

**GREATER TWIN CITIES
UNITED WAY**

990 and 990-T Return - Public Inspection Copy

For the Year Ended December 31, 2019



600 INWOOD AVENUE NORTH
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OAKDALE, MN 55128
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Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2019
Open to Public Inspection

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.

A For the 2019 calendar year, or tax year beginning , and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <p style="text-align: center;">GREATER TWIN CITIES UNITED WAY</p> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <p style="text-align: center;">404 SOUTH EIGHTH STREET</p> City or town, state or province, country, and ZIP or foreign postal code <p style="text-align: center;">MINNEAPOLIS MN 55404-1084</p>	D Employer identification number <p style="text-align: center;">41-1973442</p> E Telephone number <p style="text-align: center;">612-340-7400</p> G Gross receipts \$ 62,996,864
F Name and address of principal officer: <p style="text-align: center;">JOHN WILGERS 404 SOUTH EIGHTH STREET MINNEAPOLIS MN 55404</p>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () <input type="checkbox"/> t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number u
J Website: u WWW.GTCUW.ORG		L Year of formation: 2001 M State of legal domicile: MN
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other u		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <p style="text-align: center;">GALVANIZE OUR COMMUNITY TO BUILD PATHWAYS TOWARD PROSPERITY AND EQUITY FOR ALL.</p>		
	2 Check this box <input type="checkbox"/> 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	8183
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 39	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 63,869,250	Current Year 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
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	54,334,996
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) u 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	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 127,972,190	End of Year 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 <p style="text-align: center;">JOHN WILGERS</p>	Date	
	Type or print name and title	PRESIDENT AND CEO	
Paid Preparer Use Only	Print/Type preparer's name CHRIS HENKE	Preparer's signature CHRIS HENKE	Date
	Firm's name } AKINS HENKE AND COMPANY 600 INWOOD AVENUE NORTH, SUITE 160 Firm's address } OAKDALE, MN 55128	Check <input type="checkbox"/> if self-employed PTIN P01008921	Firm's EIN } 46-3220328 Phone no. 651-636-3806

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:

SEE SCHEDULE O

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 \$)

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.

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

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.

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

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.

4d Other program services (Describe on Schedule O.)

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

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

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

		Yes	No
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)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O		
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)?		X
b	If "Yes," enter the name of the foreign country u 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?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
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?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
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? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on 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? If "Yes," see instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on 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 on Schedule O.		
1b	Enter the number of voting members included on 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?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
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 on Schedule O	X	

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?		X
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?	X	
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	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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	X	
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	X	
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?	X	
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?	X	

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **u MN**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 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 on Schedule O)
- 19** Describe on 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 **u**

ATHENA MIHAS
MINNEAPOLIS

404 SOUTH EIGHTH STREET

MN 55404

612-340-7606

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week 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			
(1) TIM WELSH	1.00									
BOARD CHAIR	0.00	X		X			0	0	0	
(2) RENEE PETERSON	1.00									
TREASURER	0.00	X		X			0	0	0	
(3) NANCY LINDAHL	1.00									
SECRETARY	0.00	X		X			0	0	0	
(4) BRIAN ALLINGHAM	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(5) JULIE BAKER	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(6) STACY BOGART	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(7) DOROTHY BRIDGES	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(8) LAURA BLOOMBERG	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(9) MARK BROOKS	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(10) ANU CODATY	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(11) CHRIS COLEMAN	1.00									
BOARD MEMBER	0.00	X					0	0	0	

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

(A) Name and title	(B) Average hours per week 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			
(12) JEFF COTTON	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(13) ERIN DADY	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(14) STEPHANIE DEXTER	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(15) REV. DR. CURTISS DEYOUNG	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(16) NANCY DAHL	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(17) REBA DOMINSKI	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(18) KWEILIN ELLINGRUD	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(19) BETH FORD	1.00									
BOARD MEMBER	0.00	X					0	0	0	
1b Subtotal										
c Total from continuation sheets to Part VII, Section A							1,665,550		222,918	
d Total (add lines 1b and 1c)							1,665,550		222,918	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **u 24**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
LIFEWORKS US INC. NEWARK NJ 07193	PO BOX 10989 211 CALL CENTER	1,866,813
CO2 PARTNERS, LLC MINNEAPOLIS MN 55440	PO BOX 9357 CONSULTING	194,200
ADVENT CREATIVE GROUP, LLC EDINA MN 55435	7101 YORK AVE S. CONSULTING	190,909
NANCY HYLDEN MINNEAPOLIS MN 55415	310 4TH AVE S, SUITE 5010 CONSULTING	183,333
NINA HALE CONSULTING, INC MINNEAPOLIS MN 55402	100 SOUTH 5TH STREET, SUITE 2000 CONSULTING	172,355

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

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	u		56,545,814				
	Program Service Revenue	2a FEES FOR SERVICE	Business Code		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		u		122,340				
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)	u		1,257,988			1,257,988
	4 Income from investment of tax-exempt bond proceeds	u						
	5 Royalties	u						
	6a Gross rents	6a	(i) Real	49,048				
			(ii) Personal					
	b Less: rental expenses	6b						
	c Rental inc. or (loss)	6c	49,048					
	d Net rental income or (loss)	u		49,048			49,048	
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	1,664,526	2,817,074			
			(ii) Other					
	b Less: cost or other basis and sales exps.	7b	1,660,383					
	c Gain or (loss)	7c	4,143	2,817,074				
	d Net gain or (loss)	u		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	u							
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	u							
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	u							
Miscellaneous Revenue	11a DESIGNATION COST RECOVERY	Business Code		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	u		540,074				
12 Total revenue. See instructions	u		61,336,481	626,596	0	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 (nonemployees):				
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 on 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 X

		(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 receivables from 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	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 33)	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 32, 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 on 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 32, 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

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

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

(A) Name and title	(B) Average hours per week 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			
(20) CHELSIE GLAUBITZ GABIOU	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(21) JOE GOTHARD	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(22) KATIE GOEMAN	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(23) JAMIE GULLEY	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(24) LYNNE HARRINGTON	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(25) JOE HOBOT	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(26) KATHLENE HOLMES CAMPBELL	1.00									
BOARD MEMBER	0.00	X					0	0	0	
(27) MANDY JANSSEN	1.00									
BOARD MEMBER	0.00	X					0	0	0	
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week 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			
(28) RON JAMES	1.00									
BOARD MEMBER	0.00	X						0	0	0
(29) RAY JONCAS	1.00									
BOARD MEMBER	0.00	X						0	0	0
(30) J.D. KELLER	1.00									
BOARD MEMBER	0.00	X						0	0	0
(31) MATT KUCHARSKI	1.00									
BOARD MEMBER	0.00	X						0	0	0
(32) MICHAEL LANGLEY	1.00									
BOARD MEMBER	0.00	X						0	0	0
(33) DARIN LYNCH	1.00									
BOARD MEMBER	0.00	X						0	0	0
(34) MIKE MAESER	1.00									
BOARD MEMBER	0.00	X						0	0	0
(35) TODD MARSHALL	1.00									
BOARD MEMBER	0.00	X						0	0	0
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week 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			
(36) AL MCFARLANE	1.00									
BOARD MEMBER	0.00	X						0	0	
(37) TOM MONTMINY	1.00									
BOARD MEMBER	0.00	X						0	0	
(38) CHRIS MUSSO	1.00									
BOARD MEMBER	0.00	X						0	0	
(39) KATHY NOECKER	1.00									
BOARD MEMBER	0.00	X						0	0	
(40) RAVI NORMAN	1.00									
BOARD MEMBER	0.00	X						0	0	
(41) MIKE O'LEARY	1.00									
BOARD MEMBER	0.00	X						0	0	
(42) KAREN RICHARD	1.00									
BOARD MEMBER	0.00	X						0	0	
(43) PIYUMI SAMARATUNGA	1.00									
BOARD MEMBER	0.00	X						0	0	
1b Subtotal										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week 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			
(44) TODD SENGER BOARD MEMBER	1.00 0.00	X						0	0	0
(45) BETH SIMERMEYER BOARD MEMBER	1.00 0.00	X						0	0	0
(46) SARAH SOONG BOARD MEMBER	1.00 0.00	X						0	0	0
(47) PENNY WHEELER BOARD MEMBER	1.00 0.00	X						0	0	0
(48) KOEN WILMS BOARD MEMBER	1.00 0.00	X						0	0	0
(49) JIM ZAPPA BOARD MEMBER	1.00 0.00	X						0	0	0
(50) JOHN WILGERS PRESIDENT AND CEO	40.00 0.00			X				208,529	0	18,396
(51) TRENT BLAIN, SVP MARKETING/ INTERIM PRESIDENT AND CEO	40.00 0.00			X				172,281	0	24,526
1b Subtotal								380,810		42,922
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week 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			
(52) ATHENA MIHAS, FINANCIAL OFFICER	CHIEF 40.00 0.00			X				160,319	0	22,690
(53) KIM STONE SVP ADVANCEMENT	40.00 0.00				X			196,293	0	22,800
(54) ACOOA ELLIS SVP COMMUNITY IMPACT	40.00 0.00				X			176,164	0	23,856
(55) MICHELLE WALKER-DAVIS E.D.-GENERATION NEXT	40.00 0.00					X		179,782	0	48,269
(56) KELLY PUSPOKI VP COMMUNICATIONS	40.00 0.00				X			153,643	0	12,129
(57) COLLEEN FAHEY VP PRINCIPAL GIFTS	40.00 0.00				X			148,350	0	17,221
(58) JEFFREY HALBUR DIRECTOR MAJOR GIFTS	40.00 0.00				X			140,353	0	12,266
(59) JUDY JORDAN VP OPERATIONS	40.00 0.00				X			129,836	0	20,765
1b Subtotal							u	1,284,740		179,996
c Total from continuation sheets to Part VII, Section A							u			
d Total (add lines 1b and 1c)							u			

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

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

2019

Department of the Treasury
Internal Revenue Service

u Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

u 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 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 **section 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		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 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.")	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	96.75%
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	95.29%

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) u	(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) u	(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 <input type="checkbox"/>						

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 for 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 in line 12 on 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>		
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>		
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>		
3b	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>		
3c	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>		
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>		
4b	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>		
4c	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>		
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>		
5b	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?		
5c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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>		
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>		
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>		
9b	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>		
9c	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>		
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 10b below.</i>		
10b	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>		

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?		
11a		
b A family member of a person described in (a) above?		
11b		
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>		
11c		

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>		
1		
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>		
2		

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>		
1		

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?		
1		
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>		
2		
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>		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
2 Activities Test. <i>Answer (a) and (b) below.</i>		
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>		
2a		
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>		
2b		
3 Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>		
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>		
3a		
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>		
3b		

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

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (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):		
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. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result 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.)

PART II, LINE 10 - OTHER INCOME DETAIL

MISCELLANEOUS INCOME **\$ 93,782**

u Attach to Form 990, Form 990-EZ, or Form 990-PF.
u Go to www.irs.gov/Form990 for the latest information.

Name of the organization

Employer identification number

GREATER TWIN CITIES UNITED WAY

41-1973442

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(**3**) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ► \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

GREATER TWIN CITIES UNITED WAY

Employer identification number

41-1973442

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	\$ 1,325,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	\$ 1,352,200	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

For Organizations Exempt From Income Tax Under section 501(c) and section 527

2019

Department of the Treasury
Internal Revenue Service

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.

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 organization

GREATER TWIN CITIES UNITED WAY

Employer identification number

41-1973442

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. (see instructions for definition of "political campaign activities")

2 Political campaign activity expenditures (see instructions) u \$

3 Volunteer hours for political campaign activities (see instructions)

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

1 Enter the amount of any excise tax incurred by the organization under section 4955 u \$

2 Enter the amount of any excise tax incurred by organization managers under section 4955 u \$

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

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

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities u \$

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities u \$

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b u \$

4 Did the filing organization file Form 1120-POL for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2019

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 (grassroots lobbying)		25,500													
b Total lobbying expenditures to influence a legislative body (direct lobbying)		102,500													
c Total lobbying expenditures (add lines 1a and 1b)		128,000													
d Other exempt purpose expenditures		57,622,507													
e Total exempt purpose expenditures (add lines 1c and 1d)		57,750,507													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.		1,000,000													
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g Grassroots nontaxable amount (enter 25% of line 1f)		250,000													
h Subtract line 1g from line 1a. If zero or less, enter -0-		0													
i Subtract line 1f from line 1c. If zero or less, enter -0-		0													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?			<input type="checkbox"/> Yes <input type="checkbox"/> No												

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 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.

Table with 3 main columns: (a) Yes/No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; a Volunteers?; b Paid staff or management...; 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).

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

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."

Table with 3 columns: Question, Yes, No. Rows include: 1 Dues, assessments and similar amounts from members; 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; b Carryover from last year; c Total; 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 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?; 5 Taxable amount of lobbying and political expenditures (see instructions)

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.

Series of horizontal dotted lines for providing supplemental information.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

u 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. u Attach to Form 990.

u 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 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, aggregate value of grants, aggregate value at end of year, and two questions about donor advisement and grant fund usage.

Part II Conservation Easements.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, total number of easements, total acreage restricted, number of easements on certified historic structures, number of easements modified, number of states, written policy, staff and volunteer hours, expenses incurred, and requirements of section 170(h)(4)(B)(i) and (ii).

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include 1a) text of footnote for art/historical treasures, 1b) amounts for art/historical treasures, 2) amounts for art/historical treasures for financial gain.

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 make 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 program
- 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 on 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 **u** 31.73 %
- b** Permanent endowment **u** 53.11 %
- c** Term endowment **u** 15.16 %

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)	X	
3a(ii)		X
3b		

b If "Yes" on line 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 10c.) **u** 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	MARKET
(3) Other	0	
(A) POOLED INVESTMENT FUNDS HELD AT THE		
(B) SAINT PAUL AND MINNESOTA FOUNDATION	38,390,387	MARKET
(C)		
(D) POOLED INVESTMENT FUNDS HELD AT THE		
(E) MINNEAPOLIS FOUNDATION	11,150,887	MARKET
(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 FASB 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.

PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS:

UNRESTRICTED GRANTS ARE MADE FROM THE ENDOWMENT FUND TO SUPPORT GENERAL OPERATING COSTS, PROGRAMS, NON-PROFITS, AND INITIATIVES.

PART X - FIN 48 FOOTNOTE:

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. GTCUW'S ACCOUNTING POLICY PROVIDES THAT A TAX EXPENSE/BENEFIT FROM AN UNCERTAIN TAX POSITION MAY BE RECOGNIZED WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON

Part XIII Supplemental Information (continued)

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.

PART XI, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER:

DONOR DESIGNATED CONTRIBUTIONS FOR OTHER NON-PROFITS \$ 20,572,730

INVESTMENT INCOME RECORDED IN OTHER CHANGES IN NET ASSETS \$ 3,363,952

PART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER:

DONOR DESIGNATED CONTRIBUTIONS FOR OTHER NON-PROFITS \$ 20,572,730

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Statement of Activities Outside the United States

u Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
u Attach to Form 990.

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

OMB No. 1545-0047

2019

Open to Public Inspection

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 the 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					
(1)			GRANTS TO RECIPIENTS	SEE PART V	450,000
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Subtotal					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)
(1)			NORTH AMERICA - CANADA	SEE PART V	450,000	WIRE TRANSFER			BOOK VALUE
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

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 **u** 1

3 Enter total number of other organizations or entities **u** _____

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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.

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS:

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.

PART I, LINE 3 - ACTIVITIES PER REGION

REGION	EXPENDITURES	INVESTMENTS
NORTH AMERICA - CANADA	\$ 450,000	\$ 0

PART V - ADDITIONAL INFORMATION

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)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2019

Department of the Treasury
Internal Revenue Service

U Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

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

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

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

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

b If "Yes," list the 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 1 1375 ST. ANTHONY AVE. ST. PAUL MN 55104	CONSULTING		X	710,000	32,500	677,500
2						
3						
4						
5						
6						
7						
8						
9						
10						
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.

MINNESOTA

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) 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.

		(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:

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
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OMB No. 1545-0047

2019

**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 General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	360 COMMUNITIES 501 E. HWY. 13, STE. 112 BURNSVILLE MN 55337-2877	41-0987708	501C3	48,750	7,936	FMV	SEE PART IV	PROGRAM COSTS
(2)	ACCESSABILITY INC 360 HOOVER ST. NORTHEAST MINNEAPOLIS MN 55413-2940	41-0735909	501C3	257,132				PROGRAM COSTS
(3)	ADVOCATES FOR HUMAN RIGHTS 330 SECOND AVE S MINNEAPOLIS MN 55401	36-3292374	501C3	95,000				PROGRAM COSTS
(4)	AFRICAN IMMIGRANTS COMMUNITY SERVIC 1433 E FRANKLIN AVE MINNEAPOLIS MN 55404	30-0368292	501C3	50,000	3,582	FMV	SEE PART IV	PROGRAM COSTS
(5)	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
(6)	AMERICAN INDIAN OIC INC 1845 EAST FRANKLIN AVE. MINNEAPOLIS MN 55404-4062	41-1365561	501C3	237,250	595	FMV	SEE PART IV	PROGRAM COSTS
(7)	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
(8)	ANOKA COUNTY COMMUNITY ACTION INC 1201 NORTH 89TH AVE., STE. 345 BLAINE MN 55434-3346	41-6048575	501C3	60,000	3,943	FMV	SEE PART IV	PROGRAM COSTS
(9)	ANOKA HENNEPIN SCHOOLS 2727 N FERRY ST ANOKA MN 55303	41-6008267	GOV		12,860	FMV	SEE PART IV	PROGRAM COSTS

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u 178**
- 3 Enter total number of other organizations listed in the line 1 table **u**

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
u Attach to Form 990.
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OMB No. 1545-0047

2019

**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 General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	APPETITE FOR CHANGE 1200 WEST BROADWAY AVE MINNEAPOLIS MN 55411	27-5112040	501C3	110,000				PROGRAM COSTS
(2)	ASIAN ECONOMIC DEVELOPMENT ASSOCIAT 422 UNIVERSITY AVE. W ST. PAUL MN 55103	41-1911474	501C3	140,472				PROGRAM COSTS
(3)	ATHLETES COMMITTED TO EDUCATING STU 1115 EAST HENNEPIN AVE. MINNEAPOLIS MN 55414-2321	41-1789659	501C3	73,000				PROGRAM COSTS
(4)	AUGSBURG COLLEGE 2211 RIVERSIDE AVE. MINNEAPOLIS MN 55454-1398	41-0694721	501C3	56,250				PROGRAM COSTS
(5)	AUSTIN ASPIRES 301 NORTH MAIN STREET AUSTIN MN 55912	46-5425522	501C3	26,083				PROGRAM COSTS
(6)	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
(7)	AVIVO 1900 CHICAGO AVE. S MINNEAPOLIS MN 55404-1903	41-0828779	501C3	557,550	7,238	FMV	SEE PART IV	PROGRAM COSTS
(8)	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
(9)	BANYAN COMMUNITY 2529 13TH AVE S MINNEAPOLIS MN 55404	41-1922813	501C3	64,065				PROGRAM COSTS

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
- 3 Enter total number of other organizations listed in the line 1 table **u**

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Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
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OMB No. 1545-0047

2019

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Department of the Treasury
Internal Revenue Service

Name of the organization

GREATER TWIN CITIES UNITED WAY

Employer identification number

41-1973442

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	BIG BROTHERS BIG SISTERS OF GREATER 2550 UNIVERSITY AVE. ST. PAUL MN 55114	32-0017737	501C3	190,000	6,466	FMV	SEE PART IV	PROGRAM COSTS
(2)	BLOOMINGTON SCHOOLS ISD 271 8800 QUEEN AVE BLOOMINGTON MN 55431	41-6001463	GOV	21,250				PROGRAM COSTS
(3)	BOLDER OPTIONS 2100 STEVENS AVE. S MINNEAPOLIS MN 55404	41-1909408	501C3	25,000	193	FMV	SEE PART IV	PROGRAM COSTS
(4)	BREAKTHROUGH TWIN CITIES 2051 LARPENTEUR AVE E ST. PAUL MN 55109	45-3587267	501C3	45,000				PROGRAM COSTS
(5)	BROOKLYN CENTER SCHOOLS ISD 286 6500 HUMBOLDT AVE. NORTH BROOKLYN CENTER MN 55430-1897	41-6009038	GOV	66,500	13,833	FMV	SEE PART IV	PROGRAM COSTS
(6)	BURNSVILLE SCHOOL DISTRICT 191 100 RIVER RIDGE BURNSVILLE MN 55337	41-6000802	GOV	10,000				PROGRAM COSTS
(7)	CAMP FIRE USA MINNESOTA COUNCIL 4829 MINNETONKA BLVD ST. LOUIS PARK MN 55416	41-0706116	501C3	42,500	1,561	FMV	SEE PART IV	PROGRAM COSTS
(8)	CAPI USA 3702 E LAKE ST, STE 200 MINNEAPOLIS MN 55406	41-1417198	501C3	271,975	2,252	FMV	SEE PART IV	PROGRAM COSTS
(9)	CASA DE ESPERANZA 1821 UNIVERSITY AVE. W. ST. PAUL MN 55175	41-1414710	501C3	93,750	1,217	FMV	SEE PART IV	PROGRAM COSTS

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
- 3 Enter total number of other organizations listed in the line 1 table **u**

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Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
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2019

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Name of the organization

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Employer identification number

41-1973442

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	CATHOLIC CHARITIES 1200 SECOND AVE. SOUTH MINNEAPOLIS MN 55403-2500	41-1302487	501C3	726,400	4,838	FMV	SEE PART IV	PROGRAM COSTS
(2)	CENTER FOR ECONOMIC INCLUSION 1015 4TH AVE N MINNEAPOLIS MN 55405	82-3563111	501C3	164,250				PROGRAM COSTS
(3)	CENTER FOR VICTIMS OF TORTURE 2356 UNIVERSITY AVE W ST. PAUL MN 55114	36-3383933	501C3	152,300				PROGRAM COSTS
(4)	CENTRO TYRONE GUZMAN 1915 CHICAGO AVE. SOUTH MINNEAPOLIS MN 55404-1904	41-1290349	501C3	534,118	738	FMV	SEE PART IV	PROGRAM COSTS
(5)	CHILDREN'S DEFENSE FUND OF MINNESOTA 555 PARK ST ST. PAUL MN 55103	52-0895622	501C3	75,000				PROGRAM COSTS
(6)	CHRISTIANS REACHING OUT IN SOCIAL SERVICES 12915 WEINAND CIRCLE ROGERS MN 55374	41-1314577	501C3	64,125	7,095	FMV		PROGRAM COSTS
(7)	CLARE HOUSING 929 CENTRAL AVENUE NE MINNEAPOLIS MN 55413-2404	41-1794924	501C3	25,000	1,815	FMV	SEE PART IV	PROGRAM COSTS
(8)	COMMONBOND COMMUNITIES 1080 MONTREAL AVENUE ST. PAUL MN 55116	41-1260469	501C3	95,200	3,592	FMV	SEE PART IV	PROGRAM COSTS
(9)	COMMUNITY EMERGENCY ASSISTANCE PROGRAM 7051 BROOKLYN BLVD. BROOKLYN CENTER MN 55429	41-0990340	501C3	83,173	28,797	FMV	SEE PART IV	PROGRAM COSTS

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
- 3 Enter total number of other organizations listed in the line 1 table **u**

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Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
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OMB No. 1545-0047

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Name of the organization

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Employer identification number

41-1973442

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- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	COMMUNITY EMERGENCY SERVICES 1900 SOUTH 11TH AVE. MINNEAPOLIS MN 55404	41-1728341	501C3	23,750	2,159	FMV	SEE PART IV	PROGRAM COSTS
(2)	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
(3)	COMMUNITY UNIVERSITY HEALTH CARE CE 2001 BLOOMINGTON AVE SOUTH MINNEAPOLIS MN 55404	41-6007513	501C3	85,500				PROGRAM COSTS
(4)	COMUNIDADES LATINAS UNIDAS EN SERVI 797 EAST SEVENTH ST. ST. PAUL MN 55106-5014	41-1386986	501C3	531,745	9,277	FMV	SEE PART IV	PROGRAM COSTS
(5)	CONNECTIONS TO INDEPENDENCE 310 E 38TH STREET MINNEAPOLIS MN 55409	80-0542940	501C3	45,000				PROGRAM COSTS
(6)	CORNERSTONE ADVOCACY SERVICES 1000 EAST 80TH ST. BLOOMINGTON MN 55420-1424	41-1476268	501C3	66,375	665	FMV	SEE PART IV	PROGRAM COSTS
(7)	COURAGE KENNY FOUNDATION 3915 GOLDEN VALLEY ROAD GOLDEN VALLEY MN 55422-9958	41-0706118	501C3	366,250				PROGRAM COSTS
(8)	CULTURAL WELLNESS CENTER 2025 PORTLAND AVE S MINNEAPOLIS MN 55404	41-1850859	501C3	45,000				PROGRAM COSTS
(9)	DAKOTA COUNTY SOCIAL SERVICE 1 MENDOTA ROAD WEST, STE 400 WEST ST. PAUL MN 55118-4773	41-6005786	GOV	25,000				PROGRAM COSTS

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
- 3 Enter total number of other organizations listed in the line 1 table **u**

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Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

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Department of the Treasury
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Name of the organization

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Employer identification number

41-1973442

Part I General Information on Grants and Assistance

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

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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	DIVISION OF INDIAN WORK 1001 EAST LAKE ST. MINNEAPOLIS MN 55407	81-5265328	501C3	187,750				PROGRAM COSTS
(2)	DREAM OF WILD HEALTH 1308 FRANKLIN AVE MINNEAPOLIS MN 55404	41-1632662	501C3	45,000	794	FMV	SEE PART IV	PROGRAM COSTS
(3)	EASTSIDE NEIGHBORHOOD SERVICE 1700 SECOND ST. NORTHEAST MINNEAPOLIS MN 55413	41-0873798	501C3	163,640	2,505	FMV	SEE PART IV	PROGRAM COSTS
(4)	EMERGE COMMUNITY DEVELOPEMENT 1101 WEST BROADWAY AVENUE MINNEAPOLIS MN 55411-2570	41-1277423	501C3	397,000	1,984	FMV	SEE PART IV	PROGRAM COSTS
(5)	EMMA NORTON SERVICES 670 NORTH ROBERT ST. ST. PAUL MN 55101	41-0859485	501C3	53,675	692	FMV	SEE PART IV	PROGRAM COSTS
(6)	EVERY HAND JOINED 419 BUSH ST RED WING MN 55066	45-3069865	501C3	65,975				PROGRAM COSTS
(7)	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
(8)	FAMILY PATHWAYS 6413 OAK STREET NORTH BRANCH MN 55056	41-1332828	501C3	107,500				PROGRAM COSTS
(9)	FAMILYWISE 3036 UNIVERSITY AVE. SE MINNEAPOLIS MN 55414	41-1343909	501C3	156,875				PROGRAM COSTS

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
- 3 Enter total number of other organizations listed in the line 1 table **u**

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
u Attach to Form 990.
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OMB No. 1545-0047

2019

**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 General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	FROGTOWN NEIGHBORHOOD ASSOCIATION 501 NORTH DALE SAINT PAUL MN 55103	41-0963444	501C3	30,000	1,769	FMV	SEE PART IV	PROGRAM COSTS
(2)	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
(3)	GOOD NEIGHBOR CENTER 441 RICE STREET ST. PAUL MN 55103	47-3282758	501C3		6,610	FMV	SEE PART IV	PROGRAM COSTS
(4)	GOODWILL INDUSTRIES INC 553 FAIRVIEW AVE. N ST. PAUL MN 55104-1708	41-0706171	501C3	137,500				PROGRAM COSTS
(5)	GREATER MINNEAPOLIS CRISIS NURSERY 4544 4TH AVE S MINNEAPOLIS MN 55419	41-1379021	501C3	85,750				PROGRAM COSTS
(6)	GREENLIGHT FUND 120 SAINT JAMES AVE BOSTON MA 02116	20-0407083	501C3	100,000				PROGRAM COSTS
(7)	GUILD INCORPORATED 130 WABASHA ST ST. PAUL MN 55107-1819	41-1669233	501C3	284,000	1,513	FMV	SEE PART IV	PROGRAM COSTS
(8)	HALLIE Q BROWN COMMUNITY CENTER INC 270 KENT ST NORTH ST. PAUL MN 55102-1744	41-0693846	501C3	212,250	1,019	FMV	SEE PART IV	PROGRAM COSTS
(9)	HEADWAY EMOTIONAL HEALTH SERVICES 6425 NICOLLET AVE. SOUTH RICHFIELD MN 55423	41-0962511	501C3	60,625				PROGRAM COSTS

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
- 3 Enter total number of other organizations listed in the line 1 table **u**

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Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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Employer identification number

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	HENNEPIN HEALTH FOUNDATION 701 PARK AVE MINNEAPOLIS MN 55415	41-0845733	501C3	260,100				PROGRAM COSTS
(2)	HIAWATHA ACADEMIES 1611 E 46TH ST MINNEAPOLIS MN 55407	20-4798683	501C3	21,250				PROGRAM COSTS
(3)	HIRED 217 5TH AVE. N MINNEAPOLIS MN 55401	41-6078344	501C3	150,000				PROGRAM COSTS
(4)	HOPE COMMUNITY INC. 611 EAST FRANKLIN AVENUE MINNEAPOLIS MN 55404	41-1292817	501C3	95,000	595	FMV	SEE PART IV	PROGRAM COSTS
(5)	HOPE DENTAL CLINIC 435 UNIVERSITY AVE E ST. PAUL MN 55130	81-4068287	501C3	118,750				PROGRAM COSTS
(6)	IGNITE AFTERSCHOOL 1400 VAN BUREN ST NE MINNEAPOLIS MN 55413	47-4834387	501C3	10,000				PROGRAM COSTS
(7)	IMMIGRANT LAW CENTER OF MINNESOTA 450 SYNDICATE ST. N, STE. 200 ST. PAUL MN 55104	41-0909036	501C3	147,250				PROGRAM COSTS
(8)	IND SCHOOL DIS 280 HENNEPIN COUNTY 7001 HARRIET AVE S RICHFIELD MN 55423	41-6001404	GOV	21,250				PROGRAM COSTS
(9)	INDIAN HEALTH BOARD OF MINNEAPOLIS 1315 EAST 24TH ST. MINNEAPOLIS MN 55404-3959	41-0977740	501C3	137,750				PROGRAM COSTS

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	INTERCONGREGATION COMMUNITIES ASSOC 12990 ST. DAVIDS RD MINNETONKA MN 55305	41-0979010	501C3	48,750				PROGRAM COSTS
(2)	INTERFAITH ACTION OF GREATER SAINT 1671 SUMMIT AVE. ST. PAUL MN 55105-1884	41-0694741	501C3	33,250				PROGRAM COSTS
(3)	INTERNATIONAL INSTITUTE OF MINNESOTA 1694 COMO AVE. ST. PAUL MN 55108-2784	41-0693912	501C3	521,750	2,333	FMV	SEE PART IV	PROGRAM COSTS
(4)	ISUROON 1600 E LAKE STREET MINNEAPOLIS MN 55407	42-1651737	501C3	55,000	1,984	FMV	SEE PART IV	PROGRAM COSTS
(5)	JEWISH FAMILY & CHILDREN'S SERVICES 5905 GOLDEN VALLEY ROAD GOLDEN VALLEY MN 55422	41-0693860	501C3	153,500				PROGRAM COSTS
(6)	JEWISH FAMILY SERVICE OF ST. PAUL 1633 WEST SEVENTH ST. ST. PAUL MN 55102	41-0694697	501C3	45,000				PROGRAM COSTS
(7)	JOYCE PRESCHOOL 1219 WEST 31ST STREET MINNEAPOLIS MN 55408	81-0594016	501C3	75,250	129	FMV	SEE PART IV	PROGRAM COSTS
(8)	KA JOOG NONPROFIT ORGANIZATION 1420 WASHINGTON AVE. S MINNEAPOLIS MN 55454	39-2073475	501C3	26,250				PROGRAM COSTS
(9)	KAREN ORGANIZATION OF MN 2353 RICE STREET ROSEVILLE MN 55113	30-0438142	501C3	141,500	1,984	FMV	SEE PART IV	PROGRAM COSTS

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

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Name of the organization

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Employer identification number

41-1973442

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	KEYSTONE COMMUNITY SERVICES 2000 ST. ANTHONY AVE. ST. PAUL MN 55104-5199	41-0693924	501C3	346,075	5,962	FMV	SEE PART IV	PROGRAM COSTS
(2)	KWANZAA COMMUNITY CHURCH 3700 BRYANT AVE. N MINNEAPOLIS MN 55412	27-0031853	501C3	74,500				PROGRAM COSTS
(3)	LIFETRACK RESOURCES 709 UNIVERSITY AVE. WEST ST. PAUL MN 55104-4804	41-0874507	501C3	559,750	1,710	FMV	SEE PART IV	PROGRAM COSTS
(4)	LIVING WELL DISABILITY SERVICES 680 O'NEILL DRIVE EAGAN MN 55121-1535	23-7181360	501C3	71,100				PROGRAM COSTS
(5)	LOAVES & FISHES TOO 721 KASOTA AVE SE MINNEAPOLIS MN 55414	41-1421522	501C3	57,300	7,909	FMV	SEE PART IV	PROGRAM COSTS
(6)	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
(7)	MERRICK COMMUNITY SERVICES 1669 ARCADE STREET NORTH ST. PAUL MN 55106	41-0693851	501C3	386,076	13,080	FMV	SEE PART IV	PROGRAM COSTS
(8)	MID-MINNESOTA LEGAL ASSISTANCE 111 N. 5TH ST SUITE 100 MINNEAPOLIS MN 55403	41-1412710	501C3	486,650				PROGRAM COSTS
(9)	MINNEAPOLIS AMERICAN INDIAN CENTER 1530 FRANKLIN AVE. EAST MINNEAPOLIS MN 55404-2136	41-0966005	501C3	66,000	560	FMV	SEE PART IV	PROGRAM COSTS

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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Employer identification number

41-1973442

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	MINNEAPOLIS PUBLIC SCHOOLS 1250 W BROADWAY AVE MINNEAPOLIS MN 55411	41-1972445	GOV		23,055	FMV	SEE PART IV	PROGRAM COSTS
(2)	MINNESOTA ALLIANCE WITH YOUTH 2233 UNIVERSITY AVE W ST. PAUL MN 55114	45-3774063	501C3	37,500				PROGRAM COSTS
(3)	MINNESOTA COALITION FOR THE HOMELES 2233 UNIVERSITY AVE WEST ST. PAUL MN 55114	41-1601248	501C3	10,000				PROGRAM COSTS
(4)	MINNESOTA INDIAN WOMEN'S RESOURCE C 2300 15TH AVE. SOUTH MINNEAPOLIS MN 55404-3935	41-1500950	501C3	123,975	1,802	FMV	SEE PART IV	PROGRAM COSTS
(5)	MINNESOTA MINORITY EDUCATION PARTNE 2233 UNIVERSITY AVE WEST ST. PAUL MN 55114	41-1699505	501C3	50,000				PROGRAM COSTS
(6)	MINNESOTA TEAMSTERS SERVICE BUREAU 2829 UNIVERSITY AVE SE MINNEAPOLIS MN 55414	41-1513000	501C3	98,182				PROGRAM COSTS
(7)	MINNESOTA VALLEY ACTION COUNCIL, IN 706 N VICTORY DRIVE MANKATO MN 56001	41-6050353	501C3	153,000				PROGRAM COSTS
(8)	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
(9)	MONTESSORI TRAINING CENTER OF MN 1611 AMES AVE ST. PAUL MN 55106	41-1361913	501C3	47,500				PROGRAM COSTS

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

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2019

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Department of the Treasury
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Name of the organization

GREATER TWIN CITIES UNITED WAY

Employer identification number

41-1973442

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- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	NEIGHBORHOOD HEALTHSOURCE, INC. 3300 FREMONT AVE. NORTH MINNEAPOLIS MN 55412-2499	41-1235064	501C3	163,400	14,421	FMV	SEE PART IV	PROGRAM COSTS
(2)	NEIGHBORHOOD HOUSE 179 ROBIE ST. EAST ST. PAUL MN 55107-2360	41-0693916	501C3	316,650				PROGRAM COSTS
(3)	NEIGHBORS INC 222 GRAND AVE W SOUTH ST. PAUL MN 55075	41-1360294	501C3	44,650				PROGRAM COSTS
(4)	NEON, NORTHSIDE ECONOMIC OPPORTUNIT 1007 W. BROADWAY AVE. N MINNEAPOLIS MN 55411	80-0163521	501C3	200,279				PROGRAM COSTS
(5)	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
(6)	NORTH METRO PEDIATRICS 10081 DOGWOOD ST NW COON RAPIDS MN 55448	20-1773869	501C3	64,600				PROGRAM COSTS
(7)	NORTHERN STAR COUNCIL, BOY SCOUTS O 6202 BLOOMINGTON RD FORT SNELLING MN 55111	20-3000282	501C3	37,500				PROGRAM COSTS
(8)	NORTHFIELD HEALTHY COMMUNITY INITIA 1651 JEFFERSON PKWY NORTHFIELD MN 55057	26-2852506	501C3	87,583				PROGRAM COSTS
(9)	NORTHPOINT HEALTH & WELLNESS CENTER 1315 PENN AVE N MINNEAPOLIS MN 55411-3047	20-0898277	501C3	261,375	3,968	FMV	SEE PART IV	PROGRAM COSTS

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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(1)	NORTHSIDE ACHIEVEMENT ZONE 2123 W BROADWAY AVE MINNEAPOLIS MN 55411	30-0238807	501C3	105,333				PROGRAM COSTS
(2)	OASIS FOR YOUTH 2200 W OLD SHAKOPEE RD BLOOMINGTON MN 55431	45-3683785	501C3	25,000	252	FMV	SEE PART IV	PROGRAM COSTS
(3)	OPPORTUNITY PARTNERS INC 5500 OPPORTUNITY COURT MINNETONKA MN 55343-9093	41-0737221	501C3	66,600				PROGRAM COSTS
(4)	PARTNERSHIP ACADEMY 305 EAST 77TH STREET RICHFIELD MN 55423	01-0701608	501C3	59,375				PROGRAM COSTS
(5)	PEOPLE REACHING OUT TO OTHER PEOPLE 14700 MARTIN DRIVE EDEN PRAIRIE MN 55344	41-1430172	501C3	25,000				PROGRAM COSTS
(6)	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
(7)	PEOPLE SERVING PEOPLE 614 SOUTH THIRD ST. MINNEAPOLIS MN 55415	41-1965067	501C3	50,000	3,400	FMV	SEE PART IV	PROGRAM COSTS
(8)	PERSPECTIVES INC 3381 GORHAM AVE. ST. LOUIS PARK MN 55426-1074	41-1288300	501C3	30,400				PROGRAM COSTS
(9)	PHYLLIS WHEATLEY COMMUNITY CENTER 1301 TENTH AVE. N MINNEAPOLIS MN 55411	41-0706132	501C3	178,250				PROGRAM COSTS

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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(1)	PILLSBURY UNITED COMMUNITIES 125 W. BROADWAY MINNEAPOLIS MN 55411	41-0916478	501C3	1,072,650	13,778	FMV	SEE PART IV	PROGRAM COSTS
(2)	PORTICO HEALTHNET 1600 UNIVERSITY AVE. W ST. PAUL MN 55104-3825	41-1814659	501C3	301,150				PROGRAM COSTS
(3)	PREPARE + PROSPER 2610 UNIVERSITY AVE W ST. PAUL MN 55114	23-7131829	501C3	150,000				PROGRAM COSTS
(4)	PROJECT FOR PRIDE IN LIVING, INC. 1035 EAST FRANKLIN AVE. MINNEAPOLIS MN 55404-2920	23-7232208	501C3	542,940	9,644	FMV	SEE PART IV	PROGRAM COSTS
(5)	PROJECT SUCCESS 1 GROVELAND TER #300 MINNEAPOLIS MN 55403	41-1837278	501C3	59,500				PROGRAM COSTS
(6)	RECLAIM 771 RAYMOND AVE ST. PAUL MN 55114-1522	80-0829665	501C3	50,000				PROGRAM COSTS
(7)	RISE INC 8406 SUNSET ROAD NORTHEAST SPRING LAKE PARK MN 55432-1317	41-0972476	501C3	129,600	1,635	FMV	SEE PART IV	PROGRAM COSTS
(8)	ROCHESTER AREA FOUNDATION 12 ELTON HILLS DR NW ROCHESTER MN 55901	41-6017740	501C3	13,583				PROGRAM COSTS
(9)	SABATHANI COMMUNITY CENTER INC 310 EAST 38TH ST. MINNEAPOLIS MN 55409-1300	41-0984859	501C3	59,850	2,976	FMV	SEE PART IV	PROGRAM COSTS

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
- 3 Enter total number of other organizations listed in the line 1 table **u**

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
u Attach to Form 990.
u Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

**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 General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	SCIENCE MUSEUM OF MINNESOTA 120 W KELLOGG BLVD. ST. PAUL MN 55102	41-0706172	501C3	117,500				PROGRAM COSTS
(2)	SCOTT-CARVER-DAKOTA CAP AGENCY INC 712 CANTERBURY ROAD SOUTH SHAKOPEE MN 55379-1840	41-0903890	501C3	125,875	17,158	FMV	SEE PART IV	PROGRAM COSTS
(3)	SHAKOPEE MDEWAKANTON SIOUX COMMUNIT 2330 SIOUX TRAIL NW PRIOR LAKE MN 55372	41-0989737	501C3		17,683	FMV	SEE PART IV	PROGRAM COSTS
(4)	SIMPSON HOUSING SERVICES INC 2100 PILLSBURY AVE S MINNEAPOLIS MN 55404	41-1759477	501C3	109,625				PROGRAM COSTS
(5)	SOLID GROUND 3521 CENTURY AVENUE NORTH WHITE BEAR LAKE MN 55110-5689	36-3578158	501C3	78,500	2,237	FMV	SEE PART IV	PROGRAM COSTS
(6)	SOMALI SUCCESS SCHOOL 1545 E. LAKE STREET MINNEAPOLIS MN 55407	20-3021208	501C3	30,940				PROGRAM COSTS
(7)	SOUTHEAST ASIAN REFUGE CMTY HOME 1113 E FRANKLIN AVE., STE. 212 MINNEAPOLIS MN 55404-2922	41-1729008	501C3	55,500				PROGRAM COSTS
(8)	SOUTHERN MN REGIONAL LEGAL SVC, INC 55 E. 5TH ST. STE 800 ST. PAUL MN 55101	41-1316151	501C3	286,845				PROGRAM COSTS
(9)	SOUTHSIDE FAMILY NURTURING CENTER 2448 SOUTH 18TH ST. MINNEAPOLIS MN 55404-4048	41-1274177	501C3	147,500	592	FMV	SEE PART IV	PROGRAM COSTS

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
- 3 Enter total number of other organizations listed in the line 1 table **u**

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Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
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OMB No. 1545-0047

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Department of the Treasury
Internal Revenue Service

Name of the organization

GREATER TWIN CITIES UNITED WAY

Employer identification number

41-1973442

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	SOUTHWEST INITIATIVE FOUNDATION 15 3RD AVE NW HUTCHINSON MN 55350	41-1555592	501C3	289,000				PROGRAM COSTS
(2)	ST. DAVID'S SCHOOL FOR CHILD DEVELO 3395 PLYMOUTH ROAD MINNETONKA MN 55305	41-1429208	501C3	60,625				PROGRAM COSTS
(3)	ST. MARY'S HEALTH CLINICS 1884 RANDOLPH AVE. ST. PAUL MN 55105	41-1760632	501C3	107,350				PROGRAM COSTS
(4)	ST. PAUL LABOR STUDIES & RESOURCE C 353 WEST SEVENTH ST ST. PAUL MN 55102	36-3569973	501C3	158,850				PROGRAM COSTS
(5)	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
(6)	ST. PAUL YOUTH SERVICES 2100 WILSON AVENUE ST. PAUL MN 55119-4033	41-1316444	501C3	122,696				PROGRAM COSTS
(7)	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
(8)	SUMMIT ACADEMY OIC 935 OLSON MEMORIAL HIGHWAY MINNEAPOLIS MN 55405-1360	41-0908458	501C3	250,315				PROGRAM COSTS
(9)	THE ARC MINNESOTA, INC 2446 UNIVERSITY AVE. W ST. PAUL MN 55114	41-0795254	501C3	135,000				PROGRAM COSTS

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
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OMB No. 1545-0047

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Department of the Treasury
Internal Revenue Service

Name of the organization

GREATER TWIN CITIES UNITED WAY

Employer identification number

41-1973442

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	THE BRIDGE FOR YOUTH 1111 WEST 22ND STREET MINNEAPOLIS MN 55405	41-0983062	501C3	272,375	2,596	FMV	SEE PART IV	PROGRAM COSTS
(2)	THE FAMILY PARTNERSHIP 414 SOUTH EIGHTH ST. MINNEAPOLIS MN 55404-1081	41-0693858	501C3	489,800	1,286	FMV	SEE PART IV	PROGRAM COSTS
(3)	THE FOOD GROUP MINNESOTA, INC. 8501 54TH AVE N NEW HOPE MN 55428-3710	41-1246504	501C3	86,800				PROGRAM COSTS
(4)	THE LINK 1210 GLENWOOD AVE MINNEAPOLIS MN 55405	41-1920649	501C3	176,500	3,194	FMV	SEE PART IV	PROGRAM COSTS
(5)	THE NETWORK FOR BETTER FUTURES 2620 MINNEHAHA AVE. S MINNEAPOLIS MN 55406	45-0550557	501C3	183,500				PROGRAM COSTS
(6)	THE SAINT PAUL FOUNDATION 101 E 5TH STREET ST. PAUL MN 55101-1800	41-6031510	501C3	28,725				PROGRAM COSTS
(7)	THE SALVATION ARMY 2445 PRIOR AVE. NORTH ROSEVILLE MN 55113-2714	41-0698597	501C3	287,590	4,687	FMV	SEE PART IV	PROGRAM COSTS
(8)	THE SANNEH FOUNDATION 2090 CONWAY STREET ST. PAUL MN 55119	56-2332269	501C3	75,000	992	FMV	SEE PART IV	PROGRAM COSTS
(9)	TOUCHSTONE MENTAL HEALTH 2312 SNELLING AVE MINNEAPOLIS MN 55404	41-1920740	501C3	34,650				PROGRAM COSTS

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
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OMB No. 1545-0047

2019

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Department of the Treasury
Internal Revenue Service

Name of the organization

GREATER TWIN CITIES UNITED WAY

Employer identification number

41-1973442

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	TUBMAN FAMILY ALLIANCE & CHRYSALIS 3111 1ST AVE S MINNEAPOLIS MN 55408	41-1240048	501C3	97,500	1,748	FMV	SEE PART IV	PROGRAM COSTS
(2)	TWIN CITIES RISE! 1301 BRYANT AVE. N MINNEAPOLIS MN 55411	41-1761118	501C3	180,000	1,488	FMV	SEE PART IV	PROGRAM COSTS
(3)	UJAMAA PLACE 1821 UNIVERSITY AVE. W N257 ST. PAUL MN 55104	27-1216065	501C3	316,509	1,748	FMV	SEE PART IV	PROGRAM COSTS
(4)	UNITED CAMBODIAN ASSOCIATION OF MN 1385 MENDOTA HEIGHTS RD. INVER GROVE HEIGHTS MN 55120	41-1631017	501C3	110,000				PROGRAM COSTS
(5)	UNITED FAMILY PRACTICE HEALTH CENTE 1026 WEST 7TH STREET ST. PAUL MN 55102	27-0052697	501C3	121,600				PROGRAM COSTS
(6)	UNITED WAY OF CENTRAL MINNESOTA 921 FIRST STREET NORTH ST. CLOUD MN 56303-4602	41-0915124	501C3	91,683				PROGRAM COSTS
(7)	URBAN STRATEGIES 1000 OLSON MEMORIAL HWY. MINNEAPOLIS MN 55411	43-1141027	501C3	41,038	3,619	FMV	SEE PART IV	PROGRAM COSTS
(8)	VAIL PLACE 23 9TH AVE. S HOPKINS MN 55343	41-1394766	501C3	59,400				PROGRAM COSTS
(9)	VISION LOSS RESOURCES INC-E METRO 1936 LYNDALE AVE. SOUTH MINNEAPOLIS MN 55403	41-0694713	501C3	114,000				PROGRAM COSTS

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
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Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
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OMB No. 1545-0047

2019

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Department of the Treasury
Internal Revenue Service

Name of the organization

GREATER TWIN CITIES UNITED WAY

Employer identification number

41-1973442

Part I General Information on Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	VOLUNTEER LAWYERS NETWORK LTD 600 NICOLLET MALL, STE. 390A MINNEAPOLIS MN 55402-1605	41-0988459	501C3	60,800				PROGRAM COSTS
(2)	VOLUNTEERS ENLISTED TO ASSIST PEOPLE 9600 ALDRICH AVE. S BLOOMINGTON MN 55420	41-6175999	501C3	23,750				PROGRAM COSTS
(3)	VOLUNTEERS OF AMERICA MINNESOTA 7625 METRO BLVD MINNEAPOLIS MN 55439	41-1554078	501C3	150,500	4,312	FMV	SEE PART IV	PROGRAM COSTS
(4)	WASHBURN CENTER FOR CHILDREN 1100 GLENWOOD AVE MINNEAPOLIS MN 55405	41-0711618	501C3	100,000	6,540	FMV	SEE PART IV	PROGRAM COSTS
(5)	WAY TO GROW 125 WEST BROADWAY MINNEAPOLIS MN 55411-2246	71-0956749	501C3	157,000	900	FMV	SEE PART IV	PROGRAM COSTS
(6)	WELLSHARE INTERNATIONAL 122 WEST FRANKLIN AVENUE MINNEAPOLIS MN 55404	41-1397062	501C3	172,915				PROGRAM COSTS
(7)	WEST BROADWAY BUSINESS & AREA COALITION 1011 WEST BROADWAY AVE N MINNEAPOLIS MN 55411	41-1985423	501C3	6,750				PROGRAM COSTS
(8)	WOMEN'S ADVOCATES INC 588 GRAND AVE. ST. PAUL MN 55102	23-7310701	501C3	59,200	96	FMV	SEE PART IV	PROGRAM COSTS
(9)	WORKING PARTNERSHIPS, INC. 312 CENTRAL AVE SE MINNEAPOLIS MN 55414	20-3244371	501C3	124,877				PROGRAM COSTS

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
- 3 Enter total number of other organizations listed in the line 1 table **u**

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Schedule I (Form 990) (2019)

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
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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 Grants and Assistance

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

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

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)	YMCA OF THE GREATER TWIN CITIES 651 NICOLLET MALL MINNEAPOLIS MN 55402	45-2563299	501C3	991,325	7,881	FMV	SEE PART IV	PROGRAM COSTS
(2)	YOUTHLINK 41 NORTH 12TH ST. MINNEAPOLIS MN 55403	41-1341773	501C3	340,625	3,232	FMV	SEE PART IV	PROGRAM COSTS
(3)	YWCA OF MINNEAPOLIS 1130 NICOLLET MALL MINNEAPOLIS MN 55403-2405	41-0693891	501C3	694,750	1,415	FMV	SEE PART IV	PROGRAM COSTS
(4)	YWCA OF ST. PAUL 375 SELBY AVE. ST. PAUL MN 55102-1790	41-0693892	501C3	281,595				PROGRAM COSTS
(5)								
(6)								
(7)								
(8)								
(9)								

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **u**
- 3 Enter total number of other organizations listed in the line 1 table **u**

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2019)

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.

SEE SCHEDULE I SUPPLEMENTAL INFORMATION WORKSHEET

**SCHEDULE I
(Form 990)**

Supplemental Information

2019

For calendar year 2019, or tax year beginning , and ending

Name of the organization

GREATER TWIN CITIES UNITED WAY

Employer identification number

41-1973442

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS:

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.

PART IV - ADDITIONAL INFORMATION

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.

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

Compensation Information
For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
u Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
u Attach to Form 990.
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OMB No. 1545-0047

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GREATER TWIN CITIES UNITED WAY

Employer identification number
41-1973442

Part I Questions Regarding Compensation

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"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as 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

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the 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 type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

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**
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b**
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

Only section 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**
- b** Any related organization? **5b**
- 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**
- b** Any related organization? **6b**
- 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 on lines 5 and 6? If "Yes," describe in Part III

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

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

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

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JOHN WILGERS PRESIDENT AND CEO	(i) 204,196 (ii) 0	0	4,333	6,192	12,204	226,925	0
2 TRENT BLAIN, SVP MARKETING/INTERIM PRESIDENT AND CEO	(i) 171,309 (ii) 0	0	972	12,277	12,249	196,807	0
3 ATHENA MIHAS, CHIEF FINANCIAL OFFICER	(i) 158,667 (ii) 0	0	1,652	11,468	11,222	183,009	0
4 KIM STONE SVP ADVANCEMENT	(i) 195,156 (ii) 0	0	1,137	14,035	8,765	219,093	0
5 ACOOA ELLIS SVP COMMUNITY IMPACT	(i) 175,161 (ii) 0	0	1,003	11,335	12,521	200,020	0
6 MICHELLE WALKER-DAVIS E.D.-GENERATION NEXT	(i) 178,588 (ii) 0	0	1,194	13,761	34,508	228,051	0
7 KELLY PUSPOKI VP COMMUNICATIONS	(i) 152,724 (ii) 0	0	919	10,787	1,342	165,772	0
8 COLLEEN FAHEY VP PRINCIPAL GIFTS	(i) 147,297 (ii) 0	0	1,053	5,824	11,397	165,571	0
9 JEFFREY HALBUR DIRECTOR MAJOR GIFTS	(i) 139,224 (ii) 0	0	1,129	9,882	2,384	152,619	0
10 JUDY JORDAN VP OPERATIONS	(i) 128,772 (ii) 0	0	1,064	9,371	11,394	150,601	0
11	(i) (ii)						
12	(i) (ii)						
13	(i) (ii)						
14	(i) (ii)						
15	(i) (ii)						
16	(i) (ii)						

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.

PART I, LINE 1A - FRINGE OR EXPENSE EXPLANATION:

THE SOCIAL CLUB DUES ARE THE BUSINESS PORTION OF THE DUES PAID TO THE
MINNEAPOLIS CLUB FOR THE CEO'S MEMBERSHIP UTILIZED FOR THE PURPOSE OF
BUSINESS MEETINGS WITH EXTERNAL STAKEHOLDERS. THE 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)

Department of the Treasury
Internal Revenue Service

Name of the organization

Transactions With Interested Persons

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

u Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open To Public Inspection

Employer identification number

41-1973442

GREATER TWIN CITIES UNITED WAY

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

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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

Part II Loans to and/or From Interested Persons.

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the org.?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			(1)									
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												

Total u \$ _____

Part III Grants or Assistance Benefiting Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

**Open To Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

Name of the organization

GREATER TWIN CITIES UNITED WAY

Employer identification number

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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 u ()				
26 Other u ()				
27 Other u ()				
28 Other u ()				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
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?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
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.		

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

⌵ Attach to Form 990 or 990-EZ.

⌵ Go to www.irs.gov/Form990 for 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

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 GTCUW'S 2-1-1 RESOURCE HELPLINE.

FORM 990, PART I, LINE 6:

IN ADDITION TO THE DIRECT VOLUNTEERS REPORTED ON LINE 6 OF THE 990 RETURN, GTCUW MOBILIZES VOLUNTEERS TO ADDRESS COMMUNITY NEEDS BY CONNECTING THEM WITH OUR 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.

FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENTS

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

Name of the organization

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GREATER TWIN CITIES UNITED WAY

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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, GTCUW'S IMPACT MANAGEMENT TEAM MONITORS AND INCREASES UNDERSTANDING OF COMMUNITY'S MOST PRESSING NEEDS AND IDENTIFIES THE MOST QUALITY PROGRAMS ACHIEVING THE HIGHEST LEVEL OF SUCCESS FOR THOSE THEY SERVE. AS AN ORGANIZATION DEDICATED TO LEARNING AND CONTINUOUS IMPROVEMENT, GTCUW'S IMPACT MANAGEMENT TEAM HELPS FOSTER A CULTURE OF INQUIRY AND DATA-DRIVEN DECISION MAKING.

COMMUNITY COLLABORATION: GTCUW IS STRONG IN ITS ROLE AS CONVENER IN THE COMMUNITY. THROUGH SUPPORTING OR LEADING COALITIONS THAT BRING TOGETHER SERVICE PROVIDERS, INFLUENCERS, AND DECISION-MAKERS ACROSS SECTORS, GTCUW INITIATES CRITICAL CONVERSATIONS, CREATING A COLLECTIVE SPACE FOR MUTUAL EXCHANGE OF IDEAS AND COLLABORATIVE APPROACH TO COMMUNITY ISSUES. GTCUW ALSO SUPPORTS AND LEADS TARGETED COMMUNITY FORUMS TO BUILD AWARENESS AND DRIVE CHANGE AT A POLICY LEVEL.

ENGAGEMENT: BECAUSE GTCUW BELIEVES THE FUTURE OF OUR COMMUNITY RELIES ON THE VIGOR OF THE NEXT GENERATION, THE ORGANIZATION IS WORKING TO PREPARE THE INCREASINGLY DIVERSE POPULATION THROUGH LEADERSHIP WITHIN THE WORKFORCE AND NONPROFIT SECTORS. GTCUW OFFERS UNIQUE VOLUNTEER EXPERIENCES AND CAPACITY-BUILDING OPPORTUNITIES AS IT BUILDS THE NEXT GENERATION OF THE REGION'S LEADERS AND PHILANTHROPISTS.

FORM 990, PART VI - ADDITIONAL INFORMATION

THE FOLLOWING BOARD MEMBERS OF GTCUW HAVE A SEPERATE PROFESSIONAL

Name of the organization

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GREATER TWIN CITIES UNITED WAY

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OR BUSINESS RELATIONSHIP WITH EACH OTHER:

RON JAMES, TIMOTHY WELSH, AND PENNY WHEELER - BUSINESS RELATIONSHIP.

ERIN DADY AND RON JAMES - BUSINESS RELATIONSHIP.

JULIE BAKER AND BETH SIMERMEYER - BUSINESS RELATIONSHIP.

J.D. KELLER, MICHAEL LANGLEY, AND TIMOTHY WELSH - BUSINESS RELATIONSHIP.

DOROTHY BRIDGES, REBA DOMINSKI, AND TIMOTHY WELSH - BUSINESS RELATIONSHIP.

KATHLENE HOLMES CAMPBELL AND RON JAMES - BUSINESS RELATIONSHIP.

FORM 990, PART VI, LINE 9 - OFFICERS WHO CANNOT BE REACHED

KIM STONE

611 WATSEEDGE TERRACE

MENDOTA HEIGHTS, MN 55120

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

THE AUDIT COMMITTEE REVIEWS THE COMPLETED FORM 990 WITH MANAGEMENT. THE

GOVERNANCE COMMITTEE REVIEWS AND APPROVES REQUIRED GOVERNANCE DISCLOSURES

INCLUDED IN THE FORM 990. THE EXECUTIVE COMPENSATION COMMITTEE REVIEWS AND

APPROVES REQUIRED DISCLOSURES REGARDING THE PROCESS FOLLOWED FOR

DETERMINING COMPENSATION OF THE CEO AND SENIOR MANAGEMENT INCLUDED IN THE

FORM 990. ONCE THESE REVIEWS HAVE BEEN PERFORMED, THE COMPLETED FORM 990

IS MADE AVAILABLE TO THE BOARD PRIOR TO ITS FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY:

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

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WOULD BE ASKED TO STEP DOWN FROM THE BOARD OF DIRECTORS, PER OUR BYLAWS.

IN THE CASE OF STAFF, STAFF ARE ASKED TO ELIMINATE ANY CONFLICTS OF INTEREST AS SOON AS MANAGEMENT IS MADE AWARE OF THEM.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL 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

Name of the organization

Employer identification number

GREATER TWIN CITIES UNITED WAY

41-1973442

PRIOR TO MAKING RECOMMENDATIONS AND/OR APPROVING PAY AND BENEFITS DECISIONS.

THE EXECUTIVE COMPENSATION TASK FORCE DETERMINES AND RECOMMENDS TO THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS APPROVAL OF THE FOLLOWING:

- CEO'S TOTAL COMPENSATION AND SUPPLEMENTAL BENEFITS, AND
- CEO'S PERFORMANCE GOALS AND OBJECTIVES FOR THE NEXT PERFORMANCE EVALUATION PERIOD.

THE 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.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS THE EXECUTIVE COMPENSATION TASK FORCE REVIEWS AND DISCUSSES KEY EXECUTIVES' COMPENSATION AND BENEFITS BASED ON THE CEO'S PERFORMANCE EVALUATION AND RECOMMENDATIONS FOR THESE EXECUTIVES. THE RECOMMENDATIONS ARE THEN REVIEWED WITH THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION GREATER TWIN CITIES UNITED WAY MAKES ITS FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON ITS WEBSITE AS WELL AS UPON REQUEST. GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

Name of the organization

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GREATER TWIN CITIES UNITED WAY

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FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

CHANGE IN FAIR VALUE OF BENEFICIAL INTERESTS IN \$ **307,638**

LOSS ON PENSION SETTLEMENT \$ **-545,996**

TOTAL \$ **-238,358**

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

2019

Department of the Treasury
Internal Revenue Service

For calendar year 2019 or other tax year beginning _____, and ending _____
Go to www.irs.gov/Form990T for instructions and the latest information.

Open to Public Inspection for 501(c)(3) Organizations Only

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section</p> <table style="width:100%;"> <tr> <td><input checked="" type="checkbox"/> 501(C) (3)</td> <td><input type="checkbox"/> 220(e)</td> </tr> <tr> <td><input type="checkbox"/> 408(e)</td> <td><input type="checkbox"/> 530(a)</td> </tr> <tr> <td><input type="checkbox"/> 408A</td> <td></td> </tr> <tr> <td><input type="checkbox"/> 529(a)</td> <td></td> </tr> </table> <p>C Book value of all assets at end of year 124,513,990</p>	<input checked="" type="checkbox"/> 501(C) (3)	<input type="checkbox"/> 220(e)	<input type="checkbox"/> 408(e)	<input type="checkbox"/> 530(a)	<input type="checkbox"/> 408A		<input type="checkbox"/> 529(a)		<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.)</p> <p>GREATER TWIN CITIES UNITED WAY</p> <hr/> <p>Number, street, and room or suite no. If a P.O. box, see instructions.</p> <p>404 SOUTH EIGHTH STREET</p> <hr/> <p>City or town, state or province, country, and ZIP or foreign postal code</p> <p>MINNEAPOLIS MN 55404-1084</p>	<p>D Employer identification number (Employees' trust, see instructions.)</p> <p align="center">41-1973442</p> <hr/> <p>E Unrelated business activity code (See instructions.)</p> <p align="center">900099</p>
<input checked="" type="checkbox"/> 501(C) (3)	<input type="checkbox"/> 220(e)									
<input type="checkbox"/> 408(e)	<input type="checkbox"/> 530(a)									
<input type="checkbox"/> 408A										
<input type="checkbox"/> 529(a)										
<p>F Group exemption number (See instructions.) u</p> <p>G Check organization type u <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p>										

H Enter the number of the organization's unrelated trades or businesses. **u** 1 Describe the only (or first) unrelated trade or business here
u FILING TO CLAIM REFUND OF ESTIMATED TAX PAYMENTS If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? **u** Yes No
If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of **u ATHENA MIHAS** Telephone number **u 612-340-7606**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales				
b Less returns and allowances				
c Balance	u	1c		
2 Cost of goods sold (Schedule A, line 7)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4a Capital gain net income (attach Schedule D)		4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from partnership and S corporation (attach statement)		5		
6 Rent income (Schedule C)		6		
7 Unrelated debt-financed income (Schedule E)		7		
8 Interest, annuities, royalties, and rents from controlled organization (Schedule F)		8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9		
10 Exploited exempt activity income (Schedule I)		10		
11 Advertising income (Schedule J)		11		
12 Other income (See instructions; attach schedule)		12		
13 Total. Combine lines 3 through 12		0		0

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)		14	
15 Salaries and wages		15	
16 Repairs and maintenance		16	
17 Bad debts		17	
18 Interest (attach schedule) (see instructions)		18	
19 Taxes and licenses		19	
20 Depreciation (attach Form 4562)	20		
21 Less depreciation claimed on Schedule A and elsewhere on return	21a	21b	0
22 Depletion		22	
23 Contributions to deferred compensation plans		23	
24 Employee benefit programs		24	
25 Excess exempt expenses (Schedule I)		25	
26 Excess readership costs (Schedule J)		26	
27 Other deductions (attach schedule)		27	
28 Total deductions. Add lines 14 through 27		28	
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13		29	
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		30	
31 Unrelated business taxable income. Subtract line 30 from line 29		31	

Part III Total Unrelated Business Taxable income

Table with 3 columns: Description, Line Number, Amount. Includes lines 32-39 for unrelated business taxable income calculation.

Part IV Tax Computation

Table with 3 columns: Description, Line Number, Amount. Includes lines 40-45 for tax computation.

Part V Tax and Payments

Table with 3 columns: Description, Line Number, Amount. Includes lines 46a-56 for tax and payments.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Question, Yes, No. Includes questions 57-59 regarding foreign activities and tax-exempt interest.

Sign Here 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 taxpayer) is based on all information of which preparer has any knowledge.

May the IRS discuss this return with the preparer shown below (see instructions)? [X] Yes [] No

Preparer information section including name (CHRIS HENKE), title (PRESIDENT AND CEO), firm name (AKINS HENKE AND COMPANY), and address (600 INWOOD AVENUE NORTH, SUITE 160, OAKDALE, MN 55128).

Schedule A – Cost of Goods Sold. Enter method of inventory valuation **u**

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3				
4a Additional sec. 263A costs (attach schedule)	4a		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		Yes
b Other costs (attach schedule)	4b				No
5 Total. Add lines 1 through 4b	5				

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property		
(1) N/A		
(2)		
(3)		
(4)		
2. Rent received or accrued		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) u
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) u		

Schedule E – Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1) N/A				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals u			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8 u				

Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1) N/A					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col.4)
(1) N/A				
(2)				
(3)				
(4)				
Totals		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 25.

Schedule J – Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))						

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

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals from Part I u						
Totals, Part II (lines 1-5) u	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 26.

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

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) N/A		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		u	