

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
2019
Open to Public Inspection

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

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 \$ 62,996,864

F Name and address of principal officer:
JOHN WILGERS
404 SOUTH EIGHTH STREET
MINNEAPOLIS, MN 55404

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)	3	49
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	49
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	165
6 Total number of volunteers (estimate if necessary)	6	8,183
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, line 39	7b	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	63,869,250	56,545,814
9 Program service revenue (Part VIII, line 2g)	36,061	122,340
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,057,521	4,079,205
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	658,586	589,122
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	68,621,418	61,336,481
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	54,334,996	48,296,595
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	12,597,095	12,852,936
16a Professional fundraising fees (Part IX, column (A), line 11e)	45,000	34,525
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 9,196,893		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	9,694,490	8,232,827
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	76,671,581	69,416,883
19 Revenue less expenses. Subtract line 18 from line 12	-8,050,163	-8,080,402
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	127,972,190	124,513,990
21 Total liabilities (Part X, line 26)	7,208,451	8,161,001
22 Net assets or fund balances. Subtract line 21 from line 20	120,763,739	116,352,989

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 2020-11-04

JOHN WILGERS PRESIDENT AND CEO Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date 2020-11-04 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 Phone no. (651) 636-3806
OAKDALE, MN 55128

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

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:

FOR 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 GTCUWS 2-1-1 RESOURCE HELPLINE.

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 \$ 13,069,385 including grants of \$ 12,714,716) (Revenue \$)
See Additional Data

4b (Code:) (Expenses \$ 11,418,419 including grants of \$ 8,784,789) (Revenue \$)
See Additional Data

4c (Code:) (Expenses \$ 20,572,730 including grants of \$ 20,572,730) (Revenue \$ 504,256)
See Additional Data

(Code:) (Expenses \$ 12,212,201 including grants of \$ 6,224,360) (Revenue \$ 122,340)

OTHER COMMUNITY SUPPORT AND ENGAGEMENT - UNITED WAY'S 2-1-1 RESOURCE HELPLINE: 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 2019, GTCUW PROVIDED NEARLY 460,000 REFERRALS TO SERVICES INCLUDING HOUSING, FOOD, AND MORE. IMPACT MANAGEMENT: THROUGH COMMUNITY RESEARCH AND DATA, GTCUWS 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, GTCUWS 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. GTCUW OFFERS UNIQUE VOLUNTEER EXPERIENCES AND CAPACITY-BUILDING OPPORTUNITIES AS IT BUILDS THE NEXT GENERATION OF THE REGION'S LEADERS AND PHILANTHROPISTS.

4d Other program services (Describe in Schedule O.)
(Expenses \$ 12,212,201 including grants of \$ 6,224,360) (Revenue \$ 122,340)

4e Total program service expenses **▶** 57,272,735

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, with sub-questions a-f for questions 11 and 14. Each row has a corresponding 'Yes' or 'No' in the rightmost column.

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefit transactions, and controlled entities.

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

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 165
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 No
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a No
b If "Yes," enter the name of the foreign country: 4b
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
9 Sponsoring organizations maintaining donor advised funds.
a 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? 12a
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? 13a
Note. See the instructions for additional information the organization must report on Schedule O.
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? If "No," provide an explanation in Schedule O 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? 15 No
If "Yes," see instructions and file Form 4720, Schedule N.
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 No
If "Yes," complete Form 4720, Schedule O.

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

Section A. Governing Body and Management

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

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

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

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.
 Own website Another's website 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 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 77,720			
	b Membership dues	1b			
	c Fundraising events	1c			
	d Related organizations	1d			
	e Government grants (contributions)	1e 720,024			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 55,748,070			
	g Noncash contributions included in lines 1a - 1f:\$	1g 1,660,383			
	h Total. Add lines 1a-1f		56,545,814		

Program Service Revenue			(A)	(B)	(C)	(D)
		Business Code				
2a FEES FOR SERVICE			105,915	105,915		
b MEMBERSHIPS			16,425	16,425		
c						
d						
e						
f All other program service revenue.						
g Total. Add lines 2a-2f.			122,340			

Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			1,257,988			1,257,988	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6a Gross rents		(i) Real	(ii) Personal				
			6a 49,048					
		b Less: rental expenses	6b					
		c Rental income or (loss)	6c 49,048					
	d Net rental income or (loss)			49,048			49,048	
	7a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
			7a 1,664,526	2,817,074				
		b Less: cost or other basis and sales expenses	7b 1,660,383					
		c Gain or (loss)	7c 4,143	2,817,074				
	d Net gain or (loss)			2,821,217			2,821,217	
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		8a					
			b Less: direct expenses	8b				
	c Net income or (loss) from fundraising events							
	9a Gross income from gaming activities. See Part IV, line 19		9a					
			b Less: direct expenses	9b				
	c Net income or (loss) from gaming activities							
	10a Gross sales of inventory, less returns and allowances		10a					
b Less: cost of goods sold			10b					
c Net income or (loss) from sales of inventory								
Miscellaneous Revenue		Business Code						
11a DESIGNATION COST RECOVERY		900099	504,256	504,256				
b LICENSE FEE		900099	20,581				20,581	
c MISCELLANEOUS INCOME		900099	15,237				15,237	
d All other revenue								
e Total. Add lines 11a-11d			540,074					
12 Total revenue. See instructions			61,336,481	626,596			4,164,071	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	47,844,095	47,844,095		
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, lines 15 and 16.	450,000	450,000		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,025,854	330,741	276,993	418,120
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	9,755,573	3,323,605	1,353,043	5,078,925
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	563,070	199,379	73,787	289,904
9 Other employee benefits	745,874	260,901	99,358	385,615
10 Payroll taxes	762,565	253,412	104,918	404,235
11 Fees for services (non-employees):				
a Management				
b Legal	7,472	2,478		4,994
c Accounting	101,763	753	99,863	1,147
d Lobbying	128,000	128,000		
e Professional fundraising services. See Part IV, line 17	34,525			34,525
f Investment management fees	115,189	202	114,679	308
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	3,608,635	2,986,576	183,003	439,056
12 Advertising and promotion	912,536	292,264	46,519	573,753
13 Office expenses	249,445	103,268	45,239	100,938
14 Information technology	908,106	253,101	111,229	543,776
15 Royalties				
16 Occupancy	431,751	133,697	95,622	202,432
17 Travel	38,051	15,827	533	21,691
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	494,470	269,615	91,170	133,685
20 Interest				
21 Payments to affiliates	563,657	166,519	125,042	272,096
22 Depreciation, depletion, and amortization	490,349	144,862	108,780	236,707
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	94,850	94,850		
b MISCELLANEOUS	88,553	16,090	17,477	54,986
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	69,416,883	57,272,735	2,947,255	9,196,893
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	11,439,693	1	8,702,507
	2 Savings and temporary cash investments	6,395,827	2	2,429,509
	3 Pledges and grants receivable, net	36,979,515	3	35,605,516
	4 Accounts receivable, net	332,111	4	191,934
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	210,243	9	305,306
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 10,920,619		
	b Less: accumulated depreciation	10b 8,285,076	2,995,389	10c 2,635,543
	11 Investments—publicly traded securities	17,100,151	11	17,131,412
	12 Investments—other securities. See Part IV, line 11	50,392,111	12	55,077,474
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	2,127,150	15	2,434,789
16 Total assets. Add lines 1 through 15 (must equal line 34)	127,972,190	16	124,513,990	
Liabilities	17 Accounts payable and accrued expenses	1,820,913	17	1,682,410
	18 Grants payable	5,318,238	18	5,881,560
	19 Deferred revenue	69,300	19	57,585
	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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	539,446
	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	7,208,451	26	8,161,001
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	37,721,295	27	32,177,055
	28 Net assets with donor restrictions	83,042,444	28	84,175,934
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	120,763,739	32	116,352,989	
33 Total liabilities and net assets/fund balances	127,972,190	33	124,513,990	

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	61,336,481
2	Total expenses (must equal Part IX, column (A), line 25)	2	69,416,883
3	Revenue less expenses. Subtract line 2 from line 1	3	-8,080,402
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	120,763,739
5	Net unrealized gains (losses) on investments	5	3,908,010
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	-238,358
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	116,352,989

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 (2019)

Form 990, Part III, Line 4a:

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

Form 990, Part III, Line 4b:

EDUCATIONAL SUCCESS - 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 STABLE HOME ENVIRONMENT.

Form 990, Part III, Line 4c:

DONOR DESIGNATIONS - GTCUW FUNDRAISING RESULTS ALSO INCLUDE CONTRIBUTIONS THAT DONORS DIRECT TO SPECIFIC NON-PROFIT ORGANIZATIONS. THERE WERE 8,560 DONOR DESIGNATIONS TO 1,972 NON-PROFIT ORGANIZATIONS IN 2019.

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
BRIAN ALLINGHAM BOARD MEMBER	1.00	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
LAURA BLOOMBERG BOARD MEMBER	1.00	X						0	0	0
MARK BROOKS BOARD MEMBER	1.00	X						0	0	0
ANU CODATY 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			
CHRIS COLEMAN BOARD MEMBER	1.00	X						0	0	0
JEFF COTTON BOARD MEMBER	1.00	X						0	0	0
ERIN DADY BOARD MEMBER	1.00	X						0	0	0
STEPHANIE DEXTER BOARD MEMBER	1.00	X						0	0	0
REV DR CURTISS DEYOUNG BOARD MEMBER	1.00	X						0	0	0
NANCY DAHL BOARD MEMBER	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

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			
JOE GOTHARD 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
LYNNE HARRINGTON BOARD MEMBER	1.00	X						0	0	0
JOE HOBOT BOARD MEMBER	1.00	X						0	0	0
KATHLENE HOLMES CAMPBELL BOARD MEMBER	1.00	X						0	0	0
MANDY JANSSEN BOARD MEMBER	1.00	X						0	0	0
RON JAMES BOARD MEMBER	1.00	X						0	0	0
RAY JONCAS BOARD MEMBER	1.00	X						0	0	0
JD KELLER 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			
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
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
CHRIS MUSSO BOARD MEMBER	1.00	X						0	0	0
KATHY NOECKER BOARD MEMBER	1.00	X						0	0	0
RAVI NORMAN 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 O'LEARY BOARD MEMBER	1.00	X						0	0	0
KAREN RICHARD BOARD MEMBER	1.00	X						0	0	0
PIYUMI SAMARATUNGA BOARD MEMBER	1.00	X						0	0	0
TODD SENGER BOARD MEMBER	1.00	X						0	0	0
BETH SIMERMEYER BOARD MEMBER	1.00	X						0	0	0
SARAH SOONG BOARD MEMBER	1.00	X						0	0	0
PENNY WHEELER BOARD MEMBER	1.00	X						0	0	0
KOEN WILMS BOARD MEMBER	1.00	X						0	0	0
JIM ZAPPA BOARD MEMBER	1.00	X						0	0	0
JOHN WILGERS PRESIDENT AN	40.00			X				208,529	0	18,396

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			
TRENT BLAIN SVP MARKETING INTERIM PRESIDENT AN	40.00			X				172,281	0	24,526
ATHENA MIHAS CHIEF FINANCIAL OF	40.00			X				160,319	0	22,690
KIM STONE SVP ADVANCEM	40.00				X			196,293	0	22,800
ACOOA ELLIS SVP COMMUNIT	40.00				X			176,164	0	23,856
MICHELLE WALKER-DAVIS E.D.-GENERAT	40.00					X		179,782	0	48,269
KELLY PUSPOKI VP COMMUNICA	40.00					X		153,643	0	12,129
COLLEEN FAHEY VP PRINCIPAL	40.00					X		148,350	0	17,221
JEFFREY HALBUR DIRECTOR MAJ	40.00					X		140,353	0	12,266
JUDY JORDAN VP OPERATION	40.00					X		129,836	0	20,765

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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 instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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) and 170(b)(1)(A)(vi)
 (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.
 If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	95,446,399	85,218,044	72,183,208	63,869,250	56,545,814	373,262,715
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	95,446,399	85,218,044	72,183,208	63,869,250	56,545,814	373,262,715
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). . .						7,406,409
6	Public support. Subtract line 5 from line 4.						365,856,306

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . .	95,446,399	85,218,044	72,183,208	63,869,250	56,545,814	373,262,715
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	625,602	833,576	851,952	1,122,358	1,307,036	4,740,524
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.). . .	13,044	14,036	32,893	33,809	35,818	129,600
11	Total support. Add lines 7 through 10						378,132,839
12	Gross receipts from related activities, etc. (see instructions)					12	3,843,684

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 2019 (line 6, column (f) divided by line 11, column (f))	14	96.750 %
15	Public support percentage for 2018 Schedule A, Part II, line 14	15	95.290 %

- 16a 33 1/3% support test—2019.** 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—2018.** 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—2019.** 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—2018.** 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. 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—2018. 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? <i>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.</i>		
	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)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
	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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
	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)? <i>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.</i>		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
	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))? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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? <i>If "Yes," provide detail in Part VI.</i>		
	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)? <i>If "Yes," answer line 10b below.</i>		
	10a		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
	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

- 1** 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 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

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

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART II, LINE 10	MISCELLANEOUS INCOME 93,782

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

2019
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
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

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

- Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- a 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).

- Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b..... ▶ \$ _____
- Did the filing organization file **Form 1120-POL** for this year? Yes No
- 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)
- b** Total lobbying expenditures to influence a legislative body (direct lobbying)
- c** Total lobbying expenditures (add lines 1a and 1b)
- d** Other exempt purpose expenditures
- e** Total exempt purpose expenditures (add lines 1c and 1d)
- f** Lobbying nontaxable amount. Enter the amount from the following table in both columns.

25,500	
102,500	
128,000	
57,622,507	
57,750,507	
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)
- h** Subtract line 1g from line 1a. If zero or less, enter -0-
- i** Subtract line 1f from line 1c. If zero or less, enter -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?

250,000	

Yes 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) 2016	(b) 2017	(c) 2018	(d) 2019	(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	271,762	172,992	201,498	128,000	774,252
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	104,877	47,500	38,998	25,500	216,875

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
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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No. 1545-0047
2019
Open to Public Inspection

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

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:

- c** Beginning balance
- d** Additions during the year
- e** Distributions during the year
- f** Ending balance

	Amount
1c	
1d	
1e	
1f	

- 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	54,230,980	58,607,879	51,701,172	47,021,210	44,685,575
b Contributions	332,530	1,064,522	1,934,330	2,618,879	3,903,217
c Net investment earnings, gains, and losses	7,058,432	-3,609,679	6,529,050	3,627,581	57,076
d Grants or scholarships	2,371,569	1,831,742	1,556,673	1,566,498	1,624,658
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	59,250,373	54,230,980	58,607,879	51,701,172	47,021,210

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

- a** Board designated or quasi-endowment ▶ 31.730 %
- b** Permanent endowment ▶ 53.110 %
- c** Temporarily restricted endowment ▶ 15.160 %

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
- (ii)** related organizations

	Yes	No
3a(i)	Yes	No
3a(ii)	No	No
3b		

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" 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		7,973,949	5,992,251	1,981,698
c Leasehold improvements				
d Equipment		2,913,587	2,292,825	620,762
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				2,635,543

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	5,536,200	F
(3) Other _____ (A) AT TSPF AND MPLS FNDTS	49,541,274	F
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	55,077,474	

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	37,999,045
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	214,648
b	Donated services and use of facilities	2b	384,598
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	599,246
3	Subtract line 2e from line 1	3	37,399,799
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	23,936,682
c	Add lines 4a and 4b	4c	23,936,682
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	61,336,481

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	49,228,751
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	384,598
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	384,598
3	Subtract line 2e from line 1	3	48,844,153
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	20,572,730
c	Add lines 4a and 4b	4c	20,572,730
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	69,416,883

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
SCHEDULE D, PAGE 2, PART V, LINE 4	UNRESTRICTED GRANTS ARE MADE FROM THE ENDOWMENT FUND TO SUPPORT GENERAL OPERATING COSTS, PROGRAMS, NON-PROFITS, AND INITIATIVES.

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	GTCUW 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. GTCUWS 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. GTCUW HAS NO UNCERTAIN TAX POSITIONS RESULTING IN AN ACCRUAL OF TAX EXPENSE OR BENEFIT.

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XI, LINE 4B	DONOR DESIGNATED CONTRIBUTIONS FOR OTHER NON-PROFITS 20,572,730 INVESTMENT INCOME RECORDED IN OTHER CHANGES IN NET ASSETS 3,363,952

Supplemental Information

Return Reference	Explanation
SCHEDULE D, PAGE 4, PART XII, LINE 4B	DONOR DESIGNATED CONTRIBUTIONS FOR OTHER NON-PROFITS 20,572,730

**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

2019

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" on 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 the region	(d) Activities conducted in region (by type) (such as, 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 the region	(f) Total expenditures for and investments in the region
NORTH AMERICA - CANADA			GRANTS TO RECIPIENTS	SEE PART V	450,000
3a Sub-total					450,000
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					450,000

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on 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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA - CANADA	SEE PART V	450,000	WIRE TRANSFER			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 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
SCHEDULE F, PAGE 1, PART I, LINE 2	GTCUW RUNS AN OPEN AND COMPETITIVE GRANT-MAKING PROCESS THAT IS OVERSEEN AND IMPLEMENTED BY GTCUW STAFF. GTCUW DOES NOT MAKE GRANTS FOR LOBBYING OR PUBLIC POLICY. ALL GRANTS ARE AWARDED TO DIRECT- SERVICE PROGRAMS. NON-PROFITS 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.

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PAGE 1, PART I, LINE 3	NORTH AMERICA - CANADA 450,000 0

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PAGE 5, PART V	PART I, LINE 1 - TYPE OF SERVICE - GRANTS TO UNITED WAY OF TORONTO TO SUPPORT LOCAL COMMUNITY FOOD SYSTEMS GRANTS PROGRAMS. PART II, LINE 1 - PURPOSE OF THE GRANT - GRANTS TO UNITED WAY OF TORONTO TO SUPPORT LOCAL COMMUNITY FOOD SYSTEMS GRANTS PROGRAMS.

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

2019

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 <input checked="" type="checkbox"/> Mail solicitations | e <input checked="" type="checkbox"/> Solicitation of non-government grants |
| b <input checked="" type="checkbox"/> Internet and email solicitations | f <input checked="" type="checkbox"/> Solicitation of government grants |
| c <input checked="" type="checkbox"/> Phone solicitations | g <input checked="" type="checkbox"/> Special fundraising events |
| d <input checked="" type="checkbox"/> In-person solicitations | |
- 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 10 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			
AMPLIFYDMC LLC 1375 ST ANTHONY AVE SUITE 201 ST PAUL, MN 55104	CONSULTING		No	710,000	32,500	677,500
Total				710,000	32,500	677,500

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) Total events
		(event type)	(event type)	(total number)	(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 | 13a | % |
| b An outside facility | 13b | % |

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
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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

2019

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.

Table with 8 columns: (a) Name and address of organization, (b) EIN, (c) IRC section, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation, (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 178
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
SCHEDULE I, PAGE 1, PART I, LINE 2	GTCUW RUNS AN OPEN AND COMPETITIVE GRANT-MAKING PROCESS THAT IS OVERSEEN AND IMPLEMENTED BY GTCUW STAFF. GTCUW DOES NOT MAKE GRANTS FOR LOBBYING OR PUBLIC POLICY. ALL GRANTS ARE AWARDED TO DIRECT-SERVICE PROGRAMS. NON-PROFITS 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 I, PAGE 4, PART IV	PART II, COLUMN G - DESCRIPTION OF NONCASH ASSISTANCE GTCUW PROVIDES NONCASH ASSISTANCE IN THE FORM OF BACKPACKS, SCHOOL SUPPLIES, FOOD, AND HOUSEHOLD SUPPLIES TO THE VARIOUS ORGANIZATIONS.

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	501C3	48,750	7,936	FMV	SEE PART IV	PROGRAM COSTS
ACCESSABILITY INC 360 HOOVER ST NORTHEAST MINNEAPOLIS, MN 554132940	41-0735909	501C3	257,132				PROGRAM 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 SUITE 800 MINNEAPOLIS, MN 55401	36-3292374	501C3	95,000				PROGRAM COSTS
AFRICAN IMMIGRANTS COMMUNITY SERVIC 1433 E FRANKLIN AVE SUITE 138 MINNEAPOLIS, MN 55404	30-0368292	501C3	50,000	3,582	FMV	SEE PART IV	PROGRAM COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AIN DAH YUNG OUR HOME CENTER 1089 PORTLAND AVENUE ST PAUL, MN 55104	41-1697692	501C3	114,700	233	FMV	SEE PART IV	PROGRAM COSTS
AMERICAN INDIAN OIC INC 1845 EAST FRANKLIN AVE MINNEAPOLIS, MN 554044062	41-1365561	501C3	237,250	595	FMV	SEE PART IV	PROGRAM COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMHERST H WILDER FOUNDATION 451 LEXINGTON PKWY N ST PAUL, MN 55104	41-0693889	501C3	361,168	21,973	FMV	SEE PART IV	PROGRAM COSTS
ANOKA COUNTY COMMUNITY ACTION INC 1201 NORTH 89TH AVE STE 345 BLAINE, MN 554343346	41-6048575	501C3	60,000	3,943	FMV	SEE PART IV	PROGRAM 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 HENNEPIN SCHOOLS 2727 N FERRY ST ANOKA, MN 55303	41-6008267	GOV		12,860	FMV	SEE PART IV	PROGRAM COSTS
APPETITE FOR CHANGE 1200 WEST BROADWAY AVE SUITE180 MINNEAPOLIS, MN 55411	27-5112040	501C3	110,000				PROGRAM 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
ASIAN ECONOMIC DEVELOPMENT ASSOCIAT 422 UNIVERSITY AVE W SUITE 14 ST PAUL, MN 55103	41-1911474	501C3	140,472				PROGRAM COSTS
ATHLETES COMMITTED TO EDUCATING STU 1115 EAST HENNEPIN AVE MINNEAPOLIS, MN 554142321	41-1789659	501C3	73,000				PROGRAM 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
AUGSBURG COLLEGE 2211 RIVERSIDE AVE MINNEAPOLIS, MN 554541398	41-0694721	501C3	56,250				PROGRAM COSTS
AUSTIN ASPIRES 301 NORTH MAIN STREET SUITE 10 AUSTIN, MN 55912	46-5425522	501C3	26,083				PROGRAM COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AVENUES FOR HOMELESS YOUTH 1708 OAK PARK AVE NORTH MINNEAPOLIS, MN 55411	41-1765140	501C3	102,300	1,931	FMV	SEE PART IV	PROGRAM COSTS
AVIVO 1900 CHICAGO AVE S MINNEAPOLIS, MN 554041903	41-0828779	501C3	557,550	7,238	FMV	SEE PART IV	PROGRAM 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
BABY'S SPACE A PLACE TO GROW 2438 18TH AVE S MINNEAPOLIS, MN 55404	20-4502788	501C3	259,750	161	FMV	SEE PART IV	PROGRAM COSTS
BANYAN COMMUNITY 2529 13TH AVE S MINNEAPOLIS, MN 55404	41-1922813	501C3	64,065				PROGRAM 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
BIG BROTHERS BIG SISTERS OF GREATER 2550 UNIVERSITY AVE SUITE 410N ST PAUL, MN 55114	32-0017737	501C3	190,000	6,466	FMV	SEE PART IV	PROGRAM COSTS
BLOOMINGTON SCHOOLS ISD 271 8800 QUEEN AVE SUITE 219 BLOOMINGTON, MN 55431	41-6001463	GOV	21,250				PROGRAM 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
BOLDER OPTIONS 2100 STEVENS AVE S MINNEAPOLIS, MN 55404	41-1909408	501C3	25,000	193	FMV	SEE PART IV	PROGRAM COSTS
BREAKTHROUGH TWIN CITIES 2051 LARPEN TEUR AVE E ST PAUL, MN 55109	45-3587267	501C3	45,000				PROGRAM 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 CENTER SCHOOLS ISD 286 6500 HUMBOLDT AVE NORTH BROOKLYN CENTER, MN 554301897	41-6009038	GOV	66,500	13,833	FMV	SEE PART IV	PROGRAM COSTS
BURNSVILLE SCHOOL DISTRICT 191 100 RIVER RIDGE BURNSVILLE, MN 55337	41-6000802	GOV	10,000				PROGRAM COSTS

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

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CAMP FIRE USA MINNESOTA COUNCIL 4829 MINNETONKA BLVD SUITE 202 ST LOUIS PARK, MN 55416	41-0706116	501C3	42,500	1,561	FMV	SEE PART IV	PROGRAM COSTS
CAPI USA 3702 E LAKE ST STE 200 MINNEAPOLIS, MN 55406	41-1417198	501C3	271,975	2,252	FMV	SEE PART IV	PROGRAM COSTS

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

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CASA DE ESPERANZA 1821 UNIVERSITY AVE W SUITE S155 ST PAUL, MN 55175	41-1414710	501C3	93,750	1,217	FMV	SEE PART IV	PROGRAM COSTS
CATHOLIC CHARITIES 1200 SECOND AVE SOUTH MINNEAPOLIS, MN 554032500	41-1302487	501C3	726,400	4,838	FMV	SEE PART IV	PROGRAM COSTS

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

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CENTER FOR ECONOMIC INCLUSION 1015 4TH AVE N SUITE 202 MINNEAPOLIS, MN 55405	82-3563111	501C3	164,250				PROGRAM COSTS
CENTER FOR VICTIMS OF TORTURE 2356 UNIVERSITY AVE W SUITE 430 ST PAUL, MN 55114	36-3383933	501C3	152,300				PROGRAM COSTS

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

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CENTRO TYRONE GUZMAN 1915 CHICAGO AVE SOUTH MINNEAPOLIS, MN 554041904	41-1290349	501C3	534,118	738	FMV	SEE PART IV	PROGRAM COSTS
CHILDREN'S DEFENSE FUND OF MINNESOT 555 PARK ST SUITE 410 ST PAUL, MN 55103	52-0895622	501C3	75,000				PROGRAM COSTS

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CHRISTIANS REACHING OUT IN SOCIAL S 12915 WEINAND CIRCLE ROGERS, MN 55374	41-1314577	501C3	64,125	7,095	FMV		PROGRAM COSTS
CLARE HOUSING 929 CENTRAL AVENUE NE MINNEAPOLIS, MN 554132404	41-1794924	501C3	25,000	1,815	FMV	SEE PART IV	PROGRAM COSTS

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

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COMMONBOND COMMUNITIES 1080 MONTREAL AVENUE ST PAUL, MN 55116	41-1260469	501C3	95,200	3,592	FMV	SEE PART IV	PROGRAM COSTS
COMMUNITY EMERGENCY ASSISTANCE PROG 7051 BROOKLYN BLVD BROOKLY CENTER, MN 55429	41-0990340	501C3	83,173	28,797	FMV	SEE PART IV	PROGRAM COSTS

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

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COMMUNITY EMERGENCY SERVICES 1900 SOUTH 11TH AVE MINNEAPOLIS, MN 55404	41-1728341	501C3	23,750	2,159	FMV	SEE PART IV	PROGRAM COSTS
COMMUNITY PARTNERS WITH YOUTH 1900 SEVENTH ST NW NEW BRIGHTON, MN 55112	41-1952012	501C3	23,750	2,246	FMV	SEE PART IV	PROGRAM COSTS

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

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COMMUNITY UNIVERSITY HEALTH CARE CE 2001 BLOOMINGTON AVE SOUTH MINNEAPOLIS, MN 55404	41-6007513	501C3	85,500				PROGRAM COSTS
COMUNIDADES LATINAS UNIDAS EN SERVI 797 EAST SEVENTH ST ST PAUL, MN 551065014	41-1386986	501C3	531,745	9,277	FMV	SEE PART IV	PROGRAM COSTS

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

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CONNECTIONS TO INDEPENDENCE 310 E 38TH STREET SUITE 300 MINNEAPOLIS, MN 55409	80-0542940	501C3	45,000				PROGRAM COSTS
CORNERSTONE ADVOCACY SERVICES 1000 EAST 80TH ST BLOOMINGTON, MN 554201424	41-1476268	501C3	66,375	665	FMV	SEE PART IV	PROGRAM COSTS

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COURAGE KENNY FOUNDATION 3915 GOLDEN VALLEY ROAD GOLDEN VALLEY, MN 554229958	41-0706118	501C3	366,250				PROGRAM COSTS
CULTURAL WELLNESS CENTER 2025 PORTLAND AVE S MINNEAPOLIS, MN 55404	41-1850859	501C3	45,000				PROGRAM COSTS

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DAKOTA COUNTY SOCIAL SERVICE 1 MENDOTA ROAD WEST STE 400 WEST ST PAUL, MN 551184773	41-6005786	GOV	25,000				PROGRAM COSTS
DIVISION OF INDIAN WORK 1001 EAST LAKE ST MINNEAPOLIS, MN 55407	81-5265328	501C3	187,750				PROGRAM COSTS

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DREAM OF WILD HEALTH 1308 FRANKLIN AVE SUITE 203 MINNEAPOLIS, MN 55404	41-1632662	501C3	45,000	794	FMV	SEE PART IV	PROGRAM COSTS
EASTSIDE NEIGHBORHOOD SERVICE 1700 SECOND ST NORTHEAST MINNEAPOLIS, MN 55413	41-0873798	501C3	163,640	2,505	FMV	SEE PART IV	PROGRAM COSTS

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

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EMERGE COMMUNITY DEVELOPEMENT 1101 WEST BROADWAY AVENUE MINNEAPOLIS, MN 554112570	41-1277423	501C3	397,000	1,984	FMV	SEE PART IV	PROGRAM COSTS
EMMA NORTON SERVICES 670 NORTH ROBERT ST ST PAUL, MN 55101	41-0859485	501C3	53,675	692	FMV	SEE PART IV	PROGRAM COSTS

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EVERY HAND JOINED 419 BUSH ST RED WING, MN 55066	45-3069865	501C3	65,975				PROGRAM COSTS
FACE TO FACE HEALTH & COUNSELING SE 1165 ARCADE ST ST PAUL, MN 55106	41-0986780	501C3	237,500	4,098	FMV	SEE PART IV	PROGRAM COSTS

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FAMILY PATHWAYS 6413 OAK STREET NORTH BRANCH, MN 55056	41-1332828	501C3	107,500				PROGRAM COSTS
FAMILYWISE 3036 UNIVERSITY AVE SE MINNEAPOLIS, MN 55414	41-1343909	501C3	156,875				PROGRAM COSTS

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FROGTOWN NEIGHBORHOOD ASSOCIATION 501 NORTH DALE SAINT PAUL, MN 55103	41-0963444	501C3	30,000	1,769	FMV	SEE PART IV	PROGRAM COSTS
GIRL SCOUTS OF MN AND WI RIVER VALL 400 S ROBERT ST ST PAUL, MN 55107	41-0693910	501C3	176,000	1,197	FMV	SEE PART IV	PROGRAM COSTS

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GOOD NEIGHBOR CENTER 441 RICE STREET ST PAUL, MN 55103	47-3282758	501C3		6,610	FMV	SEE PART IV	PROGRAM COSTS
GOODWILL INDUSTRIES INC 553 FAIRVIEW AVE N ST PAUL, MN 551041708	41-0706171	501C3	137,500				PROGRAM COSTS

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GREATER MINNEAPOLIS CRISIS NURSERY 4544 4TH AVE S MINNEAPOLIS, MN 55419	41-1379021	501C3	85,750				PROGRAM COSTS
GREENLIGHT FUND 120 SAINT JAMES AVE 6TH FLOOR BOSTON, MA 02116	20-0407083	501C3	100,000				PROGRAM COSTS

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GUILD INCORPORATED 130 WABASHA ST SUITE 90 ST PAUL, MN 551071819	41-1669233	501C3	284,000	1,513	FMV	SEE PART IV	PROGRAM COSTS
HALLIE Q BROWN COMMUNITY CENTER INC 270 KENT ST NORTH ST PAUL, MN 551021744	41-0693846	501C3	212,250	1,019	FMV	SEE PART IV	PROGRAM COSTS

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HEADWAY EMOTIONAL HEALTH SERVICES 6425 NICOLLET AVE SOUTH RICHFIELD, MN 55423	41-0962511	501C3	60,625				PROGRAM COSTS
HENNEPIN HEALTH FOUNDATION 701 PARK AVE LSB3 MINNEAPOLIS, MN 55415	41-0845733	501C3	260,100				PROGRAM COSTS

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HIAWATHA ACADEMIES 1611 E 46TH ST MINNEAPOLIS, MN 55407	20-4798683	501C3	21,250				PROGRAM COSTS
HIRED 217 5TH AVE N MINNEAPOLIS, MN 55401	41-6078344	501C3	150,000				PROGRAM COSTS

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HOPE COMMUNITY INC 611 EAST FRANKLIN AVENUE MINNEAPOLIS, MN 55404	41-1292817	501C3	95,000	595	FMV	SEE PART IV	PROGRAM COSTS
HOPE DENTAL CLINIC 435 UNIVERSITY AVE E ST PAUL, MN 55130	81-4068287	501C3	118,750				PROGRAM COSTS

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IGNITE AFTERSCHOOL 1400 VAN BUREN ST NE SUITE 200 MINNEAPOLIS, MN 55413	47-4834387	501C3	10,000				PROGRAM COSTS
IMMIGRANT LAW CENTER OF MINNESOTA 450 SYNDICATE ST N STE 200 ST PAUL, MN 55104	41-0909036	501C3	147,250				PROGRAM COSTS

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IND SCHOOL DIS 280 HENNEPIN COUNTY 7001 HARRIET AVE S RICHFIELD, MN 55423	41-6001404	GOV	21,250				PROGRAM COSTS
INDIAN HEALTH BOARD OF MINNEAPOLIS 1315 EAST 24TH ST MINNEAPOLIS, MN 554043959	41-0977740	501C3	137,750				PROGRAM COSTS

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INTERCONGREGATION COMMUNITIES ASSOC 12990 ST DAVIDS RD MINNETONKA, MN 55305	41-0979010	501C3	48,750				PROGRAM COSTS
INTERFAITH ACTION OF GREATER SAINT 1671 SUMMIT AVE ST PAUL, MN 551051884	41-0694741	501C3	33,250				PROGRAM COSTS

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INTERNATIONAL INSTITUTE OF MINNESOTA 1694 COMO AVE ST PAUL, MN 551082784	41-0693912	501C3	521,750	2,333	FMV	SEE PART IV	PROGRAM COSTS
ISUROON 1600 E LAKE STREET SUITE 1 MINNEAPOLIS, MN 55407	42-1651737	501C3	55,000	1,984	FMV	SEE PART IV	PROGRAM COSTS

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JEWISH FAMILY & CHILDREN'S SERVICES 5905 GOLDEN VALLEY ROAD GOLDEN VALLEY, MN 55422	41-0693860	501C3	153,500				PROGRAM COSTS
JEWISH FAMILY SERVICE OF ST PAUL 1633 WEST SEVENTH ST ST PAUL, MN 55102	41-0694697	501C3	45,000				PROGRAM COSTS

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JOYCE PRESCHOOL 1219 WEST 31ST STREET MINNEAPOLIS, MN 55408	81-0594016	501C3	75,250	129	FMV	SEE PART IV	PROGRAM COSTS
KA JOOG NONPROFIT ORGANIZATION 1420 WASHINGTON AVE S MINNEAPOLIS, MN 55454	39-2073475	501C3	26,250				PROGRAM COSTS

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KAREN ORGANIZATION OF MN 2353 RICE STREET SUITE 240 ROSEVILLE, MN 55113	30-0438142	501C3	141,500	1,984	FMV	SEE PART IV	PROGRAM COSTS
KEYSTONE COMMUNITY SERVICES 2000 ST ANTHONY AVE ST PAUL, MN 551045199	41-0693924	501C3	346,075	5,962	FMV	SEE PART IV	PROGRAM COSTS

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KWANZAA COMMUNITY CHURCH 3700 BRYANT AVE N MINNEAPOLIS, MN 55412	27-0031853	501C3	74,500				PROGRAM COSTS
LIFETRACK RESOURCES 709 UNIVERSITY AVE WEST ST PAUL, MN 551044804	41-0874507	501C3	559,750	1,710	FMV	SEE PART IV	PROGRAM COSTS

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LIVING WELL DISABILITY SERVICES 680 ONEILL DRIVE EAGAN, MN 551211535	23-7181360	501C3	71,100				PROGRAM COSTS
LOAVES & FISHES TOO 721 KASOTA AVE SE MINNEAPOLIS, MN 55414	41-1421522	501C3	57,300	7,909	FMV	SEE PART IV	PROGRAM COSTS

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LUTHERAN SOCIAL SERVICE OF MN 2485 COMO AVE ST PAUL, MN 55108	41-0872993	501C3	146,000	6,854	FMV	SEE PART IV	PROGRAM COSTS
MERRICK COMMUNITY SERVICES 1669 ARCADE STREET NORTH SUITE 4 ST PAUL, MN 55106	41-0693851	501C3	386,076	13,080	FMV	SEE PART IV	PROGRAM COSTS

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MID-MINNESOTA LEGAL ASSISTANCE 111 N 5TH ST SUITE 100 MINNEAPOLIS, MN 55403	41-1412710	501C3	486,650				PROGRAM COSTS
MINNEAPOLIS AMERICAN INDIAN CENTER 1530 FRANKLIN AVE EAST MINNEAPOLIS, MN 554042136	41-0966005	501C3	66,000	560	FMV	SEE PART IV	PROGRAM COSTS

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MINNEAPOLIS PUBLIC SCHOOLS 1250 W BROADWAY AVE MINNEAPOLIS, MN 55411	41-1972445	GOV		23,055	FMV	SEE PART IV	PROGRAM COSTS
MINNESOTA ALLIANCE WITH YOUTH 2233 UNIVERSITY AVE W SUITE 235 ST PAUL, MN 55114	45-3774063	501C3	37,500				PROGRAM COSTS

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MINNESOTA COALITION FOR THE HOMELES 2233 UNIVERSITY AVE WEST SUITE 423 ST PAUL, MN 55114	41-1601248	501C3	10,000				PROGRAM COSTS
MINNESOTA INDIAN WOMEN'S RESOURCE C 2300 15TH AVE SOUTH MINNEAPOLIS, MN 554043935	41-1500950	501C3	123,975	1,802	FMV	SEE PART IV	PROGRAM COSTS

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MINNESOTA MINORITY EDUCATION PARTNE 2233 UNIVERSITY AVE WEST SUITE 220 ST PAUL, MN 55114	41-1699505	501C3	50,000				PROGRAM COSTS
MINNESOTA TEAMSTERS SERVICE BUREAU 2829 UNIVERSITY AVE SE STE 100 MINNEAPOLIS, MN 55414	41-1513000	501C3	98,182				PROGRAM COSTS

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MINNESOTA VALLEY ACTION COUNCIL IN 706 N VICTORY DRIVE MANKATO, MN 56001	41-6050353	501C3	153,000				PROGRAM COSTS
MODEL CITIES OF ST PAUL INC 839 UNIVERSITY AVE W ST PAUL, MN 55104	41-1687873	501C3	261,663	1,314	FMV	SEE PART IV	PROGRAM 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
MONTESSORI TRAINING CENTER OF MN 1611 AMES AVE ST PAUL, MN 55106	41-1361913	501C3	47,500				PROGRAM COSTS
NEIGHBORHOOD HEALTHSOURCE INC 3300 FREMONT AVE NORTH MINNEAPOLIS, MN 554122499	41-1235064	501C3	163,400	14,421	FMV	SEE PART IV	PROGRAM COSTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEIGHBORHOOD HOUSE 179 ROBIE ST EAST ST PAUL, MN 551072360	41-0693916	501C3	316,650				PROGRAM COSTS
NEIGHBORS INC 222 GRAND AVE W SOUTH ST PAUL, MN 55075	41-1360294	501C3	44,650				PROGRAM COSTS

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

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NEON NORTHSIDE ECONOMIC OPPORTUNIT 1007 W BROADWAY AVE N SUITE 100 MINNEAPOLIS, MN 55411	80-0163521	501C3	200,279				PROGRAM COSTS
NEW LENS URBAN MENTORING SOCIETY I 991 SELBY AVE W ST PAUL, MN 55104	47-4050244	501C3	67,500	1,984	FMV	SEE PART IV	PROGRAM 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	501C3	64,600				PROGRAM COSTS
NORTHERN STAR COUNCIL BOY SCOUTS O 6202 BLOOMINGTON RD FORT SNELLING, MN 55111	20-3000282	501C3	37,500				PROGRAM 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
NORTHFIELD HEALTHY COMMUNITY INITIA 1651 JEFFERSON PKWY HS 128 NORTHFIELD, MN 55057	26-2852506	501C3	87,583				PROGRAM COSTS
NORTHPOINT HEALTH & WELLNESS CENTER 1315 PENN AVE N MINNEAPOLIS, MN 554113047	20-0898277	501C3	261,375	3,968	FMV	SEE PART IV	PROGRAM 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
NORTHSIDE ACHIEVEMENT ZONE 2123 W BROADWAY AVE SUITE 100 MINNEAPOLIS, MN 55411	30-0238807	501C3	105,333				PROGRAM COSTS
OASIS FOR YOUTH 2200 W OLD SHAKOPEE RD BLOOMINGTON, MN 55431	45-3683785	501C3	25,000	252	FMV	SEE PART IV	PROGRAM 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
OPPORTUNITY PARTNERS INC 5500 OPPORTUNITY COURT MINNETONKA, MN 553439093	41-0737221	501C3	66,600				PROGRAM COSTS
PARTNERSHIP ACADEMY 305 EAST 77TH STREET RICHFIELD, MN 55423	01-0701608	501C3	59,375				PROGRAM COSTS

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

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PEOPLE REACHING OUT TO OTHER PEOPLE 14700 MARTIN DRIVE EDEN PRAIRIE, MN 55344	41-1430172	501C3	25,000				PROGRAM COSTS
PEOPLE RESPONDING IN SOCIAL MINISTR 1220 ZANE AVE N GOLDEN VALLEY, MN 55422	41-1442049	501C3	47,500	9,490	FMV	SEE PART IV	PROGRAM 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
PEOPLE SERVING PEOPLE 614 SOUTH THIRD ST MINNEAPOLIS, MN 55415	41-1965067	501C3	50,000	3,400	FMV	SEE PART IV	PROGRAM COSTS
PERSPECTIVES INC 3381 GORHAM AVE ST LOUIS PARK, MN 554261074	41-1288300	501C3	30,400				PROGRAM COSTS

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

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PHYLLIS WHEATLEY COMMUNITY CENTER 1301 TENTH AVE N MINNEAPOLIS, MN 55411	41-0706132	501C3	178,250				PROGRAM COSTS
PILLSBURY UNITED COMMUNITIES 125 W BROADWAY SUITE 130 MINNEAPOLIS, MN 55411	41-0916478	501C3	1,072,650	13,778	FMV	SEE PART IV	PROGRAM COSTS

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

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PORTICO HEALTHNET 1600 UNIVERSITY AVE W SUITE 211 ST PAUL, MN 551043825	41-1814659	501C3	301,150				PROGRAM COSTS
PREPARE PROSPER 2610 UNIVERSITY AVE W SUITE 450 ST PAUL, MN 55114	23-7131829	501C3	150,000				PROGRAM COSTS

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

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PROJECT FOR PRIDE IN LIVING INC 1035 EAST FRANKLIN AVE MINNEAPOLIS, MN 554042920	23-7232208	501C3	542,940	9,644	FMV	SEE PART IV	PROGRAM COSTS
PROJECT SUCCESS 1 GROVELAND TER 300 MINNEAPOLIS, MN 55403	41-1837278	501C3	59,500				PROGRAM 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
RECLAIM 771 RAYMOND AVE ST PAUL, MN 551141522	80-0829665	501C3	50,000				PROGRAM COSTS
RISE INC 8406 SUNSET ROAD NORTHEAST SPRING LAKE PARK, MN 554321317	41-0972476	501C3	129,600	1,635	FMV	SEE PART IV	PROGRAM COSTS

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

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ROCHESTER AREA FOUNDATION 12 ELTON HILLS DR NW ROCHESTER, MN 55901	41-6017740	501C3	13,583				PROGRAM COSTS
SABATHANI COMMUNITY CENTER INC 310 EAST 38TH ST MINNEAPOLIS, MN 554091300	41-0984859	501C3	59,850	2,976	FMV	SEE PART IV	PROGRAM COSTS

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

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SCIENCE MUSEUM OF MINNESOTA 120 W KELLOGG BLVD ST PAUL, MN 55102	41-0706172	501C3	117,500				PROGRAM COSTS
SCOTT-CARVER-DAKOTA CAP AGENCY INC 712 CANTERBURY ROAD SOUTH SHAKOPEE, MN 553791840	41-0903890	501C3	125,875	17,158	FMV	SEE PART IV	PROGRAM COSTS

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

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SHAKOPEE MDEWAKANTON SIOUX COMMUNIT 2330 SIOUX TRAIL NW PRIOR LAKE, MN 55372	41-0989737	501C3		17,683	FMV	SEE PART IV	PROGRAM COSTS
SIMPSON HOUSING SERVICES INC 2100 PILLSBURY AVE S MINNEAPOLIS, MN 55404	41-1759477	501C3	109,625				PROGRAM COSTS

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

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SOLID GROUND 3521 CENTURY AVENUE NORTH WHITE BEAR LAKE, MN 551105689	36-3578158	501C3	78,500	2,237	FMV	SEE PART IV	PROGRAM COSTS
SOMALI SUCCESS SCHOOL 1545 E LAKE STREET MINNEAPOLIS, MN 55407	20-3021208	501C3	30,940				PROGRAM COSTS

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SOUTHEAST ASIAN REFUGE CMTY HOME 1113 E FRANKLIN AVE STE 212 MINNEAPOLIS, MN 554042922	41-1729008	501C3	55,500				PROGRAM COSTS
SOUTHERN MN REGIONAL LEGAL SVC INC 55 E 5TH ST STE 800 ST PAUL, MN 55101	41-1316151	501C3	286,845				PROGRAM COSTS

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SOUTHSIDE FAMILY NURTURING CENTER 2448 SOUTH 18TH ST MINNEAPOLIS, MN 554044048	41-1274177	501C3	147,500	592	FMV	SEE PART IV	PROGRAM COSTS
SOUTHWEST INITATIVE FOUNDATION 15 3RD AVE NW HUTCHINSON, MN 55350	41-1555592	501C3	289,000				PROGRAM COSTS

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ST DAVID'S SCHOOL FOR CHILD DEVELO 3395 PLYMOUTH ROAD MINNETONKA, MN 55305	41-1429208	501C3	60,625				PROGRAM COSTS
ST MARY'S HEALTH CLINICS 1884 RANDOLPH AVE ST PAUL, MN 55105	41-1760632	501C3	107,350				PROGRAM COSTS

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ST PAUL LABOR STUDIES & RESOURCE C 353 WEST SEVENTH ST SUITE 201 ST PAUL, MN 55102	36-3569973	501C3	158,850				PROGRAM COSTS
ST PAUL PUBLIC SCHOOLS ISD 625 360 COLBORNE STREET ST PAUL, MN 55102	41-0901311	GOV	568,750	9,920	FMV	SEE PART IV	PROGRAM COSTS

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ST PAUL YOUTH SERVICES 2100 WILSON AVENUE ST PAUL, MN 551194033	41-1316444	501C3	122,696				PROGRAM COSTS
ST STEPHEN'S HUMAN SERVICES INC 2309 NICOLLET AVE S MINNEAPOLIS, MN 55404	01-0639118	501C3	45,500	4,965	FMV	SEE PART IV	PROGRAM COSTS

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SUMMIT ACADEMY OIC 935 OLSON MEMORIAL HIGHWAY MINNEAPOLIS, MN 554051360	41-0908458	501C3	250,315				PROGRAM COSTS
THE ARC MINNESOTA INC 2446 UNIVERSITY AVE W SUITE 110 ST PAUL, MN 55114	41-0795254	501C3	135,000				PROGRAM COSTS

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THE BRIDGE FOR YOUTH 1111 WEST 22ND STREET MINNEAPOLIS, MN 55405	41-0983062	501C3	272,375	2,596	FMV	SEE PART IV	PROGRAM COSTS
THE FAMILY PARTNERSHIP 414 SOUTH EIGHTH ST MINNEAPOLIS, MN 554041081	41-0693858	501C3	489,800	1,286	FMV	SEE PART IV	PROGRAM COSTS

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THE FOOD GROUP MINNESOTA INC 8501 54TH AVE N NEW HOPE, MN 554283710	41-1246504	501C3	86,800				PROGRAM COSTS
THE LINK 1210 GLENWOOD AVE MINNEAPOLIS, MN 55405	41-1920649	501C3	176,500	3,194	FMV	SEE PART IV	PROGRAM COSTS

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THE NETWORK FOR BETTER FUTURES 2620 MINNEHAHA AVE S MINNEAPOLIS, MN 55406	45-0550557	501C3	183,500				PROGRAM COSTS
THE SAINT PAUL FOUNDATION 101 E 5TH STREET SUITE 2400 ST PAUL, MN 551011800	41-6031510	501C3	28,725				PROGRAM COSTS

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THE SALVATION ARMY 2445 PRIOR AVE NORTH ROSEVILLE, MN 551132714	41-0698597	501C3	287,590	4,687	FMV	SEE PART IV	PROGRAM COSTS
THE SANNEH FOUNDATION 2090 CONWAY STREET ST PAUL, MN 55119	56-2332269	501C3	75,000	992	FMV	SEE PART IV	PROGRAM COSTS

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TOUCHSTONE MENTAL HEALTH 2312 SNELLING AVE MINNEAPOLIS, MN 55404	41-1920740	501C3	34,650				PROGRAM COSTS
TUBMAN FAMILY ALLIANCE & CHRYSALIS 3111 1ST AVE S MINNEAPOLIS, MN 55408	41-1240048	501C3	97,500	1,748	FMV	SEE PART IV	PROGRAM COSTS

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

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TWIN CITIES RISE 1301 BRYANT AVE N MINNEAPOLIS, MN 55411	41-1761118	501C3	180,000	1,488	FMV	SEE PART IV	PROGRAM COSTS
UJAMAA PLACE 1821 UNIVERSITY AVE W N257 ST PAUL, MN 55104	27-1216065	501C3	316,509	1,748	FMV	SEE PART IV	PROGRAM COSTS

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

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UNITED CAMBODIAN ASSOCIATION OF MN 1385 MENDOTA HEIGHTS RD INVER GROVE HEIGHTS, MN 55120	41-1631017	501C3	110,000				PROGRAM COSTS
UNITED FAMILY PRACTICE HEALTH CENTE 1026 WEST 7TH STREET ST PAUL, MN 55102	27-0052697	501C3	121,600				PROGRAM COSTS

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UNITED WAY OF CENTRAL MINNESOTA 921 FIRST STREET NORTH ST CLOUD, MN 563034602	41-0915124	501C3	91,683				PROGRAM COSTS
URBAN STRATEGIES 1000 OLSON MEMORIAL HWY MINNEAPOLIS, MN 55411	43-1141027	501C3	41,038	3,619	FMV	SEE PART IV	PROGRAM COSTS

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VAIL PLACE 23 9TH AVE S HOPKINS, MN 55343	41-1394766	501C3	59,400				PROGRAM COSTS
VISION LOSS RESOURCES INC-E METRO 1936 LYNDAL AVE SOUTH MINNEAPOLIS, MN 55403	41-0694713	501C3	114,000				PROGRAM COSTS

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VOLUNTEER LAWYERS NETWORK LTD 600 NICOLLET MALL STE 390A MINNEAPOLIS, MN 554021605	41-0988459	501C3	60,800				PROGRAM COSTS
VOLUNTEERS ENLISTED TO ASSIST PEOPL 9600 ALDRICH AVE S BLOOMINGTON, MN 55420	41-6175999	501C3	23,750				PROGRAM COSTS

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VOLUNTEERS OF AMERICA MINNESOTA 7625 METRO BLVD MINNEAPOLIS, MN 55439	41-1554078	501C3	150,500	4,312	FMV	SEE PART IV	PROGRAM COSTS
WASHBURN CENTER FOR CHILDREN 1100 GLENWOOD AVE MINNEAPOLIS, MN 55405	41-0711618	501C3	100,000	6,540	FMV	SEE PART IV	PROGRAM COSTS

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WAY TO GROW 125 WEST BROADWAY SUITE 110 MINNEAPOLIS, MN 554112246	71-0956749	501C3	157,000	900	FMV	SEE PART IV	PROGRAM COSTS
WELLSHARE INTERNATIONAL 122 WEST FRANKLIN AVENUE SUITE 510 MINNEAPOLIS, MN 55404	41-1397062	501C3	172,915				PROGRAM COSTS

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WEST BROADWAY BUSINESS & AREA COALI 1011 WEST BROADWAY AVE N SUITE 202 MINNEAPOLIS, MN 55411	41-1985423	501C3	6,750				PROGRAM COSTS
WOMEN'S ADVOCATES INC 588 GRAND AVE ST PAUL, MN 55102	23-7310701	501C3	59,200	96	FMV	SEE PART IV	PROGRAM COSTS

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WORKING PARTNERSHIPS INC 312 CENTRAL AVE SE SUITE 524 MINNEAPOLIS, MN 55414	20-3244371	501C3	124,877				PROGRAM COSTS
YMCA OF THE GREATER TWIN CITIES 651 NICOLLET MALL SUITE 500 MINNEAPOLIS, MN 55402	45-2563299	501C3	991,325	7,881	FMV	SEE PART IV	PROGRAM 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
YOUTHLINK 41 NORTH 12TH ST MINNEAPOLIS, MN 55403	41-1341773	501C3	340,625	3,232	FMV	SEE PART IV	PROGRAM COSTS
YWCA OF MINNEAPOLIS 1130 NICOLLET MALL MINNEAPOLIS, MN 554032405	41-0693891	501C3	694,750	1,415	FMV	SEE PART IV	PROGRAM 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 ST PAUL 375 SELBY AVE ST PAUL, MN 551021790	41-0693892	501C3	281,595				PROGRAM COSTS

Schedule J
(Form 990)

Compensation Information

OMB No. 1545-0047
2019
Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization GREATER TWIN CITIES UNITED WAY	Employer identification number 41-1973442
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Part I Questions Regarding Compensation

	Yes	No
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.		
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on 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	1b Yes	
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 on Line 1a?	2 Yes	
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.		
<input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
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:		
a Receive a severance payment or change-of-control payment?	4a	No
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
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:		
a The organization?	5a	No
b Any related organization?	5b	No
If "Yes," on line 5a or 5b, describe in Part III.		
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:		
a The organization?	6a	No
b Any related organization?	6b	No
If "Yes," on line 6a or 6b, describe in Part III.		
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.	7	No
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.	8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	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
SCHEDULE J, PAGE 1, PART I, LINE 1A	THE SOCIAL CLUB DUES ARE THE BUSINESS PORTION OF THE DUES PAID TO THE MINNEAPOLIS CLUB FOR THE CEOS MEMBERSHIP UTILIZED FOR THE PURPOSE OF BUSINESS MEETINGS WITH EXTERNAL STAKEHOLDERS. THE 2019 ANNUAL EXPENSE INCURRED BY GTCUW FOR THE MINNEAPOLIS CLUB MEMBERSHIP WAS 2,870 AND WAS REPORTED AS TAXABLE INCOME FOR THE CEO.

Schedule L (Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No. 1545-0047

2019

Open to Public Inspection

Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury Internal Revenue Service

Name of the organization GREATER TWIN CITIES UNITED WAY

Employer identification number 41-1973442

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

Table with 5 columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No)

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958.
3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization.

Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

Table with 9 columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No)

Total \$

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) MCFARLANE MEDIA INTERESTS INC	SEE PART V	39,997	MEDIA SERVICES		No

Part V Supplemental Information

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

Return Reference	Explanation
SCHEDULE L, PART V	PART IV, LINE 1, COLUMN (B) - COMPANY PRIMARILY OWNED BY A BOARD MEMBER

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

▶ **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	122	1,660,383	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	
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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 isn't 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 didn't 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
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

GREATER TWIN CITIES UNITED WAY

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

2019**Open to Public Inspection**

Employer identification number

41-1973442

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	FOR 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 GTCUWS 2-1-1 RESOURCE HELPLINE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 1, 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 NON-PROFIT PARTNERS FOR SHORT-TERM AND ONGOING VOLUNTEER NEEDS. IN 2019, WE ENGAGED APPROXIMATELY 50,000 VOLUNTEERS, RESULTING IN A SAVINGS OF 3.8M IN LABOR COSTS IN THE COMMUNITY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 2, PART III, LINE 4D	<p>OTHER COMMUNITY SUPPORT AND ENGAGEMENT - UNITED WAY'S 2-1-1 RESOURCE HELPLINE: 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 2019, GTCUW PROVIDED NEARLY 460,000 REFERRALS TO SERVICES INCLUDING HOUSING, FOOD, AND MORE. IMPACT MANAGEMENT: THROUGH COMMUNITY RESEARCH AND DATA, GTCUWS 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, GTCUWS 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. GTCUW OFFERS UNIQUE VOLUNTEER EXPERIENCES AND CAPACITY-BUILDING OPPORTUNITIES AS IT BUILDS THE NEXT GENERATION OF THE REGION'S LEADERS AND PHILANTHROPISTS.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI	THE FOLLOWING BOARD MEMBERS OF GTCUW HAVE A SEPERATE PROFESSIONAL OR BUSINESS RELATIONSHIP WITH EACH OTHER: RON JAMES, TIMOTHY WELSH, AND PENNY WHEELER - BUSINESS RELATIONSHIP. ERI N DADY AND RON JAMES - BUSINESS RELATIONSHIP. JULIE BAKER AND BETH SIMERMAYER - BUSINESS R ELATIONSHIP. J.D. KELLER, MICHAEL LANGLEY, AND TIMOTHY WELSH - BUSINESS RELATIONSHIP. DORO THY BRIDGES, REBA DOMINSKI, AND TIMOTHY WELSH - BUSINESS RELATIONSHIP. KATHLENE HOLMES CAM PBELL AND RON JAMES - BUSINESS RELATIONSHIP.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 9	KIM STONE 611 WATERSEDGE TERRACE MENDOTA HEIGHTS, MN 55120

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, 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, PAGE 6, PART VI, LINE 12C	EVERY YEAR, ALL BOARD MEMBERS AND STAFF ARE REQUIRED TO SUBMIT A SIGNED CONFLICT OF INTEREST FORM TO THE GOVERNANCE COMMITTEE. THE GOVERNANCE COMMITTEE REVIEWS ALL SUBMISSIONS, AND IF NECESSARY, FOLLOWS UP ON ANY POSSIBLE CONFLICTS. IF THE CONFLICT IS DEEMED MATERIAL, A BOARD MEMBER WOULD BE ASKED TO STEP DOWN FROM THE BOARD OF DIRECTORS, PER OUR BYLAWS. IN THE CASE OF STAFF, STAFF ARE ASKED TO ELIMINATE ANY CONFLICTS OF INTEREST AS SOON AS MANAGEMENT IS MADE AWARE OF THEM.

990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PAGE 6, PART VI, LINE 15A</p>	<p>CHAIR OF THE BOARD, IMMEDIATE PAST CHAIR OF THE BOARD, CHAIR OF THE FINANCE AND HUMAN CAPITAL COMMITTEE AND A DESIGNATED EXECUTIVE COMMITTEE OF THE BOARD MEMBER SERVE AS THE EXECUTIVE COMMITTEE COMPENSATION TASK FORCE. TOGETHER THEY WORK WITH AN INDEPENDENT COMPENSATION CONSULTANT TO FACILITATE THE CEO'S PERFORMANCE REVIEW ANNUALLY SOLICITING FEEDBACK RELATIVE TO THE CEO'S PERFORMANCE RESULTS AGAINST THE ORGANIZATION'S ANNUAL STRATEGIC DIRECTIONS AND MEASURES OF SUCCESS, AS WELL AS, INDIVIDUAL PERFORMANCE GOALS PREVIOUSLY AGREED UPON BY CHAIR OF THE BOARD AND CEO. THE EXECUTIVE COMMITTEE COMPENSATION TASK FORCE GATHERS FEEDBACK FROM EACH EXECUTIVE COMMITTEE MEMBER (APPROXIMATELY 15 MEMBERS) AND PROVIDES A RECOMMENDATION FOR THE CEO'S COMPENSATION AND BONUS TO THE EXECUTIVE COMMITTEE OF THE BOARD FOR APPROVAL AFTER AGGREGATING AND COMMUNICATING PERFORMANCE RESULTS. 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 FINANCIAL OFFICER, SR. VICE PRESIDENT OF ADVANCEMENT, SR. VICE PRESIDENT OF MARKETING AND COMMUNICATIONS, SR. VICE PRESIDENT OF COMMUNITY IMPACT, VP OF COMMUNICATIONS, VP OF OPERATIONS, AND VP OF PRINCIPAL GIFTS. 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: -CEOS TOTAL COMPENSATION AND SUPPLEMENTAL BENEFITS, AND -CEOS PERFORMANCE GOALS AND OBJECTIVES FOR THE NEXT PERFORMANCE EVALUATION PERIOD. 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, PAGE 6, PART VI, LINE 15B	THE EXECUTIVE COMPENSATION TASK FORCE REVIEWS AND DISCUSSES KEY EXECUTIVES COMPENSATION AND BENEFITS BASED ON THE CEOS PERFORMANCE EVALUATION AND RECOMMENDATIONS FOR THESE EXECUTIVES. THE RECOMMENDATIONS ARE THEN REVIEWED WITH THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, 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 XI, LINE 9	CHANGE IN FAIR VALUE OF BENEFICIAL INTERESTS IN 307,638 LOSS ON PENSION SETTLEMENT -545,996 TOTAL -238,358