertisin income	ig adv	3. Direct ertising costs	4. Adverti or (loss) (co col 3) If a ga cols 5 th	l 2 minus in, compute	5. Circulati income	ion	6. Reade costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)										í	
(2)				<b>_</b> ],						]'	
(3)				٦!					<del></del>	1: I	
(4)	<del></del>			<b>-</b>  -						1	
		<del>-  </del>		<u> </u>		<del> </del>				<del> </del>	
Totals (carry to Part II, line (5))	<b>•</b>	0.	0							0 . Form <b>990-T</b> (2018)	

[Part III] Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)		• • • • • • • • • • • • • • • • • • • •				
(2)						
(3)				ì		
(4)						
Totals from Part I	0.	0.	ļ' <u>-</u>		<del>-</del> - ;	0
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)	<b>!</b>			Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	0.	0.		<u>-</u>		0

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2 Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		<b>&gt;</b>	0.

Form 990-T (2018)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1 BUSINESS ACTIVITY

DISALLOWED TRANSPORTATION FRINGE BENEFITS

TO FORM 990-T, PAGE 1

GREATER TWIN CITIES UNITED WAY 2018 AMENDED FORM 990-T EIN: 41-1973442

THE ORGANIZATION IS AMENDING ITS 2018 FORM 990-T DUE TO THE REPEAL OF SECTION 512(a)(7). LINES 34, 36, 38, 39 AND 44 OF THE ORIGINAL FORM 990-T CHANGED DUE TO THE REPEAL.

THE ORIGINAL 990-T RETURN FILED INCLUDED A REFUND OF \$567. THE REFUND OF \$567 RECEIVED SHOULD BE SUBTRACTED FROM THE REFUND OF \$22,750 ON THE AMENDED RETURN. A REFUND OF \$22,183 IS ANTICIAPTED.