

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

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2018, and ending 12-31-2018

- 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 \$ 70,211,528

F Name and address of principal officer
JOHN WILGERS
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
GALVANIZE OUR COMMUNITY TO BUILD PATHWAYS TOWARD PROSPERITY AND EQUITY FOR ALL

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

3 Number of voting members of the governing body (Part VI, line 1a)	50
4 Number of independent voting members of the governing body (Part VI, line 1b)	50
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	185
6 Total number of volunteers (estimate if necessary)	14,640
7a Total unrelated business revenue from Part VIII, column (C), line 12	0
7b Net unrelated business taxable income from Form 990-T, line 34	105,634

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	72,183,208	63,869,250
9 Program service revenue (Part VIII, line 2g)	188,470	36,061
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,366,580	4,057,521
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	676,338	658,586
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	76,414,596	68,621,418
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	63,103,483	54,334,996
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	12,714,109	12,597,095
16a Professional fundraising fees (Part IX, column (A), line 11e)	49,422	45,000
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 9,223,530		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	9,921,718	9,694,490
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	85,788,732	76,671,581
19 Revenue less expenses Subtract line 18 from line 12	-9,374,136	-8,050,163
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	145,836,866	127,972,190
21 Total liabilities (Part X, line 26)	9,834,608	7,208,451
22 Net assets or fund balances Subtract line 21 from line 20	136,002,258	120,763,739

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: 2019-07-23

JOHN WILGERS PRESIDENT AND CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date

Check 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 OVER 100 YEARS, GREATER TWIN CITIES UNITED WAY (GTCUW) HAS CONTINUALLY EVOLVED TO RESPOND TO THE MOST PRESSING CHALLENGES FACING THE NINE-COUNTY REGION GTCUW TAKES A LONG-TERM, HOLISTIC APPROACH TO SUPPORTING PEOPLE EXPERIENCING POVERTY WHILE ALSO ADDRESSING THEIR IMMEDIATE NEEDS BECAUSE POVERTY IS COMPLEX AND MULTI-FACETED, GTCUW SEEKS TO HELP THE WHOLE PERSON AND THE WHOLE FAMILY ON THEIR PATH TOWARD A BETTER LIFE KEY STRATEGIES THAT GTCUW EMPLOYS INCLUDE DIRECT INVESTMENTS TO SUPPORT PROVEN AND INNOVATIVE SOCIAL SERVICE PROGRAMS, BUILDING THE CAPACITY OF NONPROFITS, ENGAGING STAKEHOLDERS ACROSS SECTORS TO IMPACT CHANGE AT THE SYSTEMS LEVEL, ENGAGING THOUSANDS OF VOLUNTEERS TO SUPPORT THE COMMUNITY, AND PROVIDING 24/7 ACCESS TO RESOURCES AND SERVICES VIA GTCUW'S 2-1-1 HELP LINE

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 \$ 17,616,843 including grants of \$ 15,232,908) (Revenue \$)
See Additional Data

4b (Code) (Expenses \$ 14,187,791 including grants of \$ 13,766,217) (Revenue \$)
See Additional Data

4c (Code) (Expenses \$ 23,890,180 including grants of \$ 23,890,180) (Revenue \$ 579,504)
See Additional Data

(Code) (Expenses \$ 8,586,320 including grants of \$ 1,445,691) (Revenue \$ 36,061)

OTHER COMMUNITY SUPPORT AND ENGAGEMENT - UNITED WAY 2-1-1 GTCUW OPERATES A RESOURCE PROGRAM CALLED 2-1-1, AVAILABLE EVERY DAY OF THE YEAR AT ANY TIME VIA PHONE, ONLINE AND TEXT BY PROVIDING UNITED WAY 2-1-1 TO THE COMMUNITY, GTCUW ENSURES INDIVIDUALS AND FAMILIES HAVE ACCESS TO COMMUNITY RESOURCES IN 2018, GTCUW HELPED CONNECT 200,415 PEOPLE ACROSS MINNESOTA TO 273,020 REFERRALS 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 FOSTER A CULTURE OF INQUIRY AND DATA-DRIVEN DECISION MAKING 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 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 REGION'S LEADERS, VISIONARIES AND PHILANTHROPISTS

4d Other program services (Describe in Schedule O)
(Expenses \$ 8,586,320 including grants of \$ 1,445,691) (Revenue \$ 36,061)

4e Total program service expenses ▶ 64,281,134

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Question Text, Yes, No. Contains 22 main questions and sub-questions (a-f) regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 23 through 38 regarding compensation, tax-exempt bonds, 501(c)(3) organizations, and other IRS filings.

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 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	185		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes		
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b	Yes		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No	
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No	
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7 Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No	
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8 Sponsoring organizations maintaining donor advised funds.					
Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?				8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b			
10 Section 501(c)(7) organizations. Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 Section 501(c)(12) organizations. Enter					
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No	
b	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N	15		No	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	16		No	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

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 (50); 1b Enter the number of voting members included in line 1a, above, who are independent (50); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (Yes); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? (Yes); 8b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (Yes).

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? 15a The organization's CEO, Executive Director, or top management official (Yes); 15b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (Yes); 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? (Yes).

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-A 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: ATHENA MIHAS 404 SOUTH EIGHTH STREET MINNEAPOLIS, MN 55404 (612) 340-7606.

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										

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

Table with 6 main columns: (A) Name and Title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation.

Summary rows for Sub-Total, Total from continuation sheets, and Total (add lines 1b and 1c).

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

Questions 3, 4, and 5 regarding compensation reporting and related organizations.

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

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation.

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a 125,964			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e 640,453			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 63,102,833			
	g Noncash contributions included in lines 1a - 1f \$	1,590,110			
h Total. Add lines 1a-1f		63,869,250			

Program Service Revenue			Business Code					
	2a MEMBERSHIPS				16,430	16,430		
	b FEES FOR SERVICE		900099		15,131	15,131		
	c UNITED WAY 2-1-1TM		900099		4,500	4,500		
	d _____							
	e _____							
	f All other program service revenue							
g Total. Add lines 2a-2f				36,061				

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,077,085				1,077,085
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6a Gross rents	(i) Real	(ii) Personal					
		45,273						
	b Less rental expenses	0						
	c Rental income or (loss)	45,273						
	d Net rental income or (loss)			45,273				45,273
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other					
		1,585,980	2,984,566					
	b Less cost or other basis and sales expenses	1,590,110	0					
	c Gain or (loss)	-4,130	2,984,566					
	d Net gain or (loss)			2,980,436				2,980,436
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a						
	b Less direct expenses	b						
c Net income or (loss) from fundraising events								
9a Gross income from gaming activities See Part IV, line 19	a							
b Less direct expenses	b							
c Net income or (loss) from gaming activities								
10a Gross sales of inventory, less returns and allowances	a							
b Less cost of goods sold	b							
c Net income or (loss) from sales of inventory								
Miscellaneous Revenue		Business Code						
11a DESIGNATION COST RECOVERY		900099		579,504	579,504			
b MISCELLANEOUS INCOME		900099		24,299			24,299	
c LICENSE FEE		900099		9,510			9,510	
d All other revenue								
e Total. Add lines 11a-11d				613,313				
12 Total revenue. See Instructions				68,621,418	615,565	0		4,136,603

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	54,182,496	54,182,496		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	2,500	2,500		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	150,000	150,000		
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	1,261,845	209,339	488,318	564,188
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	9,314,384	2,980,638	1,358,566	4,975,180
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	497,932	174,047	72,124	251,761
9 Other employee benefits.	755,785	260,683	105,330	389,772
10 Payroll taxes.	767,149	234,642	109,666	422,841
11 Fees for services (non-employees)				
a Management.				
b Legal.	52,892	10,976	22,118	19,798
c Accounting.	122,643	22,707	96,110	3,826
d Lobbying.	201,498	201,498		
e Professional fundraising services. See Part IV, line 17.	45,000			45,000
f Investment management fees.	139,089	937	136,828	1,324
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	5,046,758	4,462,792	164,433	419,533
12 Advertising and promotion.	1,106,986	269,359	43,172	794,455
13 Office expenses.	667,611	201,090	97,415	369,106
14 Information technology.	48,804	15,450	11,514	21,840
15 Royalties.				
16 Occupancy.	349,408	110,732	82,386	156,290
17 Travel.	34,379	12,394	405	21,580
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	413,918	219,347	90,266	104,305
20 Interest.				
21 Payments to affiliates.	662,283	183,383	129,953	348,947
22 Depreciation, depletion, and amortization.	582,807	190,080	134,695	258,032
23 Insurance.				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a AWARDS AND SPONSORSHIPS	178,427	178,427		
b MISCELLANEOUS	86,987	7,617	23,618	55,752
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	76,671,581	64,281,134	3,166,917	9,223,530
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	15,580,087	1	11,439,693
	2 Savings and temporary cash investments	6,316,382	2	6,395,827
	3 Pledges and grants receivable, net	43,870,547	3	36,979,515
	4 Accounts receivable, net	123,359	4	332,111
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	236,828	9	210,243
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 10,926,142		
	b Less accumulated depreciation	10b 7,930,753	3,273,542	10c 2,995,389
	11 Investments—publicly traded securities	21,630,130	11	17,100,151
	12 Investments—other securities See Part IV, line 11	52,315,290	12	50,392,111
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	2,490,701	15	2,127,150
16 Total assets. Add lines 1 through 15 (must equal line 34)	145,836,866	16	127,972,190	
Liabilities	17 Accounts payable and accrued expenses	1,773,812	17	1,820,913
	18 Grants payable	8,060,796	18	5,318,238
	19 Deferred revenue		19	69,300
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24) Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	9,834,608	26	7,208,451
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	39,195,831	27	37,721,295
	28 Temporarily restricted net assets	63,215,312	28	50,697,052
	29 Permanently restricted net assets	33,591,115	29	32,345,392
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	136,002,258	33	120,763,739	
34 Total liabilities and net assets/fund balances	145,836,866	34	127,972,190	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	68,621,418
2	Total expenses (must equal Part IX, column (A), line 25)	2	76,671,581
3	Revenue less expenses Subtract line 2 from line 1	3	-8,050,163
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	136,002,258
5	Net unrealized gains (losses) on investments	5	-6,992,907
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-195,449
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	120,763,739

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- 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
 Separate basis Consolidated basis Both consolidated and separate basis
- c** 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
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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	No
2a		No
2b	Yes	
2c	Yes	
3a		No
3b		

Additional Data

Software ID:

Software Version:

EIN: 41-1973442

Name: GREATER TWIN CITIES UNITED WAY

Form 990 (2018)

Form 990, Part III, Line 4a:

EDUCATION AND JOBS - GTCUW FOCUSES ON RESULTS IN TWO CRITICAL STAGES IN A CHILD'S EDUCATION AND DEVELOPMENT EARLY LEARNING FOR CHILDREN UNDER FIVE AND LEARNING THROUGH OUT-OF-SCHOOL TIME PROGRAMMING FOR MIDDLE-SCHOOL AND HIGH-SCHOOL STUDENTS THE ORGANIZATION INVESTS IN PROVEN PROGRAMS THAT IMPROVE ACADEMIC DEVELOPMENT AND OUTCOMES IT ALSO PROVIDES SERVICES TO SUPPORT GOOD PARENTING AND A STABLE HOME ENVIRONMENT ADDITIONALLY, GTCUW PREPARES LOW-INCOME JOB SEEKERS THROUGH JOB TRAINING PROGRAMS THAT CREATE PATHWAYS TOWARD PROSPERITY GTCUW IS ACCOUNTABLE TO KEY PERFORMANCE INDICATORS SUCH AS JOB PLACEMENT, INCREASED EARNINGS, SIX AND TWELVE-MONTH JOB RETENTION AND INDUSTRY CREDENTIALS ATTAINMENT

Form 990, Part III, Line 4b:

SAFETY NET - GTCUW STABILIZES FAMILIES WITH EMERGENCY FOOD, SAFE SHELTER AND HOUSING SERVICES, AS WELL AS HEALTH AND LEGAL SERVICES AND HELPING SENIORS AND PEOPLE WITH DISABILITIES LIVE INDEPENDENTLY IT ALSO LEVERAGES RESOURCES AND PARTNERSHIPS TO IMPROVE THE EFFICIENCY AND CAPACITY OF SERVICES IN OUR REGION

Form 990, Part III, Line 4c:

DONOR DESIGNATIONS - GTCUW FUNDRAISING RESULTS ALSO INCLUDE CONTRIBUTIONS THAT DONORS DIRECT TO SPECIFIC NON-PROFIT ORGANIZATIONS THERE WERE 8,895 DONOR DESIGNATIONS TO 1,958 AGENCIES IN 2018

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			
TIM WELSH BOARD CHAIR	1 00	X		X				0	0	0
RENEE PETERSON TREASURER	1 00	X		X				0	0	0
NANCY LINDAHL SECRETARY	1 00	X		X				0	0	0
JULIE BAKER BOARD MEMBER	1 00	X						0	0	0
STACY BOGART BOARD MEMBER	1 00	X						0	0	0
DOROTHY BRIDGES BOARD MEMBER	1 00	X						0	0	0
MARK BROOKS BOARD MEMBER	1 00	X						0	0	0
CHRIS COLEMAN BOARD MEMBER	1 00	X						0	0	0
JEFF COTTON BOARD MEMBER	1 00	X						0	0	0
JEANNE CRAIN 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			
NANCY DAHL BOARD CHAIR	1 00	X						0	0	0
REBA DOMINSKI BOARD MEMBER	1 00	X						0	0	0
KWEILIN ELLINGRUD BOARD MEMBER	1 00	X						0	0	0
BETH FORD BOARD MEMBER	1 00	X						0	0	0
CHELSTIE GLAUBITZ GABIOU BOARD MEMBER	1 00	X						0	0	0
JOE GOTHARD BOARD MEMBER	1 00	X						0	0	0
ROXANNA GAPSTUR BOARD MEMBER	1 00	X						0	0	0
KATIE GOEMAN BOARD MEMBER	1 00	X						0	0	0
JAMIE GULLEY BOARD MEMBER	1 00	X						0	0	0
LYNN HARRINGTON 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			
DOUG HEPPER BOARD MEMBER	1 00	X						0	0	0
CHUCK HILL BOARD MEMBER	1 00	X						0	0	0
DERYL HILL BOARD MEMBER	1 00	X						0	0	0
JOE HOBOT BOARD MEMBER	1 00	X						0	0	0
RON JAMES BOARD MEMBER	1 00	X						0	0	0
JOHN KELLER BOARD MEMBER	1 00	X						0	0	0
MARGARET ANDERSON KELLIHER BOARD MEMBER	1 00	X						0	0	0
MATT KUCHARSKI BOARD MEMBER	1 00	X						0	0	0
MICHAEL LANGLEY BOARD MEMBER	1 00	X						0	0	0
DARIN LYNCH 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			
MIKE MAESER BOARD MEMBER	1 00	X						0	0	0
TODD MARSHALL BOARD MEMBER	1 00	X						0	0	0
AL MCFARLANE BOARD MEMBER	1 00	X						0	0	0
TOM MONTMINY BOARD MEMBER	1 00	X						0	0	0
KATE MORTENSON BOARD MEMBER	1 00	X						0	0	0
KATHY NOECKER BOARD MEMBER	1 00	X						0	0	0
MIKE O'LEARY BOARD MEMBER	1 00	X						0	0	0
JUDY POFERL BOARD MEMBER	1 00	X						0	0	0
KAREN RICHARD BOARD MEMBER	1 00	X						0	0	0
ABBI ROSE 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			
PIYUMI SAMARATUNGA BOARD MEMBER	1 00	X						0	0	0
TOM SANDERS BOARD MEMBER	1 00	X						0	0	0
BETH SIMERMAYER BOARD MEMBER	1 00	X						0	0	0
MIKE SPEETZEN BOARD MEMBER	1 00	X						0	0	0
JULIE SULLIVAN BOARD MEMBER	1 00	X						0	0	0
MARNIE WELLS BOARD MEMBER	1 00	X						0	0	0
JOHN WHALEY BOARD MEMBER	1 00	X						0	0	0
PENNY WHEELER BOARD MEMBER	1 00	X						0	0	0
SRI ZAHEER BOARD MEMBER	1 00	X						0	0	0
JIM ZAPPA 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			
SARAH CARUSO PRESIDENT AND CEO (JAN - JULY 2018)	40 00			X				491,472	0	51,835
TRENT BLAIN VP MARKETING AND INTERIM CEO (JULY - DEC 2018)	40 00			X				147,747	0	21,867
ATHENA MIHAS VP FINANCE AND INFORMATION TECHNOLOGY	40 00			X				149,213	0	24,223
CRAIG WARREN CHIEF OPERATING OFFICER (JAN - MARCH 2018)	40 00			X				149,162	0	13,955
KIM STONE SVP ADVANCEMENT	40 00				X			192,061	0	20,310
MICHELLE WALKER-DAVIS EXECUTIVE DIRECTOR GENERAT	40 00					X		186,555	0	46,665
KELLY PUSPOKI VP COMMUNICATIONS	40 00					X		165,068	0	8,546
COLLEEN FAHEY VP PRINCIPAL GIFTS	40 00					X		142,861	0	20,551
CARRIE CHANG VP INDIVIDUAL DONOR ENGAGE	40 00					X		139,504	0	17,810
ROBERT POFERL SVP WORKPLACE FUNDRAISING	40 00					X		136,822	0	38,588

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
 Attach to Form 990 or Form 990-EZ.
 Go to www.irs.gov/Form990 for the latest information.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

GREATER TWIN CITIES UNITED WAY

Employer identification number

41-1973442

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

The organization is not a private foundation because it is (For lines 1 through 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		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	98,100,732	95,446,399	85,218,044	72,183,208	63,869,250	414,817,633
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	98,100,732	95,446,399	85,218,044	72,183,208	63,869,250	414,817,633
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						12,012,701
6 Public support. Subtract line 5 from line 4						402,804,932

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	98,100,732	95,446,399	85,218,044	72,183,208	63,869,250	414,817,633
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	663,091	625,602	833,576	851,952	1,122,358	4,096,579
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	916,623	842,696	765,845	640,011	613,313	3,778,488
11 Total support. Add lines 7 through 10						422,692,700

12 Gross receipts from related activities, etc (see instructions) **12** 594,637

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

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	95.290 %
15 Public support percentage for 2017 Schedule A, Part II, line 14	15	94.780 %

16a 33 1/3% support test—2018. 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—2017. 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—2018. 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—2017. 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 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
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	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.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	10a		
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.)		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the 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>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax 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?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <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

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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>	Yes	No
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>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<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)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:

Software Version:

EIN: 41-1973442

Name: GREATER TWIN CITIES UNITED WAY

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)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
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.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

2018
Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then
 ● Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
 ● Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
 ● Section 527 organizations Complete Part I-A only
If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then
 ● Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
 ● Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A
If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then
 ● Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization GREATER TWIN CITIES UNITED WAY	Employer identification number 41-1973442
------------------------------------------------------------	----------------------------------------------

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

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) _____

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-
1				
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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)	38,998													
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	162,500													
c	Total lobbying expenditures (add lines 1a and 1b)	201,498													
d	Other exempt purpose expenditures	64,514,766													
e	Total exempt purpose expenditures (add lines 1c and 1d)	64,716,264													
f	Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000													
h	Subtract line 1g from line 1a If zero or less, enter -0-	0													
i	Subtract line 1f from line 1c If zero or less, enter -0-	0													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	278,882	271,762	172,992	201,498	925,134
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures	68,705	104,877	47,500	38,998	260,080

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
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
------------------	-------------

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

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
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 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	
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 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 |
|----------------------------------------|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f 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
1a Beginning of year balance	58,607,879	51,701,172	47,021,210	44,685,575	43,383,510
b Contributions	1,064,522	1,934,330	2,618,879	3,903,217	345,452
c Net investment earnings, gains, and losses	-3,609,679	6,529,050	3,627,581	57,076	2,162,078
d Grants or scholarships	1,831,742	1,556,673	1,566,498	1,624,658	1,205,465
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	54,230,980	58,607,879	51,701,172	47,021,210	44,685,575

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 31 600 %
 - b** Permanent endowment ▶ 56 700 %
 - c** Temporarily restricted endowment ▶ 11 700 %
- 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
- | | | |
|----------------------------------------------|------------|-----------|
| (i) unrelated organizations | Yes | No |
| 3a(i) | Yes | |
| (ii) related organizations | | No |
| 3a(ii) | | 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
1a Land		33,083		33,083
b Buildings		7,965,081	5,812,443	2,152,638
c Leasehold improvements				
d Equipment		2,927,978	2,118,310	809,668
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				2,995,389

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	5,308,280	F
(3) Other _____ (A) POOLED INVESTMENTS HELD BY THE MINNEAPOLIS FOUNDATION	9,939,994	F
(B) POOLED INVESTMENTS HELD BY THE SAINT PAUL FOUNDATION	35,143,837	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	50,392,111	

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)		
Total. (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)	
Total. (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.

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

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.

1	Total revenue, gains, and other support per audited financial statements	1	41,956,209
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	35,598
b	Donated services and use of facilities	2b	451,292
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	157,335
e	Add lines 2a through 2d	2e	644,225
3	Subtract line 2e from line 1	3	41,311,984
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	27,309,434
c	Add lines 4a and 4b	4c	27,309,434
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	68,621,418

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

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

1	Total expenses and losses per audited financial statements	1	53,232,693
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	451,292
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	451,292
3	Subtract line 2e from line 1	3	52,781,401
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	23,890,180
c	Add lines 4a and 4b	4c	23,890,180
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	76,671,581

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'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	RETURN OF UNUSED GRANTS 157,335

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	DONOR DESIGNATED CONTRIBUTIONS FOR OTHER AGENCIES 23,890,180 INVESTMENT INCOME RECORDED IN OTHER CHANGES IN NET ASSETS 3,419,254

Supplemental Information

Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	DONOR DESIGNATED CONTRIBUTIONS FOR OTHER AGENCIES 23,890,180

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

Name of the organization
GREATER TWIN CITIES UNITED WAY

Employer identification number
41-1973442

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States

3 Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
NORTH AMERICA	0	0	GRANT TO UNITED WAY OF TORONTO, CANADA	LOCAL COMMUNITY-FOOD SYSTEMS GRANT PROGRAM	150,000
3a Sub-total	0	0			150,000
b Total from continuation sheets to Part I					0
c Totals (add lines 3a and 3b)	0	0			150,000

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	LOCAL COMMUNITY-FOOD SYSTEMS GRANT PROGRAM	150,000	WIRE TRANSFER	0		BOOK VALUE

- 2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ 1
- 3 Enter total number of other organizations or entities ▶

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

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

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

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

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information

OMB No 1545-0047

2018

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.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
LUTMAN AND ASSOCIATES 1811 PINEHURST AVENUE ST PAUL, MN 55116	CONSULTING		No	1,385,000	45,000	1,340,000
Total				1,385,000	45,000	1,340,000

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

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in

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

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

Name ▶
 Address ▶

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

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

Name ▶
 Address ▶

16 Gaming manager information

Name ▶
 Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

Return Reference	Explanation
------------------	-------------

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

Go to www.irs.gov/Form990 for the latest information.

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...
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

Table with 8 columns: (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 noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table.
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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash 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. NON-PROFIT AGENCIES MUST PROVIDE ANNUAL REPORTS ON USE OF FUNDS AND MUST BE IN COMPLIANCE WITH AGREED UPON TERMS AND CONDITIONS OF FUNDING AGREEMENT. THE GTCUW BOARD OF DIRECTORS AND ITS COMMUNITY IMPACT COMMITTEE 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.

(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
360 COMMUNITIES 501 E HWY 13 STE 112 BURNSVILLE, MN 553372877	41-0987708	501(C)(3)	47,500	2,453	FMV	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM OPERATING COSTS
ACCESS PHILANTHROPY 2100 STEVENS AVE S MINNEAPOLIS, MN 55404	38-3777419	501(C)(3)	50,000	0			PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACCESSABILITY INC 360 HOOVER ST NORTHEAST MINNEAPOLIS, MN 554132940	41-0735909	501(C)(3)	255,000	0			PROGRAM OPERATING COSTS
ACHIEVE MINNEAPOLIS 111 THIRD AVE S STE 5 MINNEAPOLIS, MN 55401	41-1425264	501(C)(3)	95,578	0			PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ADVOCATES FOR HUMAN RIGHTS 330 SECOND AVE S STE 800 MINNEAPOLIS, MN 55401	36-3292374	501(C)(3)	110,000	0			PROGRAM OPERATING COSTS
AFRICAN AMERICAN LEADERSHIP FORUM 222 S 9TH STREET MINNEAPOLIS, MN 55402	47-2000830	501(C)(3)	20,000	0			PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AFRICAN CAREER EDUCATION AND RESOURCE INC 5701 SHINGLE CREEK PKWY BROOKLYN CENTER, MN 55430	47-1207676	501(C)(3)	25,000	0			PROGRAM OPERATING COSTS
AFRICAN IMMIGRANTS COMMUNITY SERVICES 1933 13TH AVE S MINNEAPOLIS, MN 55404	30-0368292	501(C)(3)	52,000	0			PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AFRO AMERICAN DEVELOPMENT ASSOCIATION 1132 28TH AVE S MOORHEAD, MN 56560	47-2210302	501(C)(3)	25,000	0			PROGRAM OPERATING COSTS
AIN DAH YUNG OUR HOME CENTER 1089 PORTLAND AVENUE ST PAUL, MN 55104	41-1697692	501(C)(3)	100,700	0			PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN INDIAN OIC INC 1845 EAST FRANKLIN AVE MINNEAPOLIS, MN 554044062	41-1365561	501(C)(3)	225,000	0			PROGRAM OPERATING COSTS
AMHERST H WILDER FOUNDATION 451 LEXINGTON PKWY N ST PAUL, MN 55104	41-0693889	501(C)(3)	432,927	18,015	FMV	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ANOKA COUNTY COMMUNITY ACTION INC 1201 NORTH 89TH AVE STE 345 BLAINE, MN 554343346	41-6048575	501(C)(3)	120,000	6,792	FMV	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM OPERATING COSTS
ANOKA HENNEPIN SCHOOLS 2727 N FERRY ST ANOKA, MN 55303	41-6008267	GOVERNMENTAL UNIT	0	20,376	FMV	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
APPETITE FOR CHANGE 1200 WEST BROADWAY AVE 180 MINNEAPOLIS, MN 55411	27-5112040	501(C)(3)	223,220	0			PROGRAM OPERATING COSTS
ASAMBLEA DE DERECHOS CIVILES DE MINNESOTA 3805 E 40TH STREET SUITE 102 MINNEAPOLIS, MN 55406	27-1350278	501(C)(3)	75,000	0			PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ATHLETES COMMITTED TO EDUCATING STUDENTS 1115 EAST HENNEPIN AVE MINNEAPOLIS, MN 554142321	41-1789659	501(C)(3)	180,000	6,133	FMV	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM OPERATING COSTS
AVENUES FOR HOMELESS YOUTH 1708 OAK PARK AVE NORTH MINNEAPOLIS, MN 55411	41-1765140	501(C)(3)	114,600	0			PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AVIVO DBA - RESOURCE INC 1900 CHICAGO AVE S MINNEAPOLIS, MN 554041903	41-0828779	501(C)(3)	675,300	9,864	FMV	HOUSEHOLD GOODS, SCHOOL SUPPLIES AND BACKPACKS	PROGRAM OPERATING COSTS
BABY'S SPACE A PLACE TO GROW 2438 18TH AVE S MINNEAPOLIS, MN 55404	20-4502788	501(C)(3)	180,500	170	FMV	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BANYAN COMMUNITY 2529 13TH AVE S MINNEAPOLIS, MN 55404	41-1922813	501(C)(3)	67,500	0			PROGRAM OPERATING COSTS
BIG BROTHERS BIG SISTERS OF GREATER TWIN CITIES 2550 UNIVERSITY AVE SUITE 410N ST PAUL, MN 55114	32-0017737	501(C)(3)	380,000	0			PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BROOKLYN BRIDGE ALLIANCE FOR YOUTH 6150 SUMMIT DRIVE NORTH BROOKLYN CENTER, MN 55443	41-6008804	501(C)(3)	52,000	0			PROGRAM OPERATING COSTS
BROOKLYN CENTER SCHOOLS ISD 286 6500 HUMBOLDT AVE NORTH BROOKLYN CENTER, MN 554301897	41-6009038	GOVERNMENTAL UNIT	66,500	1,227	FMV	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMP FIRE USA MINNESOTA COUNCIL 4829 MINNETONKA BLVD STE 202 ST LOUIS PARK, MN 55416	41-0706116	501(C)(3)	85,000	631	FMV	HOUSEHOLD GOODS AND TOILETRIES	PROGRAM OPERATING COSTS
CAPI USA 3702 E LAKE ST STE 200 MINNEAPOLIS, MN 55406	41-1417198	501(C)(3)	254,302	0			PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASA DE ESPERANZA 1821 UNIVERSITY AVE W STE S155 ST PAUL, MN 55175	41-1414710	501(C)(3)	75,000	1,206	FMV	HOUSEHOLD GOODS, SCHOOL SUPPLIES AND BACKPACKS	PROGRAM OPERATING COSTS
CATHOLIC CHARITIES 1200 SECOND AVE SOUTH MINNEAPOLIS, MN 554032500	41-1302487	501(C)(3)	954,375	7,134	FMV	HOUSEHOLD GOODS, SCHOOL SUPPLIES AND BACKPACKS	PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR ECONOMIC INCLUSION 1015 4TH AVE N STE 202 MINNEAPOLIS, MN 55405	82-3563111	501(C)(3)	180,000	0			PROGRAM OPERATING COSTS
CENTER FOR VICTIMS OF TORTURE 2356 UNIVERSITY AVE W STE 430 ST PAUL, MN 55114	36-3383933	501(C)(3)	127,300	0			PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRO TYRONE GUZMAN 1915 CHICAGO AVE SOUTH MINNEAPOLIS, MN 554041904	41-1290349	501(C)(3)	370,750	736	FMV	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM OPERATING COSTS
CHILDREN'S DEFENSE FUND OF MINNESOTA 555 PARK STREET STE 410 ST PAUL, MN 55103	52-0895622	501(C)(3)	30,000	0			PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRISTIANS REACHING OUT IN SOCIAL SERVICE 12915 WEINAND CIRCLE ROGERS, MN 55374	41-1314577	501(C)(3)	128,250	6,510	FMV	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM OPERATING COSTS
COLLEGE POSSIBLE 540 FAIRVIEW AVE N STE 304 ST PAUL, MN 55104	41-1968798	501(C)(3)	33,997	0			PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMONBOND COMMUNITIES 1080 MONTREAL AVENUE ST PAUL, MN 55116	41-1260469	501(C)(3)	120,200	3,349	FMV	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM OPERATING COSTS
COMMUNITY EMERGENCY ASSISTANCE PROGRAM 7051 BROOKLYN BLVD BROOKLY CENTER, MN 55429	41-0990340	501(C)(3)	119,226	23,740	FMV	HOUSEHOLD GOODS, SCHOOL SUPPLIES AND BACKPACKS	PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY EMERGENCY SERVICES 1900 SOUTH 11TH AVE MINNEAPOLIS, MN 55404	41-1728341	501(C)(3)	47,500	2,453	FMV	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM OPERATING COSTS
COMMUNITY PARTNERS WITH YOUTH 1900 SEVENTH ST NW NEW BRIGHTON, MN 55112	41-1952012	501(C)(3)	47,500	2,819	FMV	HOUSEHOLD GOODS, SCHOOL SUPPLIES AND BACKPACKS	PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY UNIVERSITY HEALTH CARE CENTER 2001 BLOOMINGTON AVE SOUTH MINNEAPOLIS, MN 55404	41-6007513	501(C)(3)	64,125	0			PROGRAM OPERATING COSTS
COMUNIDADES LATINAS UNIDAS EN SERVICIO INC 797 EAST SEVENTH ST ST PAUL, MN 551065014	41-1386986	501(C)(3)	342,000	7,359	FMV	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONNECTIONS TO INDEPENDENCE 310 E 38TH STREET 300 MINNEAPOLIS, MN 55409	80-0542940	501(C)(3)	45,000	0			PROGRAM OPERATING COSTS
CORNERSTONE ADVOCACY SERVICES 1000 EAST 80TH ST BLOOMINGTON, MN 554201424	41-1476268	501(C)(3)	75,000	0			PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COUNCIL ON AMERICAN-ISLAMIC RELATIONS - MINNESOTA 2511 E FRANKLIN AVE STE 100 MINNEAPOLIS, MN 55406	45-0553731	501(C)(3)	25,000	0			PROGRAM OPERATING COSTS
COURAGE KENNY FOUNDATION 3915 GOLDEN VALLEY ROAD GOLDEN VALLEY, MN 554229958	41-0706118	501(C)(3)	366,250	0			PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CULTURAL WELLNESS CENTER 2025 PORTLAND AVE S MINNEAPOLIS, MN 55404	41-1850859	501(C)(3)	45,000	0			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	501(C)(3)	275,000	0			PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DISCAPITADOS ABRIENDOSE CAMINOS 107 7TH AVE S SOUTH ST PAUL, MN 55075	41-1936762	501(C)(3)	25,000	0			PROGRAM OPERATING COSTS
DIVISION OF INDIAN WORK 1001 EAST LAKE ST MINNEAPOLIS, MN 55407	81-5265328	501(C)(3)	204,100	0			PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DREAM OF WILD HEALTH 1308 FRANKLIN AVE STE 203 MINNEAPOLIS, MN 55404	41-1632662	501(C)(3)	45,000	0			PROGRAM OPERATING COSTS
EASTSIDE NEIGHBORHOOD SERVICE 1700 SECOND ST NORTHEAST MINNEAPOLIS, MN 55413	41-0873798	501(C)(3)	160,000	4,906	FMV	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EMERGE COMMUNITY DEVELOPEMENT 1101 WEST BROADWAY AVENUE MINNEAPOLIS, MN 554112570	41-1277423	501(C)(3)	542,750	2,453	FMV	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM OPERATING COSTS
EMMA NORTON SERVICES 670 NORTH ROBERT ST ST PAUL, MN 55101	41-0859485	501(C)(3)	107,350	1,061	FMV	HOUSEHOLD GOODS AND TOILETRIES	PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FACE TO FACE HEALTH & COUNSELING SERVICE 1165 ARCADE ST ST PAUL, MN 55106	41-0986780	501(C)(3)	325,000	2,403	FMV	HOUSEHOLD GOODS, SCHOOL SUPPLIES AND BACKPACKS	PROGRAM OPERATING COSTS
FAMILY PATHWAYS 6413 OAK STREET NORTH BRANCH, MN 55056	41-1332828	501(C)(3)	115,000	0			PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILYWISE 3036 UNIVERSITY AVE SE MINNEAPOLIS, MN 55414	41-1343909	501(C)(3)	213,750	0			PROGRAM OPERATING COSTS
FARIBAULT DIVERSITY COALITION 324 CENTRAL AVE FARIBAULT, MN 55021	68-0504271	501(C)(3)	25,000	0			PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF THE ST PAUL PUBLIC LIBRARY 1080 MONTREAL AVE STE 2 ST PAUL, MN 55116	41-6029683	501(C)(3)	90,000	0			PROGRAM OPERATING COSTS
GIRL SCOUTS OF MN AND WI RIVER VALLEYS 400 S ROBERT ST ST PAUL, MN 55107	41-0693910	501(C)(3)	352,000	0			PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIVEMNORG 101 FIFTH ST E STE 2400 ST PAUL, MN 55101	27-0374054	501(C)(3)	15,000	0			PROGRAM OPERATING COSTS
GOODWILL INDUSTRIES INC DBA GOODWILLEASTER SEALS 553 FAIRVIEW AVE N ST PAUL, MN 551041708	41-0706171	501(C)(3)	258,150	0			PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER MINNEAPOLIS CRISIS NURSERY 4544 4TH AVE S MINNEAPOLIS, MN 55419	41-1379021	501(C)(3)	105,000	0			PROGRAM OPERATING COSTS
GUILD INCORPORATED 130 WABASHA ST STE 90 ST PAUL, MN 551071819	41-1669233	501(C)(3)	209,000	0			PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HALLIE Q BROWN COMMUNITY CENTER INC 270 KENT STREET NORTH ST PAUL, MN 551021744	41-0693846	501(C)(3)	221,880	0			PROGRAM OPERATING COSTS
HEADWAY EMOTIONAL HEALTH SERVICES 6425 NICOLLET AVE SOUTH RICHFIELD, MN 55423	41-0962511	501(C)(3)	71,250	0			PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HENNEPIN HEALTH FOUNDATION 701 PARK AVE LSB3 MINNEAPOLIS, MN 55415	41-0845733	501(C)(3)	660,100	0			PROGRAM OPERATING COSTS
HIAWATHA ACADEMIES 1611 E 46TH STREET MINNEAPOLIS, MN 55407	20-4798683	501(C)(3)	18,000	0			PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HIRED 217 5TH AVE N MINNEAPOLIS, MN 55401	41-6078344	501(C)(3)	201,600	0			PROGRAM OPERATING COSTS
HOPE COMMUNITY INC 611 EAST FRANKLIN AVE MINNEAPOLIS, MN 55404	41-1292817	501(C)(3)	45,000	0			PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOPE DENTAL CLINIC 435 UNIVERSITY AVE E ST PAUL, MN 55130	81-4068287	501(C)(3)	118,750	0			PROGRAM OPERATING COSTS
HUNGER SOLUTIONS MINNESOTA 555 PARK STREET SUITE 400 ST PAUL, MN 551032193	36-3567366	501(C)(3)	9,375	0			PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IGNITE AFTERSCHOOL 970 RAYMOND AVE SUITE 204 ST PAUL, MN 55114	47-4834387	501(C)(3)	106,000	0			PROGRAM OPERATING COSTS
IMMIGRANT LAW CENTER OF MINNESOTA 450 SYNDICATE ST N STE 200 ST PAUL, MN 55104	41-0909036	501(C)(3)	172,250	0			PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INDIAN HEALTH BOARD OF MINNEAPOLIS 1315 EAST 24TH ST MINNEAPOLIS, MN 554043959	41-0977740	501(C)(3)	137,750	0			PROGRAM OPERATING COSTS
INSTITUTE FOR COMMUNITY ALLIANCES 1508 E FRANKLIN AVE 100 MINNEAPOLIS, MN 55404	42-1352902	501(C)(3)	50,000	0			PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERCONGREGATION COMMUNITIES ASSOCIATION 12990 ST DAVIDS RD MINNETONKA, MN 55305	41-0979010	501(C)(3)	47,500	0			PROGRAM OPERATING COSTS
INTERFAITH ACTION OF GREATER SAINT PAUL 1671 SUMMIT AVE ST PAUL, MN 551051884	41-0694741	501(C)(3)	66,500	0			PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INTERFAITH OUTREACH & COMMUNITY PARTNERS 1605 COUNTY ROAD 101 N PLYMOUTH, MN 55447	36-3482724	501(C)(3)	0	8,335	FMV	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM OPERATING COSTS
INTERNATIONAL INSTITUTE OF MINNESOTA 1694 COMO AVE ST PAUL, MN 551082784	41-0693912	501(C)(3)	658,875	2,189	FMV	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEWISH FAMILY & CHILDREN'S SERVICES OF MPLS 5905 GOLDEN VALLEY ROAD GOLDEN VALLEY, MN 55422	41-0693860	501(C)(3)	218,500	0			PROGRAM OPERATING COSTS
JEWISH FAMILY SERVICE OF ST PAUL 1633 WEST SEVENTH ST ST PAUL, MN 55102	41-0694697	501(C)(3)	45,000	0			PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JOYCE PRESCHOOL 1219 WEST 31ST STREET MINNEAPOLIS, MN 55408	81-0594016	501(C)(3)	85,500	509	FMV	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM OPERATING COSTS
KAREN ORGANIZATION OF MN 2353 RICE STREET SUITE 240 ROSEVILLE, MN 55113	30-0438142	501(C)(3)	160,000	0			PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KENTE CIRCLE TRAINING INSTITUTE 345 E 38TH STREET MINNEAPOLIS, MN 55409	47-4342558	501(C)(3)	35,000	0			PROGRAM OPERATING COSTS
KEYSTONE COMMUNITY SERVICES 2000 ST ANTHONY AVE ST PAUL, MN 551045199	41-0693924	501(C)(3)	388,025	6,423	FMV	HOUSEHOLD GOODS, SCHOOL SUPPLIES AND BACKPACKS	PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KWANZAA COMMUNITY CHURCH 3700 BRYANT AVE N MINNEAPOLIS, MN 55412	27-0031853	501(C)(3)	226,000	0			PROGRAM OPERATING COSTS
LIFETRACK RESOURCES 709 UNIVERSITY AVE WEST ST PAUL, MN 551044804	41-0874507	501(C)(3)	807,000	1,311	FMV	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIVING WELL DISABILITY SERVICES 680 ONEILL DRIVE EAGAN, MN 551211535	23-7181360	501(C)(3)	71,100	0			PROGRAM OPERATING COSTS
LOAVES & FISHES TOO 1121 JACKSON STREET NE SUITE 143 MINNEAPOLIS, MN 55413	41-1421522	501(C)(3)	99,600	6,936	FMV	HOUSEHOLD GOODS, SCHOOL SUPPLIES AND BACKPACKS	PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LUTHERAN SOCIAL SERVICES OF MN 2485 COMO AVE ST PAUL, MN 55108	41-0872993	501(C)(3)	153,250	0			PROGRAM OPERATING COSTS
MERRICK COMMUNITY SERVICES 965 PAYNE AVENUE SUITE 300 ST PAUL, MN 55130	41-0693851	501(C)(3)	197,100	6,659	FMV	HOUSEHOLD GOODS, SCHOOL SUPPLIES AND BACKPACKS	PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MICROGRANTS 1035 E FRANKLIN AVE MINNEAPOLIS, MN 55404	20-2092394	501(C)(3)	10,000	0			PROGRAM OPERATING COSTS
MID-MINNESOTA LEGAL ASSISTANCE 430 FIRST AVE N STE 300 MINNEAPOLIS, MN 554011780	41-1412710	501(C)(3)	386,650	0			PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MINNEAPOLIS AMERICAN INDIAN CENTER 1530 FRANKLIN AVE EAST MINNEAPOLIS, MN 554042136	41-0966005	501(C)(3)	72,000	0			PROGRAM OPERATING COSTS
MINNEAPOLIS PUBLIC SCHOOLS 1250 W BROADWAY AVE MINNEAPOLIS, MN 55411	41-1972445	GOVERNMENTAL UNIT	25,000	20,376	FMV	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MINNEAPOLIS YOUTH COORDINATING BOARD 330 SECOND AVENUE SOUTH 540 MINNEAPOLIS, MN 55401	41-1566656	501(C)(3)	42,000	0			PROGRAM OPERATING COSTS
MINNESOTA INDIAN WOMEN'S RESOURCE CENTER 2300 15TH AVE SOUTH MINNEAPOLIS, MN 554043935	41-1500950	501(C)(3)	140,450	3,041	FMV	HOUSEHOLD GOODS, SCHOOL SUPPLIES AND BACKPACKS	PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MINNESOTA JUSTICE FOUNDATION 229 19TH AVE S STE 95 MINNEAPOLIS, MN 55455	41-1447537	501(C)(3)	16,000	0			PROGRAM OPERATING COSTS
MINNESOTA VALLEY ACTION COUNCIL INC 706 N VICTORY DRIVE MANKATO, MN 56001	41-6050353	501(C)(3)	136,000	0			PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MODEL CITIES OF ST PAUL INC 1821 UNIVERSITY AVE W STE N461 ST PAUL, MN 55104	41-1687873	501(C)(3)	202,000	2,264	FMV	HOUSEHOLD GOODS, SCHOOL SUPPLIES AND BACKPACKS	PROGRAM OPERATING COSTS
MONTESSORI TRAINING CENTER OF MN 1611 AMES AVE ST PAUL, MN 55106	41-1361913	501(C)(3)	137,500	0			PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAVIGATE MN 2525 E FRANKLIN AVENUE STE 300 MINNEAPOLIS, MN 55406	45-3808452	501(C)(3)	25,000	0			PROGRAM OPERATING COSTS
NEIGHBORHOOD HEALTHSOURCE INC 3300 FREMONT AVE NORTH MINNEAPOLIS, MN 554122499	41-1235064	501(C)(3)	163,400	0			PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEIGHBORHOOD HOUSE PAUL & SHEILA WELLSTONE CTR 179 ROBIE STREET EAST ST PAUL, MN 551072360	41-0693916	501(C)(3)	413,300	20,349	FMV	HOUSEHOLD GOODS, SCHOOL SUPPLIES AND BACKPACKS	PROGRAM OPERATING COSTS
NEIGHBORS INC 222 GRAND AVE W SOUTH ST PAUL, MN 55075	41-1360294	501(C)(3)	89,300	0			PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEON NORTHSIDE ECONOMIC OPPORTUNITY NETWORK 1007 W BROADWAY AVE N STE 100 MINNEAPOLIS, MN 55411	80-0163521	501(C)(3)	53,900	0			PROGRAM OPERATING COSTS
NEW LENS URBAN MENTORING SOCIETY INC 991 SELBY AVE W ST PAUL, MN 55104	47-4050244	501(C)(3)	135,000	0			PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH METRO PEDIATRICS 10081 DOGWOOD ST NW COON RAPIDS, MN 55448	20-1773869	501(C)(3)	64,601	0			PROGRAM OPERATING COSTS
NORTHERN STAR COUNCIL BOY SCOUTS OF AMERICA 6202 BLOOMINGTON RD FORT SNELLING, MN 55111	20-3000282	501(C)(3)	75,000	0			PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHPOINT HEALTH & WELLNESS CENTER INC 1315 PENN AVE N MINNEAPOLIS, MN 554113047	20-0898277	501(C)(3)	310,275	6,664	FMV	HOUSEHOLD GOODS, SCHOOL SUPPLIES AND BACKPACKS	PROGRAM OPERATING COSTS
NORTHSIDE ACHIEVEMENT ZONE 2123 W BROADWAY AVE STE 100 MINNEAPOLIS, MN 55411	30-0238807	501(C)(3)	100,000	0			PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OASIS FOR YOUTH 2200 W OLD SHAKOPEE RD BLOOMINGTON, MN 55431	45-3683785	501(C)(3)	25,000	0			PROGRAM OPERATING COSTS
OPPORTUNITY PARTNERS INC 5500 OPPORTUNITY COURT MINNETONKA, MN 553439093	41-0737221	501(C)(3)	66,600	0			PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARTNERSHIP ACADEMY 305 EAST 77TH STREET RICHFIELD, MN 55423	01-0701608	501(C)(3)	118,750	0			PROGRAM OPERATING COSTS
PEOPLE RESPONDING IN SOCIAL MINISTRY 1220 ZANE AVE N GOLDEN VALLEY, MN 55422	41-1442049	501(C)(3)	95,000	6,930	FMV	HOUSEHOLD GOODS, SCHOOL SUPPLIES AND BACKPACKS	PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PERSPECTIVES INC 3381 GORHAM AVE ST LOUIS PARK, MN 554261074	41-1288300	501(C)(3)	60,800	0			PROGRAM OPERATING COSTS
PHYLLIS WHEATLEY COMMUNITY CENTER 1301 TENTH AVE N MINNEAPOLIS, MN 55411	41-0706132	501(C)(3)	195,000	0			PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PILLSBURY UNITED COMMUNITIES 125 W BROADWAY STE 130 MINNEAPOLIS, MN 55411	41-0916478	501(C)(3)	1,416,075	11,867	FMV	HOUSEHOLD GOODS, SCHOOL SUPPLIES AND BACKPACKS	PROGRAM OPERATING COSTS
PORTICO HEALTHNET 1600 UNIVERSITY AVE W 211 ST PAUL, MN 551043825	41-1814659	501(C)(3)	301,150	0			PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PREPARE PROSPER 2610 UNIVERSITY AVE W STE 450 ST PAUL, MN 55114	23-7131829	501(C)(3)	308,000	0			PROGRAM OPERATING COSTS
PREVENTIVE HEALTHCARE AGENCY 1600 E LAKE STREET STE 1 MINNEAPOLIS, MN 55407	42-1651737	501(C)(3)	55,000	0			PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROJECT FOR PRIDE IN LIVING INC 1035 EAST FRANKLIN AVE MINNEAPOLIS, MN 554042920	23-7232208	501(C)(3)	523,800	10,522	FMV	HOUSEHOLD GOODS, SCHOOL SUPPLIES AND BACKPACKS	PROGRAM OPERATING COSTS
PROJECT SWEETIE PIE 1418 OLIVER AVE N MINNEAPOLIS, MN 55411	46-4183605	501(C)(3)	5,500	0			PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROPEL NONPROFITS 1 MAIN STREET SE STE 600 MINNEAPOLIS, MN 55414	41-1916337	501(C)(3)	25,000	0			PROGRAM OPERATING COSTS
RECLAIM 771 RAYMOND AVE ST PAUL, MN 551141522	80-0829665	501(C)(3)	50,000	0			PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REVE ACADEMY 807 BROADWAY STREE NE STE 160 MINNEAPOLIS, MN 55413	27-4148333	501(C)(3)	65,000	0			PROGRAM OPERATING COSTS
RISE INC 8406 SUNSET ROAD NORTHEAST SPRING LAKE PARK, MN 554321317	41-0972476	501(C)(3)	129,600	1,698	FMV	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SABATHANI COMMUNITY CENTER INC 310 EAST 38TH ST MINNEAPOLIS, MN 554091300	41-0984859	501(C)(3)	119,700	2,453	FMV	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM OPERATING COSTS
SCIENCE MUSEUM OF MINNESOTA 120 W KELLOGG BLVD ST PAUL, MN 55102	41-0706172	501(C)(3)	160,000	0			PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SCOTT-CARVER-DAKOTA CAP AGENCY INC 712 CANTERBURY ROAD SOUTH SHAKOPEE, MN 553791840	41-0903890	501(C)(3)	261,125	15,350	FMV	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM OPERATING COSTS
SERVEMINNESOTA 120 SOUTH 6TH STREET STE 2260 MINNEAPOLIS, MN 55402	41-2010058	501(C)(3)	116,035	0			PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SIMPSON HOUSING SERVICES INC 2100 PILLSBURY AVE S MINNEAPOLIS, MN 55404	41-1759477	501(C)(3)	169,250	0			PROGRAM OPERATING COSTS
SOLID GROUND 3521 CENTURY AVENUE NORTH WHITE BEAR LAKE, MN 551105689	36-3578158	501(C)(3)	57,000	2,497	FMV	HOUSEHOLD GOODS, SCHOOL SUPPLIES AND BACKPACKS	PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHEAST ASIAN REFUGE CMTY HOME 1113 E FRANKLIN AVE STE 212 MINNEAPOLIS, MN 554042922	41-1729008	501(C)(3)	60,000	0			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)	230,650	0			PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHSIDE FAMILY NURTURING CENTER 2448 SOUTH 18TH ST MINNEAPOLIS, MN 554044048	41-1274177	501(C)(3)	215,000	0			PROGRAM OPERATING COSTS
ST DAVID'S SCHOOL FOR CHILD DEVELOPMENT 3395 PLYMOUTH ROAD MINNETONKA, MN 55305	41-1429208	501(C)(3)	71,250	1,227	FMV	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST LOUIS PARK SCHOOLS ISD 283 6311 WAYZATA BLVD ST LOUIS PARK, MN 55416	20-5186292	GOVERNMENTAL UNIT	59,500	0			PROGRAM OPERATING COSTS
ST MARY'S HEALTH CLINICS 1884 RANDOLPH AVE ST PAUL, MN 55105	41-1760632	501(C)(3)	107,350	0			PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST PAUL PUBLIC SCHOOLS ISD 625 360 COLBORNE ST PAUL, MN 55103	41-0901311	GOVERNMENTAL UNIT	50,000	0			PROGRAM OPERATING COSTS
SUMMIT ACADEMY OIC 935 OLSON MEMORIAL HIGHWAY MINNEAPOLIS, MN 554051360	41-0908458	501(C)(3)	306,250	0			PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE ARC MINNESOTA INC 2446 UNIVERSITY AVE W STE 110 ST PAUL, MN 55114	41-0795254	501(C)(3)	135,000	0			PROGRAM OPERATING COSTS
THE BRIDGE FOR YOUTH 1111 WEST 22ND STREET MINNEAPOLIS, MN 55405	41-0983062	501(C)(3)	323,000	802	FMV	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE FAMILY PARTNERSHIP 414 SOUTH EIGHTH ST MINNEAPOLIS, MN 554041081	41-0693858	501(C)(3)	490,550	0			PROGRAM OPERATING COSTS
THE FOOD GROUP MINNESOTA INC THE FOOD GROUP 8501 54TH AVE N NEW HOPE, MN 554283710	41-1246504	501(C)(3)	95,000	0			PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE LINK 1210 GLENWOOD AVE MINNEAPOLIS, MN 55405	41-1920649	501(C)(3)	166,250	6,272	FMV	HOUSEHOLD GOODS, SCHOOL SUPPLIES AND BACKPACKS	PROGRAM OPERATING COSTS
THE NETWORK FOR BETTER FUTURES DBA BETTER FUTURES MN 2620 MINNEHAHA AVE S MINNEAPOLIS, MN 55406	45-0550557	501(C)(3)	85,500	0			PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SAINT PAUL FOUNDATION 101 E 5TH STREET STE 2400 ST PAUL, MN 551011800	41-6031510	501(C)(3)	75,000	0			PROGRAM OPERATING COSTS
THE SALVATION ARMY 2445 PRIOR AVE NORTH ROSEVILLE, MN 551132714	41-0698597	501(C)(3)	333,450	9,057	FMV	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TWIN CITIES MEDIA ALLIANCE 2525 E FRANKLIN AVE STE 250 MINNEAPOLIS, MN 55406	42-1670009	501(C)(3)	25,000	0			PROGRAM OPERATING COSTS
TWIN CITIES RISE 1301 BRYANT AVE N MINNEAPOLIS, MN 55411	41-1761118	501(C)(3)	200,000	613	FMV	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UJAMAA PLACE 1821 UNIVERSITY AVE W N257 ST PAUL, MN 55104	27-1216065	501(C)(3)	320,000	0			PROGRAM OPERATING COSTS
UNITED CAMBODIAN ASSOCIATION OF MN 1385 MENDOTA HEIGHTS RD INVER GROVE HEIGHTS, MN 55120	41-1631017	501(C)(3)	95,000	0			PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED FAMILY PRACTICE HEALTH CENTER 1026 WEST 7TH STREET ST PAUL, MN 55102	27-0052697	501(C)(3)	121,600	0			PROGRAM OPERATING COSTS
UNIVERSITY OF MINNESOTA FOUNDATION 200 OAK STREET SE STE 500 MINNEAPOLIS, MN 554552010	41-6042488	501(C)(3)	21,375	0			PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
URBAN STRATEGIES 1000 OLSON MEMORIAL HWY MINNEAPOLIS, MN 55411	43-1141027	501(C)(3)	36,096	637	FMV	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM OPERATING COSTS
VAIL PLACE 23 9TH AVE S HOPKINS, MN 55343	41-1394766	501(C)(3)	59,400	0			PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIETNAMESE SOCIAL SERVICES OF MN 277 UNIVERSITY AVE W ST PAUL, MN 55103	36-3532232	501(C)(3)	25,000	0			PROGRAM OPERATING COSTS
VISION LOSS RESOURCES INC-E METRO 1936 LYNDALE AVE SOUTH MINNEAPOLIS, MN 55403	41-0694713	501(C)(3)	114,000	0			PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VOLUNTEER LAWYERS NETWORK LTD 600 NICOLLET MALL STE 390A MINNEAPOLIS, MN 554021605	41-0988459	501(C)(3)	93,300	0			PROGRAM OPERATING COSTS
VOLUNTEERS ENLISTED TO ASSIST PEOPLE 9600 ALDRICH AVE S BLOOMINGTON, MN 55420	41-6175999	501(C)(3)	47,500	0			PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VOLUNTEERS OF AMERICA MINNESOTA 7625 METRO BLVD MINNEAPOLIS, MN 55439	41-1554078	501(C)(3)	150,500	5,468	FMV	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM OPERATING COSTS
WASHBURN CENTER FOR CHILDREN 1100 GLENWOOD AVE MINNEAPOLIS, MN 55405	41-0711618	501(C)(3)	152,500	2,547	FMV	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAY TO GROW 125 WEST BROADWAY STE 110 MINNEAPOLIS, MN 554112246	71-0956749	501(C)(3)	227,719	0			PROGRAM OPERATING COSTS
WELLSHARE INTERNATIONAL 122 WEST FRANKLIN AVENUE STE 510 MINNEAPOLIS, MN 55404	41-1397062	501(C)(3)	174,850	0			PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WHITE BEAR LAKE AREA SCHOOLS ISD 624 4855 BLOOM AVE WHITE BEAR LAKE, MN 55110	41-6008212	GOVERNMENTAL UNIT	9,500	0			PROGRAM OPERATING COSTS
WOMEN'S ADVOCATES INC 588 GRAND AVE ST PAUL, MN 55102	23-7310701	501(C)(3)	68,400	0			PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF THE GREATER TWIN CITIES 651 NICOLLET MALL STE 500 MINNEAPOLIS, MN 55402	45-2563299	501(C)(3)	1,473,300	9,117	FMV	HOUSEHOLD GOODS, SCHOOL SUPPLIES AND BACKPACKS	PROGRAM OPERATING COSTS
YOUTH RESOURCES 2114 QUEEN AVE N MINNEAPOLIS, MN 55411	43-2100868	501(C)(3)	54,125	0			PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUTH CARE 2701 UNIVERSITY AVE SE STE 205 MINNEAPOLIS, MN 55414	41-1322470	501(C)(3)	45,000	0			PROGRAM OPERATING COSTS
YOUTHLINK 41 NORTH 12TH ST MINNEAPOLIS, MN 55403	41-1341773	501(C)(3)	345,250	4,298	FMV	HOUSEHOLD GOODS AND TOILETRIES	PROGRAM OPERATING COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YWCA OF MINNEAPOLIS 1130 NICOLLET MALL MINNEAPOLIS, MN 554032405	41-0693891	501(C)(3)	860,000	0			PROGRAM OPERATING COSTS
YWCA OF ST PAUL 375 SELBY AVE ST PAUL, MN 551021790	41-0693892	501(C)(3)	251,750	3,513	FMV	HOUSEHOLD GOODS, SCHOOL SUPPLIES AND BACKPACKS	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.**
▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
GREATER TWIN CITIES UNITED WAY

Employer identification number
41-1973442

Part I Questions Regarding Compensation

	Yes	No								
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</p> <table 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 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>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2 Yes									
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</p> <table 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>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c 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 Yes									
	4b	No								
	4c	No								
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p> <p>5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III</p>	5a	No								
	5b	No								
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III</p>	6a	No								
	6b	No								
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III</p>	7	No								
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III</p>	8	No								
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	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 2018 ANNUAL EXPENSE INCURRED BY GTCUW FOR THE MINNEAPOLIS CLUB MEMBERSHIP WAS \$4,830 AND WAS REPORTED AS TAXABLE INCOME TO THE CEO.
PART I, LINE 4A	SARA CARUSO RECEIVED A SEVERANCE PAYMENT OF \$281,463 DURING 2018. CRAIG WARREN RECEIVED A SEVERANCE PAYMENT OF \$85,715 DURING 2018.

Additional Data

Software ID:

Software Version:

EIN: 41-1973442

Name: GREATER TWIN CITIES UNITED WAY

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 SARAH CARUSO PRESIDENT AND CEO (JAN - JULY 2018)	(i)	185,528	0	305,944	19,699	32,136	543,307	0
	(ii)	0	0	0	0	0	0	0
1 TRENT BLAIN VP MARKETING AND INTERIM CEO (JULY - DEC 2018)	(i)	146,250	0	1,497	7,238	14,629	169,614	0
	(ii)	0	0	0	0	0	0	0
2 ATHENA MIHAS VP FINANCE AND INFORMATION TECHNOLOGY	(i)	145,492	0	3,721	10,537	13,686	173,436	0
	(ii)	0	0	0	0	0	0	0
3 CRAIG WARREN CHIEF OPERATING OFFICER (JAN - MARCH 2018)	(i)	46,585	0	102,577	3,567	10,388	163,117	0
	(ii)	0	0	0	0	0	0	0
4 KIM STONE SVP ADVANCEMENT	(i)	190,591	0	1,470	13,621	6,689	212,371	0
	(ii)	0	0	0	0	0	0	0
5 MICHELLE WALKER-DAVIS EXECUTIVE DIRECTOR GENERAT	(i)	186,282	0	273	12,574	34,091	233,220	0
	(ii)	0	0	0	0	0	0	0
6 KELLY PUSPOKI VP COMMUNICATIONS	(i)	163,614	0	1,454	6,080	2,466	173,614	0
	(ii)	0	0	0	0	0	0	0
7 COLLEEN FAHEY VP PRINCIPAL GIFTS	(i)	142,021	108	732	6,653	13,898	163,412	0
	(ii)	0	0	0	0	0	0	0
8 CARRIE CHANG VP INDIVIDUAL DONOR ENGAGE	(i)	139,335	0	169	10,191	7,619	157,314	0
	(ii)	0	0	0	0	0	0	0
9 ROBERT POFERL SVP WORKPLACE FUNDRAISING	(i)	134,805	0	2,017	9,302	29,286	175,410	0
	(ii)	0	0	0	0	0	0	0

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2018

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

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	176	1,590,110	QUOTED MARKET PRICES
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

29	
-----------	--

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

	Yes	No
30a		No
31	Yes	
32a		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 nonstandard contributions?

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

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

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 I, LINE 6	IN ADDITION TO THE DIRECT VOLUNTEERS REPORTED ON LINE 6 OF THE 990 RETURN, GTCUW MOBILIZES VOLUNTEERS TO ADDRESS COMMUNITY NEEDS BY CONNECTING THEM WITH OUR NONPROFIT PARTNER AGENCIES FOR SHORT-TERM AND ONGOING VOLUNTEER NEEDS IN 2018, WE ENGAGED 60,700 VOLUNTEERS, RESULTING IN 589,000 VOLUNTEER HOURS IN THE COMMUNITY AND A SAVINGS OF \$14,500,000 IN LABOR COSTS

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 TIMOTHY WELSH AND SRI ZAHEER - BUSINESS RELATIONSHIP JULIE SULLIVAN AND TIMOTHY WELSH - BUSINESS RELATIONSHIP JEANNE CRAIN AND RON JAMES - BUSINESS RELATIONSHIP ABIGAIL ROSE AND TOM SANDERS - BUSINESS RELATIONSHIP KATE MORTENSON AND PENNY WHEELER - BUSINESS RELATIONSHIP JULIE SULLIVAN AND PENNY WHEELER - BUSINESS RELATIONSHIP RON JAMES, TIMOTHY WELSH, AND PENNY WHEELER - BUSINESS RELATIONSHIP REBA DOMINSKI AND TIMOTHY WELSH - BUSINESS RELATIONSHIP

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

Return Reference	Explanation
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
FORM 990, PART VI, SECTION B, LINE 15	<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.</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 I TS WEBSITE AS WELL AS UPON REQUEST GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLIC Y ARE AVAILABLE UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 9	ALL OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES CAN BE REACHED AT GTCUW'S ADDRESS WITH THE EXCEPTION OF SARAH CARUSO AND CRAIG WARREN SARAH CARUSO - 2726 KENILWORTH PL, MINNEAPOLIS, MN 55405 CRAIG WARREN - 10 SEVENTH STREET WEST, SAINT PAUL, MN 55102

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	CHANGE IN FAIR VALUE OF BENEFICIAL INTERESTS IN CHARITABLE TRUSTS -352,784 RETURN OF GRANT FUNDS 157,335