

**GREATER TWIN CITIES
UNITED WAY**

990 and 990-T Return - Public Inspection Copy

For the Year Ended December 31, 2018



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Form **990**

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

2018

Department of the Treasury
Internal Revenue Service

▶ 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.

Open to Public Inspection

A For the 2018 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 GREATER TWIN CITIES UNITED WAY Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 404 SOUTH EIGHTH STREET City or town, state or province, country, and ZIP or foreign postal code MINNEAPOLIS, MN 55404-1084 F Name and address of principal officer: JOHN WILGERS SAME AS C ABOVE	D Employer identification number 41-1973442 E Telephone number (612) 340-7400 G Gross receipts \$ 70,211,528. H(a) Is this a group return for subordinates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> H(b) Are all subordinates included? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.GTCUW.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 2001 M State of legal domicile: MN

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: GALVANIZE OUR COMMUNITY TO BUILD PATHWAYS TOWARD PROSPERITY AND EQUITY FOR ALL. 2 Check this box <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 50 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 50 5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 185 6 Total number of volunteers (estimate if necessary) 6 14640 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. 7b Net unrelated business taxable income from Form 990-T, line 38 7b 105,634.	
Revenue	8 Contributions and grants (Part VIII, line 1h) Prior Year 72,183,208. Current Year 63,869,250. 9 Program service revenue (Part VIII, line 2g) 188,470. 36,061. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 3,366,580. 4,057,521. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 676,338. 658,586. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 76,414,596. 68,621,418.	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 63,103,483. 54,334,996. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 12,714,109. 12,597,095. 16a Professional fundraising fees (Part IX, column (A), line 11e) 49,422. 45,000. 16b Total fundraising expenses (Part IX, column (D), line 25) ▶ 9,223,530. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 9,921,718. 9,694,490. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 85,788,732. 76,671,581. 19 Revenue less expenses. Subtract line 18 from line 12 -9,374,136. -8,050,163.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) Beginning of Current Year 145,836,866. End of Year 127,972,190. 21 Total liabilities (Part X, line 26) 9,834,608. 7,208,451. 22 Net assets or fund balances. Subtract line 21 from line 20 136,002,258. 120,763,739.	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer JOHN WILGERS, PRESIDENT AND CEO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name CHRIS HENKE Preparer's signature Date Check if self-employed <input type="checkbox"/> PTIN P01008921 Firm's name ▶ AKINS HENKE AND COMPANY Firm's address ▶ 600 INWOOD AVENUE NORTH, SUITE 160 OAKDALE, MN 55128 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 [X]

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 17,616,843. including grants of \$ 15,232,908.) (Revenue \$) EDUCATION AND JOBS - GTCUW FOCUSES ON RESULTS IN TWO CRITICAL STAGES IN A CHILD'S EDUCATION AND DEVELOPMENT: EARLY LEARNING FOR CHILDREN UNDER FIVE AND LEARNING THROUGH OUT-OF-SCHOOL TIME PROGRAMMING FOR MIDDLE-SCHOOL AND HIGH-SCHOOL STUDENTS. THE ORGANIZATION INVESTS IN PROVEN PROGRAMS THAT IMPROVE ACADEMIC DEVELOPMENT AND OUTCOMES. IT ALSO PROVIDES SERVICES TO SUPPORT GOOD PARENTING AND A STABLE HOME ENVIRONMENT. ADDITIONALLY, GTCUW PREPARES LOW-INCOME JOB SEEKERS THROUGH JOB TRAINING PROGRAMS THAT CREATE PATHWAYS TOWARD PROSPERITY. GTCUW IS ACCOUNTABLE TO KEY PERFORMANCE INDICATORS SUCH AS JOB PLACEMENT, INCREASED EARNINGS, SIX AND TWELVE-MONTH JOB RETENTION AND INDUSTRY CREDENTIALS ATTAINMENT.

4b (Code:) (Expenses \$ 14,187,791. including grants of \$ 13,766,217.) (Revenue \$) SAFETY NET - GTCUW STABILIZES FAMILIES WITH EMERGENCY FOOD, SAFE SHELTER AND HOUSING SERVICES, AS WELL AS HEALTH AND LEGAL SERVICES AND HELPING SENIORS AND PEOPLE WITH DISABILITIES LIVE INDEPENDENTLY. IT ALSO LEVERAGES RESOURCES AND PARTNERSHIPS TO IMPROVE THE EFFICIENCY AND CAPACITY OF SERVICES IN OUR REGION.

4c (Code:) (Expenses \$ 23,890,180. including grants of \$ 23,890,180.) (Revenue \$ 579,504.) DONOR DESIGNATIONS - GTCUW FUNDRAISING RESULTS ALSO INCLUDE CONTRIBUTIONS THAT DONORS DIRECT TO SPECIFIC NON-PROFIT ORGANIZATIONS. THERE WERE 8,895 DONOR DESIGNATIONS TO 1,958 AGENCIES IN 2018.

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

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

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</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? <i>If "Yes," complete Schedule C, Part II</i>	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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i>	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? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		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, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		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?	X	

Note. All Form 990 filers are required to complete Schedule O

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)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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 in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 50		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 50		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		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
b	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:		
a	The governing body?	X	
b	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 in 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
b	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?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	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	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		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?		
a	The organization's CEO, Executive Director, or top management official	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	X	
b	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	
16b		X	

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **MN**
- 18** Section 6104 requires an organization to make its 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 in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **▶**
ATHENA MIHAS - (612) 340-7606
404 SOUTH EIGHTH STREET, MINNEAPOLIS, MN 55404

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.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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 BOARD CHAIR	1.00	X		X				0.	0.	0.
(2) RENEE PETERSON TREASURER	1.00	X		X				0.	0.	0.
(3) NANCY LINDAHL SECRETARY	1.00	X		X				0.	0.	0.
(4) JULIE BAKER BOARD MEMBER	1.00	X						0.	0.	0.
(5) STACY BOGART BOARD MEMBER	1.00	X						0.	0.	0.
(6) DOROTHY BRIDGES BOARD MEMBER	1.00	X						0.	0.	0.
(7) MARK BROOKS BOARD MEMBER	1.00	X						0.	0.	0.
(8) CHRIS COLEMAN BOARD MEMBER	1.00	X						0.	0.	0.
(9) JEFF COTTON BOARD MEMBER	1.00	X						0.	0.	0.
(10) JEANNE CRAIN BOARD MEMBER	1.00	X						0.	0.	0.
(11) NANCY DAHL BOARD CHAIR	1.00	X						0.	0.	0.
(12) REBA DOMINSKI BOARD MEMBER	1.00	X						0.	0.	0.
(13) KWEILIN ELLINGRUD BOARD MEMBER	1.00	X						0.	0.	0.
(14) BETH FORD BOARD MEMBER	1.00	X						0.	0.	0.
(15) CHELSIE GLAUBITZ GABIOU BOARD MEMBER	1.00	X						0.	0.	0.
(16) JOE GOTHARD BOARD MEMBER	1.00	X						0.	0.	0.
(17) ROXANNA GAPSTUR BOARD MEMBER	1.00	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 (list any hours for related organizations below 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			
(18) KATIE GOEMAN BOARD MEMBER	1.00	X						0.	0.	0.
(19) JAMIE GULLEY BOARD MEMBER	1.00	X						0.	0.	0.
(20) LYNN HARRINGTON BOARD MEMBER	1.00	X						0.	0.	0.
(21) DOUG HEPPER BOARD MEMBER	1.00	X						0.	0.	0.
(22) CHUCK HILL BOARD MEMBER	1.00	X						0.	0.	0.
(23) DERYL HILL BOARD MEMBER	1.00	X						0.	0.	0.
(24) JOE HOBOT BOARD MEMBER	1.00	X						0.	0.	0.
(25) RON JAMES BOARD MEMBER	1.00	X						0.	0.	0.
(26) JOHN KELLER BOARD MEMBER	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								1,900,465.	0.	264,350.
d Total (add lines 1b and 1c)								1,900,465.	0.	264,350.

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 **15**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		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	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		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. PO BOX 10989, NEWARK, NJ 07193	UW 211 CALL CENTER OUTSOURCING	2,130,547.
LSQ FUNDING GROUP, LLC PO BOX 741383, ATLANTA, GA 30374	TEMP AGENCY	381,044.
NINA HALE CONSULTING, INC, 100 SOUTH 5TH STREET, SUITE 2000, MINNEAPOLIS, MN 55402	CONSULTING SERVICES	287,745.
CLIFTON LARSON ALLEN, LLP PO BOX 776376, CHICAGO, IL 60677	CONSULTING	167,313.
SMARTER PEOPLE PLANNING 819 COLUMBIA CIRCLE, NORTH AURORA, IL 60542	CONSULTING SERVICES	140,000.

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 **9**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(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			
(27) MARGARET ANDERSON KELLIHER BOARD MEMBER	1.00	X						0.	0.	0.
(28) MATT KUCHARSKI BOARD MEMBER	1.00	X						0.	0.	0.
(29) MICHAEL LANGLEY BOARD MEMBER	1.00	X						0.	0.	0.
(30) DARIN LYNCH BOARD MEMBER	1.00	X						0.	0.	0.
(31) MIKE MAESER BOARD MEMBER	1.00	X						0.	0.	0.
(32) TODD MARSHALL BOARD MEMBER	1.00	X						0.	0.	0.
(33) AL MCFARLANE BOARD MEMBER	1.00	X						0.	0.	0.
(34) TOM MONTMINY BOARD MEMBER	1.00	X						0.	0.	0.
(35) KATE MORTENSON BOARD MEMBER	1.00	X						0.	0.	0.
(36) KATHY NOECKER BOARD MEMBER	1.00	X						0.	0.	0.
(37) MIKE O'LEARY BOARD MEMBER	1.00	X						0.	0.	0.
(38) JUDY POFERL BOARD MEMBER	1.00	X						0.	0.	0.
(39) KAREN RICHARD BOARD MEMBER	1.00	X						0.	0.	0.
(40) ABBI ROSE BOARD MEMBER	1.00	X						0.	0.	0.
(41) PIYUMI SAMARATUNGA BOARD MEMBER	1.00	X						0.	0.	0.
(42) TOM SANDERS BOARD MEMBER	1.00	X						0.	0.	0.
(43) BETH SIMERMAYER BOARD MEMBER	1.00	X						0.	0.	0.
(44) MIKE SPEETZEN BOARD MEMBER	1.00	X						0.	0.	0.
(45) JULIE SULLIVAN BOARD MEMBER	1.00	X						0.	0.	0.
(46) MARNIE WELLS BOARD MEMBER	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

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	1 a Federated campaigns	1a 125,964.					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e 640,453.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 63,102,833.					
	g Noncash contributions included in lines 1a-1f: \$	1,590,110.					
	h Total. Add lines 1a-1f	▶	63,869,250.				
	Program Service Revenue	2 a MEMBERSHIPS	Business Code 900099	16,430.	16,430.		
b FEES FOR SERVICE		900099	15,131.	15,131.			
c UNITED WAY 2-1-1TM		900099	4,500.	4,500.			
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f		▶	36,061.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	1,077,085.			1,077,085.	
	4 Income from investment of tax-exempt bond proceeds	▶					
	5 Royalties	▶					
	6 a Gross rents	(i) Real	45,273.				
		(ii) Personal					
		b Less: rental expenses	0.				
	c Rental income or (loss)	45,273.					
	d Net rental income or (loss)	▶	45,273.			45,273.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	1,585,980.				
		(ii) Other	2,984,566.				
		b Less: cost or other basis and sales expenses	1,590,110.	0.			
		c Gain or (loss)	-4,130.	2,984,566.			
	d Net gain or (loss)	▶	2,980,436.			2,980,436.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
c Net income or (loss) from fundraising events		▶					
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities	▶					
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory	▶					
Miscellaneous Revenue		Business Code					
11 a DESIGNATION COST RECOVERY	900099	579,504.	579,504.				
	b MISCELLANEOUS INCOME	900099	24,299.			24,299.	
		900099	9,510.			9,510.	
	d All other revenue						
e Total. Add lines 11a-11d	▶	613,313.					
12 Total revenue. See instructions	▶	68,621,418.	615,565.	0.	4,136,603.		

Part IX Statement of Functional Expenses

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

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

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

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

Part XI Reconciliation of Net Assets

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

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

Part XII Financial Statements and Reporting

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

	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	2a	X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	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? _____	3a	X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____	3b	

Form 990 (2018)

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	98,100,732.	95,446,399.	85,218,044.	72,183,208.	63,869,250.	414,817,633.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	663,091.	625,602.	833,576.	851,952.	1,122,358.	4,096,579.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	916,623.	842,696.	765,845.	640,011.	613,313.	3,778,488.
11 Total support. Add lines 7 through 10						422,692,700.
12 Gross receipts from related activities, etc. (see instructions)					12	594,637.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	95.29 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	94.78 %
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶ <input checked="" type="checkbox"/>	
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	▶ <input type="checkbox"/>	
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	▶ <input type="checkbox"/>	

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

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

Section B. Total Support

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

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

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

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

Part IV Supporting Organizations

(Complete only if you checked a box 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>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
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>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
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>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c 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>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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? If "Yes" to a, b, or c, provide detail in Part VI .		
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? 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.		
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? 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.		
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)? 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).		
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? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
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? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
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. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.	Yes	No
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? 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.		
2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
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).		

Schedule A (Form 990 or 990-EZ) 2018

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

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

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

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.)

Multiple horizontal lines for supplemental information.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2018

Name of the organization

GREATER TWIN CITIES UNITED WAY

Employer identification number

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 33 1/3% 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
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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	<hr/> <hr/> <hr/>	\$ <u>1,400,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>1,318,941.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization GREATER TWIN CITIES UNITED WAY	Employer identification number 41-1973442
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization GREATER TWIN CITIES UNITED WAY	Employer identification number 41-1973442
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2018

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

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

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

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

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

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

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

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

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2018

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

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

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

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

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

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

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

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

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

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

Part IV Supplemental Information

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2018

Open to Public Inspection

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

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

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

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	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	58,607,879.	51,701,172.	47,021,210.	44,685,575.	43,383,510.
b Contributions	1,064,522.	1,934,330.	2,618,879.	3,903,217.	345,452.
c Net investment earnings, gains, and losses	-3,609,679.	6,529,050.	3,627,581.	57,076.	2,162,078.
d Grants or scholarships	1,831,742.	1,556,673.	1,566,498.	1,624,658.	1,205,465.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	54,230,980.	58,607,879.	51,701,172.	47,021,210.	44,685,575.

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

- a Board designated or quasi-endowment 31.60 %
- b Permanent endowment 56.70 %
- c Temporarily restricted endowment 11.70 %

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		7,965,081.	5,812,443.	2,152,638.
c Leasehold improvements				
d Equipment		2,927,978.	2,118,310.	809,668.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,995,389.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests	5,308,280.	END-OF-YEAR MARKET VALUE
(3) Other		
(A) POOLED INVESTMENTS HELD		
(B) BY THE MINNEAPOLIS		
(C) FOUNDATION	9,939,994.	END-OF-YEAR MARKET VALUE
(D) POOLED INVESTMENTS HELD		
(E) BY THE SAINT PAUL		
(F) FOUNDATION	35,143,837.	END-OF-YEAR MARKET VALUE
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	50,392,111.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

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

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

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

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

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

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

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

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

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

PART X, LINE 2:

UNITED WAY IS CLASSIFIED AS A TAX-EXEMPT ORGANIZATION UNDER MINNESOTA STATUTE 290.05 AND SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS EXEMPT FROM PRIVATE FOUNDATION STATUS UNDER SECTION 509(A)(1) OF THE INTERNAL REVENUE CODE AND, AS SUCH, IS SUBJECT TO INCOME TAXES ONLY ON NET UNRELATED BUSINESS INCOME. UNITED WAY'S ACCOUNTING POLICY PROVIDES THAT A TAX EXPENSE/BENEFIT FROM AN UNCERTAIN TAX POSITION MAY BE RECOGNIZED WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINED UPON

Part XIII Supplemental Information (continued)

EXAMINATION, INCLUDING RESOLUTIONS OF ANY RELATED APPEALS OR LITIGATION PROCESSES, BASED ON THE TECHNICAL MERITS. UNITED WAY HAS NO UNCERTAIN TAX POSITIONS RESULTING IN AN ACCRUAL OF TAX EXPENSE OR BENEFIT.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RETURN OF UNUSED GRANTS 157,335.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED CONTRIBUTIONS FOR OTHER AGENCIES 23,890,180.

INVESTMENT INCOME RECORDED IN OTHER CHANGES IN NET ASSETS 3,419,254.

TOTAL TO SCHEDULE D, PART XI, LINE 4B 27,309,434.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATED CONTRIBUTIONS FOR OTHER AGENCIES 23,890,180.

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:

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

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: _____

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

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

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

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

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: LUTMAN AND ASSOCIATES

(I) ADDRESS OF FUNDRAISER: 1811 PINEHURST AVENUE, ST. PAUL, MN 55116

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

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

Part I 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
360 COMMUNITIES 501 E. HWY. 13, STE. 112 BURNSVILLE, MN 55337-2877	41-0987708	501(C)(3)	47,500.	2,453.	FMV	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM OPERATING COSTS
ACCESS PHILANTHROPY 2100 STEVENS AVE S MINNEAPOLIS, MN 55404	38-3777419	501(C)(3)	50,000.	0.			PROGRAM OPERATING COSTS
ACCESSABILITY INC 360 HOOVER ST. NORTHEAST MINNEAPOLIS, MN 55413-2940	41-0735909	501(C)(3)	255,000.	0.			PROGRAM OPERATING COSTS
ACHIEVE! MINNEAPOLIS 111 THIRD AVE. S, STE. 5 MINNEAPOLIS, MN 55401	41-1425264	501(C)(3)	95,578.	0.			PROGRAM OPERATING COSTS
ADVOCATES FOR HUMAN RIGHTS 330 SECOND AVE S STE 800 MINNEAPOLIS, MN 55401	36-3292374	501(C)(3)	110,000.	0.			PROGRAM OPERATING COSTS
AFRICAN AMERICAN LEADERSHIP FORUM 222 S 9TH STREET MINNEAPOLIS, MN 55402	47-2000830	501(C)(3)	20,000.	0.			PROGRAM OPERATING COSTS

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **172.**

3 Enter total number of other organizations listed in the line 1 table

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Schedule I (Form 990) (2018)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AFRICAN CAREER EDUCATION AND RESOURCE, INC. - 5701 SHINGLE CREEK PKWY - BROOKLYN CENTER, MN 55430	47-1207676	501(C)(3)	25,000.	0.			PROGRAM OPERATING COSTS
AFRICAN IMMIGRANTS COMMUNITY SERVICES - 1933 13TH AVE S - MINNEAPOLIS, MN 55404	30-0368292	501(C)(3)	52,000.	0.			PROGRAM OPERATING COSTS
AFRO AMERICAN DEVELOPMENT ASSOCIATION - 1132 28TH AVE S - MOORHEAD, MN 56560	47-2210302	501(C)(3)	25,000.	0.			PROGRAM OPERATING COSTS
AIN DAH YUNG "OUR HOME" CENTER 1089 PORTLAND AVENUE ST. PAUL, MN 55104	41-1697692	501(C)(3)	100,700.	0.			PROGRAM OPERATING COSTS
AMERICAN INDIAN OIC INC 1845 EAST FRANKLIN AVE. MINNEAPOLIS, MN 55404-4062	41-1365561	501(C)(3)	225,000.	0.			PROGRAM OPERATING COSTS
AMHERST H. WILDER FOUNDATION 451 LEXINGTON PKWY. N ST. PAUL, MN 55104	41-0693889	501(C)(3)	432,927.	18,015.	FMV	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM OPERATING COSTS
ANOKA COUNTY COMMUNITY ACTION INC 1201 NORTH 89TH AVE., STE. 345 BLAINE, MN 55434-3346	41-6048575	501(C)(3)	120,000.	6,792.	FMV	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM OPERATING COSTS
ANOKA HENNEPIN SCHOOLS 2727 N FERRY ST ANOKA, MN 55303	41-6008267	GOVERNMENTAL UNIT	0.	20,376.	FMV	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM OPERATING COSTS
APPETITE FOR CHANGE 1200 WEST BROADWAY AVE, #180 MINNEAPOLIS, MN 55411	27-5112040	501(C)(3)	223,220.	0.			PROGRAM OPERATING COSTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASAMBLEA DE DERECHOS CIVILES DE MINNESOTA - 3805 E. 40TH STREET, SUITE 102 - MINNEAPOLIS, MN 55406	27-1350278	501(C)(3)	75,000.	0.			PROGRAM OPERATING COSTS
ATHLETES COMMITTED TO EDUCATING STUDENTS - 1115 EAST HENNEPIN AVE. - MINNEAPOLIS, MN 55414-2321	41-1789659	501(C)(3)	180,000.	6,133.	FMV	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM OPERATING COSTS
AVENUES FOR HOMELESS YOUTH 1708 OAK PARK AVE. NORTH MINNEAPOLIS, MN 55411	41-1765140	501(C)(3)	114,600.	0.			PROGRAM OPERATING COSTS
AVIVO DBA - RESOURCE, INC. 1900 CHICAGO AVE S MINNEAPOLIS, MN 55404-1903	41-0828779	501(C)(3)	675,300.	9,864.	FMV	HOUSEHOLD GOODS; SCHOOL SUPPLIES AND BACKPACKS	PROGRAM OPERATING COSTS
BABY'S SPACE: A PLACE TO GROW 2438 18TH AVE S MINNEAPOLIS, MN 55404	20-4502788	501(C)(3)	180,500.	170.	FMV	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM OPERATING COSTS
BANYAN COMMUNITY 2529 13TH AVE S MINNEAPOLIS, MN 55404	41-1922813	501(C)(3)	67,500.	0.			PROGRAM OPERATING COSTS
BIG BROTHERS BIG SISTERS OF GREATER TWIN CITIES - 2550 UNIVERSITY AVE, SUITE 410N - ST. PAUL, MN 55114	32-0017737	501(C)(3)	380,000.	0.			PROGRAM OPERATING COSTS
BROOKLYN BRIDGE ALLIANCE FOR YOUTH 6150 SUMMIT DRIVE NORTH BROOKLYN CENTER, MN 55443	41-6008804	501(C)(3)	52,000.	0.			PROGRAM OPERATING COSTS
BROOKLYN CENTER SCHOOLS ISD 286 6500 HUMBOLDT AVE. NORTH BROOKLYN CENTER, MN 55430-1897	41-6009038	GOVERNMENTAL UNIT	66,500.	1,227.	FMV	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM OPERATING COSTS

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMP FIRE USA MINNESOTA COUNCIL 4829 MINNETONKA BLVD, STE 202 ST. LOUIS PARK, MN 55416	41-0706116	501(C)(3)	85,000.	631.	FMV	HOUSEHOLD GOODS AND TOILETRIES	PROGRAM OPERATING COSTS
CAPI USA 3702 E LAKE ST, STE 200 MINNEAPOLIS, MN 55406	41-1417198	501(C)(3)	254,302.	0.			PROGRAM OPERATING COSTS
CASA DE ESPERANZA 1821 UNIVERSITY AVE W, STE S155 ST. PAUL, MN 55175	41-1414710	501(C)(3)	75,000.	1,206.	FMV	HOUSEHOLD GOODS; SCHOOL SUPPLIES AND BACKPACKS	PROGRAM OPERATING COSTS
CATHOLIC CHARITIES 1200 SECOND AVE. SOUTH MINNEAPOLIS, MN 55403-2500	41-1302487	501(C)(3)	954,375.	7,134.	FMV	HOUSEHOLD GOODS; SCHOOL SUPPLIES AND BACKPACKS	PROGRAM OPERATING COSTS
CENTER FOR ECONOMIC INCLUSION 1015 4TH AVE N, STE 202 MINNEAPOLIS, MN 55405	82-3563111	501(C)(3)	180,000.	0.			PROGRAM OPERATING COSTS
CENTER FOR VICTIMS OF TORTURE 2356 UNIVERSITY AVE W, STE 430 ST. PAUL, MN 55114	36-3383933	501(C)(3)	127,300.	0.			PROGRAM OPERATING COSTS
CENTRO TYRONE GUZMAN 1915 CHICAGO AVE. SOUTH MINNEAPOLIS, MN 55404-1904	41-1290349	501(C)(3)	370,750.	736.	FMV	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM OPERATING COSTS
CHILDREN'S DEFENSE FUND OF MINNESOTA - 555 PARK STREET, STE 410 - ST. PAUL, MN 55103	52-0895622	501(C)(3)	30,000.	0.			PROGRAM OPERATING COSTS
CHRISTIANS REACHING OUT IN SOCIAL SERVICE - 12915 WEINAND CIRCLE - ROGERS, MN 55374	41-1314577	501(C)(3)	128,250.	6,510.	FMV	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM OPERATING COSTS

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COLLEGE POSSIBLE 540 FAIRVIEW AVE N, STE 304 ST. PAUL, MN 55104	41-1968798	501(C)(3)	33,997.	0.			PROGRAM OPERATING COSTS
COMMONBOND COMMUNITIES 1080 MONTREAL AVENUE ST. PAUL, MN 55116	41-1260469	501(C)(3)	120,200.	3,349.	FMV	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM OPERATING COSTS
COMMUNITY EMERGENCY ASSISTANCE PROGRAM - 7051 BROOKLYN BLVD. - BROOKLY CENTER, MN 55429	41-0990340	501(C)(3)	119,226.	23,740.	FMV	HOUSEHOLD GOODS; SCHOOL SUPPLIES AND BACKPACKS	PROGRAM OPERATING COSTS
COMMUNITY EMERGENCY SERVICES 1900 SOUTH 11TH AVE. MINNEAPOLIS, MN 55404	41-1728341	501(C)(3)	47,500.	2,453.	FMV	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM OPERATING COSTS
COMMUNITY PARTNERS WITH YOUTH 1900 SEVENTH ST. NW NEW BRIGHTON, MN 55112	41-1952012	501(C)(3)	47,500.	2,819.	FMV	HOUSEHOLD GOODS; SCHOOL SUPPLIES AND BACKPACKS	PROGRAM OPERATING COSTS
COMMUNITY UNIVERSITY HEALTH CARE CENTER - 2001 BLOOMINGTON AVE. SOUTH - MINNEAPOLIS, MN 55404	41-6007513	501(C)(3)	64,125.	0.			PROGRAM OPERATING COSTS
COMUNIDADES LATINAS UNIDAS EN SERVICIO, INC. - 797 EAST SEVENTH ST. - ST. PAUL, MN 55106-5014	41-1386986	501(C)(3)	342,000.	7,359.	FMV	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM OPERATING COSTS
CONNECTIONS TO INDEPENDENCE 310 E 38TH STREET, #300 MINNEAPOLIS, MN 55409	80-0542940	501(C)(3)	45,000.	0.			PROGRAM OPERATING COSTS
CORNERSTONE ADVOCACY SERVICES 1000 EAST 80TH ST. BLOOMINGTON, MN 55420-1424	41-1476268	501(C)(3)	75,000.	0.			PROGRAM OPERATING COSTS

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COUNCIL ON AMERICAN-ISLAMIC RELATIONS - MINNESOTA - 2511 E. FRANKLIN AVE, STE 100 - MINNEAPOLIS, MN 55406	45-0553731	501(C)(3)	25,000.	0.			PROGRAM OPERATING COSTS
COURAGE KENNY FOUNDATION 3915 GOLDEN VALLEY ROAD GOLDEN VALLEY, MN 55422-9958	41-0706118	501(C)(3)	366,250.	0.			PROGRAM OPERATING COSTS
CULTURAL WELLNESS CENTER 2025 PORTLAND AVE S MINNEAPOLIS, MN 55404	41-1850859	501(C)(3)	45,000.	0.			PROGRAM OPERATING COSTS
DAKOTA COUNTY SOCIAL SERVICE DBA METRO ALLIANCE FOR HEALTH FAMILIES - 1 MENDOTA RD W, STE 400 - WEST ST. PAUL, MN 55118-4773	41-6005786	501(C)(3)	275,000.	0.			PROGRAM OPERATING COSTS
DISCAPITADOS ABRIENDOSE CAMINOS 107 7TH AVE. S SOUTH ST. PAUL, MN 55075	41-1936762	501(C)(3)	25,000.	0.			PROGRAM OPERATING COSTS
DIVISION OF INDIAN WORK 1001 EAST LAKE ST. MINNEAPOLIS, MN 55407	81-5265328	501(C)(3)	204,100.	0.			PROGRAM OPERATING COSTS
DREAM OF WILD HEALTH 1308 FRANKLIN AVE, STE 203 MINNEAPOLIS, MN 55404	41-1632662	501(C)(3)	45,000.	0.			PROGRAM OPERATING COSTS
EASTSIDE NEIGHBORHOOD SERVICE 1700 SECOND ST. NORTHEAST MINNEAPOLIS, MN 55413	41-0873798	501(C)(3)	160,000.	4,906.	FMV	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM OPERATING COSTS
EMERGE COMMUNITY DEVELOPEMENT 1101 WEST BROADWAY AVENUE MINNEAPOLIS, MN 55411-2570	41-1277423	501(C)(3)	542,750.	2,453.	FMV	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM OPERATING COSTS

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EMMA NORTON SERVICES 670 NORTH ROBERT ST. ST. PAUL, MN 55101	41-0859485	501(C)(3)	107,350.	1,061.	FMV	HOUSEHOLD GOODS AND TOILETRIES	PROGRAM OPERATING COSTS
FACE TO FACE HEALTH & COUNSELING SERVICE - 1165 ARCADE ST. - ST. PAUL, MN 55106	41-0986780	501(C)(3)	325,000.	2,403.	FMV	HOUSEHOLD GOODS; SCHOOL SUPPLIES AND BACKPACKS	PROGRAM OPERATING COSTS
FAMILY PATHWAYS 6413 OAK STREET NORTH BRANCH, MN 55056	41-1332828	501(C)(3)	115,000.	0.			PROGRAM OPERATING COSTS
FAMILYWISE 3036 UNIVERSITY AVE. SE MINNEAPOLIS, MN 55414	41-1343909	501(C)(3)	213,750.	0.			PROGRAM OPERATING COSTS
FARIBAULT DIVERSITY COALITION 324 CENTRAL AVE FARIBAULT, MN 55021	68-0504271	501(C)(3)	25,000.	0.			PROGRAM OPERATING COSTS
FRIENDS OF THE ST. PAUL PUBLIC LIBRARY - 1080 MONTREAL AVE, STE 2 - ST. PAUL, MN 55116	41-6029683	501(C)(3)	90,000.	0.			PROGRAM OPERATING COSTS
GIRL SCOUTS OF MN AND WI RIVER VALLEYS - 400 S ROBERT ST - ST. PAUL, MN 55107	41-0693910	501(C)(3)	352,000.	0.			PROGRAM OPERATING COSTS
GIVEMN.ORG 101 FIFTH ST E, STE 2400 ST. PAUL, MN 55101	27-0374054	501(C)(3)	15,000.	0.			PROGRAM OPERATING COSTS
GOODWILL INDUSTRIES INC DBA GOODWILL/EASTER SEALS - 553 FAIRVIEW AVE N - ST. PAUL, MN 55104-1708	41-0706171	501(C)(3)	258,150.	0.			PROGRAM OPERATING COSTS

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GREATER MINNEAPOLIS CRISIS NURSERY 4544 4TH AVE S MINNEAPOLIS, MN 55419	41-1379021	501(C)(3)	105,000.	0.			PROGRAM OPERATING COSTS
GUILD INCORPORATED 130 WABASHA ST, STE 90 ST. PAUL, MN 55107-1819	41-1669233	501(C)(3)	209,000.	0.			PROGRAM OPERATING COSTS
HALLIE Q BROWN COMMUNITY CENTER INC - 270 KENT STREET NORTH - ST. PAUL, MN 55102-1744	41-0693846	501(C)(3)	221,880.	0.			PROGRAM OPERATING COSTS
HEADWAY EMOTIONAL HEALTH SERVICES 6425 NICOLLET AVE. SOUTH RICHFIELD, MN 55423	41-0962511	501(C)(3)	71,250.	0.			PROGRAM OPERATING COSTS
HENNEPIN HEALTH FOUNDATION 701 PARK AVE, LSB3 MINNEAPOLIS, MN 55415	41-0845733	501(C)(3)	660,100.	0.			PROGRAM OPERATING COSTS
HIAWATHA ACADEMIES 1611 E 46TH STREET MINNEAPOLIS, MN 55407	20-4798683	501(C)(3)	18,000.	0.			PROGRAM OPERATING COSTS
HIRED 217 5TH AVE. N MINNEAPOLIS, MN 55401	41-6078344	501(C)(3)	201,600.	0.			PROGRAM OPERATING COSTS
HOPE COMMUNITY, INC. 611 EAST FRANKLIN AVE. MINNEAPOLIS, MN 55404	41-1292817	501(C)(3)	45,000.	0.			PROGRAM OPERATING COSTS
HOPE DENTAL CLINIC 435 UNIVERSITY AVE E ST. PAUL, MN 55130	81-4068287	501(C)(3)	118,750.	0.			PROGRAM OPERATING COSTS

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HUNGER SOLUTIONS MINNESOTA 555 PARK STREET, SUITE 400 ST. PAUL, MN 55103-2193	36-3567366	501(C)(3)	9,375.	0.			PROGRAM OPERATING COSTS
IGNITE AFTERSCHOOL 970 RAYMOND AVE, SUITE 204 ST. PAUL, MN 55114	47-4834387	501(C)(3)	106,000.	0.			PROGRAM OPERATING COSTS
IMMIGRANT LAW CENTER OF MINNESOTA 450 SYNDICATE ST. N, STE. 200 ST. PAUL, MN 55104	41-0909036	501(C)(3)	172,250.	0.			PROGRAM OPERATING COSTS
INDIAN HEALTH BOARD OF MINNEAPOLIS 1315 EAST 24TH ST. MINNEAPOLIS, MN 55404-3959	41-0977740	501(C)(3)	137,750.	0.			PROGRAM OPERATING COSTS
INSTITUTE FOR COMMUNITY ALLIANCES 1508 E FRANKLIN AVE, #100 MINNEAPOLIS, MN 55404	42-1352902	501(C)(3)	50,000.	0.			PROGRAM OPERATING COSTS
INTERCONGREGATION COMMUNITIES ASSOCIATION - 12990 ST. DAVIDS RD - MINNETONKA, MN 55305	41-0979010	501(C)(3)	47,500.	0.			PROGRAM OPERATING COSTS
INTERFAITH ACTION OF GREATER SAINT PAUL - 1671 SUMMIT AVE. - ST. PAUL, MN 55105-1884	41-0694741	501(C)(3)	66,500.	0.			PROGRAM OPERATING COSTS
INTERFAITH OUTREACH & COMMUNITY PARTNERS - 1605 COUNTY ROAD 101 N - PLYMOUTH, MN 55447	36-3482724	501(C)(3)	0.	8,335.	FMV	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM OPERATING COSTS
INTERNATIONAL INSTITUTE OF MINNESOTA - 1694 COMO AVE. - ST. PAUL, MN 55108-2784	41-0693912	501(C)(3)	658,875.	2,189.	FMV	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM OPERATING COSTS

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JEWISH FAMILY & CHILDREN'S SERVICES OF MPLS - 5905 GOLDEN VALLEY ROAD - GOLDEN VALLEY, MN 55422	41-0693860	501(C)(3)	218,500.	0.			PROGRAM OPERATING COSTS
JEWISH FAMILY SERVICE OF ST. PAUL 1633 WEST SEVENTH ST. ST. PAUL, MN 55102	41-0694697	501(C)(3)	45,000.	0.			PROGRAM OPERATING COSTS
JOYCE PRESCHOOL 1219 WEST 31ST STREET MINNEAPOLIS, MN 55408	81-0594016	501(C)(3)	85,500.	509.	FMV	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM OPERATING COSTS
KAREN ORGANIZATION OF MN 2353 RICE STREET, SUITE 240 ROSEVILLE, MN 55113	30-0438142	501(C)(3)	160,000.	0.			PROGRAM OPERATING COSTS
KENTE CIRCLE TRAINING INSTITUTE 345 E 38TH STREET MINNEAPOLIS, MN 55409	47-4342558	501(C)(3)	35,000.	0.			PROGRAM OPERATING COSTS
KEYSTONE COMMUNITY SERVICES 2000 ST. ANTHONY AVE. ST. PAUL, MN 55104-5199	41-0693924	501(C)(3)	388,025.	6,423.	FMV	HOUSEHOLD GOODS; SCHOOL SUPPLIES AND BACKPACKS	PROGRAM OPERATING COSTS
KWANZAA COMMUNITY CHURCH 3700 BRYANT AVE. N MINNEAPOLIS, MN 55412	27-0031853	501(C)(3)	226,000.	0.			PROGRAM OPERATING COSTS
LIFETRACK RESOURCES 709 UNIVERSITY AVE. WEST ST. PAUL, MN 55104-4804	41-0874507	501(C)(3)	807,000.	1,311.	FMV	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM OPERATING COSTS
LIVING WELL DISABILITY SERVICES 680 O'NEILL DRIVE EAGAN, MN 55121-1535	23-7181360	501(C)(3)	71,100.	0.			PROGRAM OPERATING COSTS

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LOAVES & FISHES TOO 1121 JACKSON STREET NE, SUITE 143 MINNEAPOLIS, MN 55413	41-1421522	501(C)(3)	99,600.	6,936.	FMV	HOUSEHOLD GOODS; SCHOOL SUPPLIES AND BACKPACKS	PROGRAM OPERATING COSTS
LUTHERAN SOCIAL SERVICES OF MN 2485 COMO AVE. ST. PAUL, MN 55108	41-0872993	501(C)(3)	153,250.	0.			PROGRAM OPERATING COSTS
MERRICK COMMUNITY SERVICES 965 PAYNE AVENUE, SUITE 300 ST. PAUL, MN 55130	41-0693851	501(C)(3)	197,100.	6,659.	FMV	HOUSEHOLD GOODS; SCHOOL SUPPLIES AND BACKPACKS	PROGRAM OPERATING COSTS
MICROGRANTS 1035 E FRANKLIN AVE MINNEAPOLIS, MN 55404	20-2092394	501(C)(3)	10,000.	0.			PROGRAM OPERATING COSTS
MID-MINNESOTA LEGAL ASSISTANCE 430 FIRST AVE. N, STE. 300 MINNEAPOLIS, MN 55401-1780	41-1412710	501(C)(3)	386,650.	0.			PROGRAM OPERATING COSTS
MINNEAPOLIS AMERICAN INDIAN CENTER 1530 FRANKLIN AVE. EAST MINNEAPOLIS, MN 55404-2136	41-0966005	501(C)(3)	72,000.	0.			PROGRAM OPERATING COSTS
MINNEAPOLIS PUBLIC SCHOOLS 1250 W BROADWAY AVE MINNEAPOLIS, MN 55411	41-1972445	GOVERNMENTAL UNIT	25,000.	20,376.	FMV	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM OPERATING COSTS
MINNEAPOLIS YOUTH COORDINATING BOARD - 330 SECOND AVENUE SOUTH, #540 - MINNEAPOLIS, MN 55401	41-1566656	501(C)(3)	42,000.	0.			PROGRAM OPERATING COSTS
MINNESOTA INDIAN WOMEN'S RESOURCE CENTER - 2300 15TH AVE. SOUTH - MINNEAPOLIS, MN 55404-3935	41-1500950	501(C)(3)	140,450.	3,041.	FMV	HOUSEHOLD GOODS; SCHOOL SUPPLIES AND BACKPACKS	PROGRAM OPERATING COSTS

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MINNESOTA JUSTICE FOUNDATION 229 19TH AVE S, STE 95 MINNEAPOLIS, MN 55455	41-1447537	501(C)(3)	16,000.	0.			PROGRAM OPERATING COSTS
MINNESOTA VALLEY ACTION COUNCIL, INC - 706 N. VICTORY DRIVE - MANKATO, MN 56001	41-6050353	501(C)(3)	136,000.	0.			PROGRAM OPERATING COSTS
MODEL CITIES OF ST. PAUL INC 1821 UNIVERSITY AVE W, STE N461 ST. PAUL, MN 55104	41-1687873	501(C)(3)	202,000.	2,264.	FMV	HOUSEHOLD GOODS; SCHOOL SUPPLIES AND BACKPACKS	PROGRAM OPERATING COSTS
MONTESSORI TRAINING CENTER OF MN 1611 AMES AVE ST. PAUL, MN 55106	41-1361913	501(C)(3)	137,500.	0.			PROGRAM OPERATING COSTS
NAVIGATE MN 2525 E. FRANKLIN AVENUE, STE 300 MINNEAPOLIS, MN 55406	45-3808452	501(C)(3)	25,000.	0.			PROGRAM OPERATING COSTS
NEIGHBORHOOD HEALTHSOURCE, INC. 3300 FREMONT AVE. NORTH MINNEAPOLIS, MN 55412-2499	41-1235064	501(C)(3)	163,400.	0.			PROGRAM OPERATING COSTS
NEIGHBORHOOD HOUSE, PAUL & SHEILA WELLSTONE CTR - 179 ROBIE STREET EAST - ST. PAUL, MN 55107-2360	41-0693916	501(C)(3)	413,300.	20,349.	FMV	HOUSEHOLD GOODS; SCHOOL SUPPLIES AND BACKPACKS	PROGRAM OPERATING COSTS
NEIGHBORS INC 222 GRAND AVE W SOUTH ST. PAUL, MN 55075	41-1360294	501(C)(3)	89,300.	0.			PROGRAM OPERATING COSTS
NEON, NORTHSIDE ECONOMIC OPPORTUNITY NETWORK - 1007 W. BROADWAY AVE N, STE 100 - MINNEAPOLIS, MN 55411	80-0163521	501(C)(3)	53,900.	0.			PROGRAM OPERATING COSTS

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NEW LENS URBAN MENTORING SOCIETY, INC. - 991 SELBY AVE. W - ST. PAUL, MN 55104	47-4050244	501(C)(3)	135,000.	0.			PROGRAM OPERATING COSTS
NORTH METRO PEDIATRICS 10081 DOGWOOD ST NW COON RAPIDS, MN 55448	20-1773869	501(C)(3)	64,601.	0.			PROGRAM OPERATING COSTS
NORTHERN STAR COUNCIL, BOY SCOUTS OF AMERICA - 6202 BLOOMINGTON RD - FORT SNELLING, MN 55111	20-3000282	501(C)(3)	75,000.	0.			PROGRAM OPERATING COSTS
NORTHPOINT HEALTH & WELLNESS CENTER, INC. - 1315 PENN AVE N - MINNEAPOLIS, MN 55411-3047	20-0898277	501(C)(3)	310,275.	6,664.	FMV	HOUSEHOLD GOODS; SCHOOL SUPPLIES AND BACKPACKS	PROGRAM OPERATING COSTS
NORTHSIDE ACHIEVEMENT ZONE 2123 W BROADWAY AVE, STE 100 MINNEAPOLIS, MN 55411	30-0238807	501(C)(3)	100,000.	0.			PROGRAM OPERATING COSTS
OASIS FOR YOUTH 2200 W OLD SHAKOPEE RD BLOOMINGTON, MN 55431	45-3683785	501(C)(3)	25,000.	0.			PROGRAM OPERATING COSTS
OPPORTUNITY PARTNERS INC 5500 OPPORTUNITY COURT MINNETONKA, MN 55343-9093	41-0737221	501(C)(3)	66,600.	0.			PROGRAM OPERATING COSTS
PARTNERSHIP ACADEMY 305 EAST 77TH STREET RICHFIELD, MN 55423	01-0701608	501(C)(3)	118,750.	0.			PROGRAM OPERATING COSTS
PEOPLE RESPONDING IN SOCIAL MINISTRY - 1220 ZANE AVE N - GOLDEN VALLEY, MN 55422	41-1442049	501(C)(3)	95,000.	6,930.	FMV	HOUSEHOLD GOODS; SCHOOL SUPPLIES AND BACKPACKS	PROGRAM OPERATING COSTS

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PERSPECTIVES INC 3381 GORHAM AVE. ST. LOUIS PARK, MN 55426-1074	41-1288300	501(C)(3)	60,800.	0.			PROGRAM OPERATING COSTS
PHYLLIS WHEATLEY COMMUNITY CENTER 1301 TENTH AVE. N MINNEAPOLIS, MN 55411	41-0706132	501(C)(3)	195,000.	0.			PROGRAM OPERATING COSTS
PILLSBURY UNITED COMMUNITIES 125 W. BROADWAY, STE 130 MINNEAPOLIS, MN 55411	41-0916478	501(C)(3)	1,416,075.	11,867.	FMV	HOUSEHOLD GOODS; SCHOOL SUPPLIES AND BACKPACKS	PROGRAM OPERATING COSTS
PORTICO HEALTHNET 1600 UNIVERSITY AVE W, #211 ST. PAUL, MN 55104-3825	41-1814659	501(C)(3)	301,150.	0.			PROGRAM OPERATING COSTS
PREPARE + PROSPER 2610 UNIVERSITY AVE W, STE 450 ST. PAUL, MN 55114	23-7131829	501(C)(3)	308,000.	0.			PROGRAM OPERATING COSTS
PREVENTIVE HEALTHCARE AGENCY 1600 E LAKE STREET, STE 1 MINNEAPOLIS, MN 55407	42-1651737	501(C)(3)	55,000.	0.			PROGRAM OPERATING COSTS
PROJECT FOR PRIDE IN LIVING, INC. 1035 EAST FRANKLIN AVE. MINNEAPOLIS, MN 55404-2920	23-7232208	501(C)(3)	523,800.	10,522.	FMV	HOUSEHOLD GOODS; SCHOOL SUPPLIES AND BACKPACKS	PROGRAM OPERATING COSTS
PROJECT SWEETIE PIE 1418 OLIVER AVE N MINNEAPOLIS, MN 55411	46-4183605	501(C)(3)	5,500.	0.			PROGRAM OPERATING COSTS
PROPEL NONPROFITS 1 MAIN STREET SE, STE 600 MINNEAPOLIS, MN 55414	41-1916337	501(C)(3)	25,000.	0.			PROGRAM OPERATING COSTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RECLAIM 771 RAYMOND AVE ST. PAUL, MN 55114-1522	80-0829665	501(C)(3)	50,000.	0.			PROGRAM OPERATING COSTS
REVE ACADEMY 807 BROADWAY STREE NE, STE 160 MINNEAPOLIS, MN 55413	27-4148333	501(C)(3)	65,000.	0.			PROGRAM OPERATING COSTS
RISE INC 8406 SUNSET ROAD NORTHEAST SPRING LAKE PARK, MN 55432-1317	41-0972476	501(C)(3)	129,600.	1,698.	FMV	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM OPERATING COSTS
SABATHANI COMMUNITY CENTER INC 310 EAST 38TH ST. MINNEAPOLIS, MN 55409-1300	41-0984859	501(C)(3)	119,700.	2,453.	FMV	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM OPERATING COSTS
SCIENCE MUSEUM OF MINNESOTA 120 W KELLOGG BLVD. ST. PAUL, MN 55102	41-0706172	501(C)(3)	160,000.	0.			PROGRAM OPERATING COSTS
SCOTT-CARVER-DAKOTA CAP AGENCY INC 712 CANTERBURY ROAD SOUTH SHAKOPEE, MN 55379-1840	41-0903890	501(C)(3)	261,125.	15,350.	FMV	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM OPERATING COSTS
SERVEMINNESOTA 120 SOUTH 6TH STREET, STE 2260 MINNEAPOLIS, MN 55402	41-2010058	501(C)(3)	116,035.	0.			PROGRAM OPERATING COSTS
SIMPSON HOUSING SERVICES INC 2100 PILLSBURY AVE S MINNEAPOLIS, MN 55404	41-1759477	501(C)(3)	169,250.	0.			PROGRAM OPERATING COSTS
SOLID GROUND 3521 CENTURY AVENUE NORTH WHITE BEAR LAKE, MN 55110-5689	36-3578158	501(C)(3)	57,000.	2,497.	FMV	HOUSEHOLD GOODS; SCHOOL SUPPLIES AND BACKPACKS	PROGRAM OPERATING COSTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHEAST ASIAN REFUGE CMTY HOME 1113 E FRANKLIN AVE., STE. 212 MINNEAPOLIS, MN 55404-2922	41-1729008	501(C)(3)	60,000.	0.			PROGRAM OPERATING COSTS
SOUTHERN MN REGIONAL LEGAL SVC, INC - ALLIANCE BANK BUILDING, 55 E 5TH ST, STE 1000 - ST. PAUL, MN 55101	41-1316151	501(C)(3)	230,650.	0.			PROGRAM OPERATING COSTS
SOUTHSIDE FAMILY NURTURING CENTER 2448 SOUTH 18TH ST. MINNEAPOLIS, MN 55404-4048	41-1274177	501(C)(3)	215,000.	0.			PROGRAM OPERATING COSTS
ST. DAVID'S SCHOOL FOR CHILD DEVELOPMENT - 3395 PLYMOUTH ROAD - MINNETONKA, MN 55305	41-1429208	501(C)(3)	71,250.	1,227.	FMV	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM OPERATING COSTS
ST. LOUIS PARK SCHOOLS ISD 283 6311 WAYZATA BLVD ST. LOUIS PARK, MN 55416	20-5186292	GOVERNMENTAL UNIT	59,500.	0.			PROGRAM OPERATING COSTS
ST. MARY'S HEALTH CLINICS 1884 RANDOLPH AVE. ST. PAUL, MN 55105	41-1760632	501(C)(3)	107,350.	0.			PROGRAM OPERATING COSTS
ST. PAUL PUBLIC SCHOOLS ISD 625 360 COLBORNE ST. PAUL, MN 55103	41-0901311	GOVERNMENTAL UNIT	50,000.	0.			PROGRAM OPERATING COSTS
SUMMIT ACADEMY OIC 935 OLSON MEMORIAL HIGHWAY MINNEAPOLIS, MN 55405-1360	41-0908458	501(C)(3)	306,250.	0.			PROGRAM OPERATING COSTS
THE ARC MINNESOTA, INC 2446 UNIVERSITY AVE W, STE 110 ST. PAUL, MN 55114	41-0795254	501(C)(3)	135,000.	0.			PROGRAM OPERATING COSTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE BRIDGE FOR YOUTH 1111 WEST 22ND STREET MINNEAPOLIS, MN 55405	41-0983062	501(C)(3)	323,000.	802.	FMV	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM OPERATING COSTS
THE FAMILY PARTNERSHIP 414 SOUTH EIGHTH ST. MINNEAPOLIS, MN 55404-1081	41-0693858	501(C)(3)	490,550.	0.			PROGRAM OPERATING COSTS
THE FOOD GROUP MINNESOTA, INC. THE FOOD GROUP, 8501 54TH AVE N NEW HOPE, MN 55428-3710	41-1246504	501(C)(3)	95,000.	0.			PROGRAM OPERATING COSTS
THE LINK 1210 GLENWOOD AVE MINNEAPOLIS, MN 55405	41-1920649	501(C)(3)	166,250.	6,272.	FMV	HOUSEHOLD GOODS; SCHOOL SUPPLIES AND BACKPACKS	PROGRAM OPERATING COSTS
THE NETWORK FOR BETTER FUTURES DBA BETTER FUTURES MN - 2620 MINNEHAHA AVE S - MINNEAPOLIS, MN 55406	45-0550557	501(C)(3)	85,500.	0.			PROGRAM OPERATING COSTS
THE SAINT PAUL FOUNDATION 101 E. 5TH STREET, STE 2400 ST. PAUL, MN 55101-1800	41-6031510	501(C)(3)	75,000.	0.			PROGRAM OPERATING COSTS
THE SALVATION ARMY 2445 PRIOR AVE. NORTH ROSEVILLE, MN 55113-2714	41-0698597	501(C)(3)	333,450.	9,057.	FMV	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM OPERATING COSTS
TWIN CITIES MEDIA ALLIANCE 2525 E. FRANKLIN AVE, STE 250 MINNEAPOLIS, MN 55406	42-1670009	501(C)(3)	25,000.	0.			PROGRAM OPERATING COSTS
TWIN CITIES RISE! 1301 BRYANT AVE. N MINNEAPOLIS, MN 55411	41-1761118	501(C)(3)	200,000.	613.	FMV	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM OPERATING COSTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UJAMAA PLACE 1821 UNIVERSITY AVE. W N257 ST. PAUL, MN 55104	27-1216065	501(C)(3)	320,000.	0.			PROGRAM OPERATING COSTS
UNITED CAMBODIAN ASSOCIATION OF MN 1385 MENDOTA HEIGHTS RD. INVER GROVE HEIGHTS, MN 55120	41-1631017	501(C)(3)	95,000.	0.			PROGRAM OPERATING COSTS
UNITED FAMILY PRACTICE HEALTH CENTER - 1026 WEST 7TH STREET - ST. PAUL, MN 55102	27-0052697	501(C)(3)	121,600.	0.			PROGRAM OPERATING COSTS
UNIVERSITY OF MINNESOTA FOUNDATION 200 OAK STREET SE, STE 500 MINNEAPOLIS, MN 55455-2010	41-6042488	501(C)(3)	21,375.	0.			PROGRAM OPERATING COSTS
URBAN STRATEGIES 1000 OLSON MEMORIAL HWY. MINNEAPOLIS, MN 55411	43-1141027	501(C)(3)	36,096.	637.	FMV	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM OPERATING COSTS
VAIL PLACE 23 9TH AVE. S HOPKINS, MN 55343	41-1394766	501(C)(3)	59,400.	0.			PROGRAM OPERATING COSTS
VIETNAMESE SOCIAL SERVICES OF MN 277 UNIVERSITY AVE W ST. PAUL, MN 55103	36-3532232	501(C)(3)	25,000.	0.			PROGRAM OPERATING COSTS
VISION LOSS RESOURCES INC-E METRO 1936 LYNDAL AVE. SOUTH MINNEAPOLIS, MN 55403	41-0694713	501(C)(3)	114,000.	0.			PROGRAM OPERATING COSTS
VOLUNTEER LAWYERS NETWORK LTD 600 NICOLLET MALL, STE. 390A MINNEAPOLIS, MN 55402-1605	41-0988459	501(C)(3)	93,300.	0.			PROGRAM OPERATING COSTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VOLUNTEERS ENLISTED TO ASSIST PEOPLE - 9600 ALDRICH AVE. S - BLOOMINGTON, MN 55420	41-6175999	501(C)(3)	47,500.	0.			PROGRAM OPERATING COSTS
VOLUNTEERS OF AMERICA MINNESOTA 7625 METRO BLVD MINNEAPOLIS, MN 55439	41-1554078	501(C)(3)	150,500.	5,468.	FMV	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM OPERATING COSTS
WASHBURN CENTER FOR CHILDREN 1100 GLENWOOD AVE MINNEAPOLIS, MN 55405	41-0711618	501(C)(3)	152,500.	2,547.	FMV	BACKPACKS AND SCHOOL SUPPLIES	PROGRAM OPERATING COSTS
WAY TO GROW 125 WEST BROADWAY, STE 110 MINNEAPOLIS, MN 55411-2246	71-0956749	501(C)(3)	227,719.	0.			PROGRAM OPERATING COSTS
WELLSHARE INTERNATIONAL 122 WEST FRANKLIN AVENUE, STE 510 MINNEAPOLIS, MN 55404	41-1397062	501(C)(3)	174,850.	0.			PROGRAM OPERATING COSTS
WHITE BEAR LAKE AREA SCHOOLS ISD 624 - 4855 BLOOM AVE - WHITE BEAR LAKE, MN 55110	41-6008212	GOVERNMENTAL UNIT	9,500.	0.			PROGRAM OPERATING COSTS
WOMEN'S ADVOCATES INC 588 GRAND AVE. ST. PAUL, MN 55102	23-7310701	501(C)(3)	68,400.	0.			PROGRAM OPERATING COSTS
YMCA OF THE GREATER TWIN CITIES 651 NICOLLET MALL, STE 500 MINNEAPOLIS, MN 55402	45-2563299	501(C)(3)	1,473,300.	9,117.	FMV	HOUSEHOLD GOODS; SCHOOL SUPPLIES AND BACKPACKS	PROGRAM OPERATING COSTS
YOUTH RESOURCES 2114 QUEEN AVE N MINNEAPOLIS, MN 55411	43-2100868	501(C)(3)	54,125.	0.			PROGRAM OPERATING COSTS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUTHCARE 2701 UNIVERSITY AVE SE, STE 205 MINNEAPOLIS, MN 55414	41-1322470	501(C)(3)	45,000.	0.			PROGRAM OPERATING COSTS
YOUTHLINK 41 NORTH 12TH ST. MINNEAPOLIS, MN 55403	41-1341773	501(C)(3)	345,250.	4,298.	FMV	HOUSEHOLD GOODS AND TOILETRIES	PROGRAM OPERATING COSTS
YWCA OF MINNEAPOLIS 1130 NICOLLET MALL MINNEAPOLIS, MN 55403-2405	41-0693891	501(C)(3)	860,000.	0.			PROGRAM OPERATING COSTS
YWCA OF ST. PAUL 375 SELBY AVE. ST. PAUL, MN 55102-1790	41-0693892	501(C)(3)	251,750.	3,513.	FMV	HOUSEHOLD GOODS; SCHOOL SUPPLIES AND BACKPACKS	PROGRAM OPERATING COSTS

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

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

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

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

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2018

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

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

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input checked="" type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (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	1b X	
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?	2 X	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?	4a X	
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
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	X
b Any related organization?	5b	X
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	X
b Any related organization?	6b	X
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	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2018

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) SARAH CARUSO PRESIDENT AND CEO (JAN - JULY 2018)	(i)	185,528.	0.	305,944.	19,699.	32,136.	543,307.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) TRENT BLAIN, VP MARKETING AND INTERIM CEO (JULY - DEC 2018)	(i)	146,250.	0.	1,497.	7,238.	14,629.	169,614.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) ATHENA MIHAS, VP FINANCE AND INFORMATION TECHNOLOGY	(i)	145,492.	0.	3,721.	10,537.	13,686.	173,436.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) CRAIG WARREN, CHIEF OPERATING OFFICER (JAN - MARCH 2018)	(i)	46,585.	0.	102,577.	3,567.	10,388.	163,117.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) KIM STONE SVP ADVANCEMENT	(i)	190,591.	0.	1,470.	13,621.	6,689.	212,371.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MICHELLE WALKER-DAVIS EXECUTIVE DIRECTOR GENERAT	(i)	186,282.	0.	273.	12,574.	34,091.	233,220.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) KELLY PUSPOKI VP COMMUNICATIONS	(i)	163,614.	0.	1,454.	6,080.	2,466.	173,614.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) COLLEEN FAHEY VP PRINCIPAL GIFTS	(i)	142,021.	108.	732.	6,653.	13,898.	163,412.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) CARRIE CHANG VP INDIVIDUAL DONOR ENGAGE	(i)	139,335.	0.	169.	10,191.	7,619.	157,314.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) ROBERT POFERL SVP WORKPLACE FUNDRAISING	(i)	134,805.	0.	2,017.	9,302.	29,286.	175,410.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(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:

THE SOCIAL CLUB DUES ARE THE BUSINESS PORTION OF THE DUES PAID TO THE MINNEAPOLIS CLUB FOR THE CEO'S MEMBERSHIP UTILIZED FOR THE PURPOSE OF BUSINESS MEETINGS WITH EXTERNAL STAKEHOLDERS. THE 2018 ANNUAL EXPENSE INCURRED BY GTCUW FOR THE MINNEAPOLIS CLUB MEMBERSHIP WAS \$4,830 AND WAS REPORTED AS TAXABLE INCOME TO THE CEO.

PART I, LINE 4A:

SARA CARUSO RECEIVED A SEVERANCE PAYMENT OF \$281,463 DURING 2018.

CRAIG WARREN RECEIVED A SEVERANCE PAYMENT OF \$85,715 DURING 2018.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	176	1,590,110.	QUOTED MARKET PRICES
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ()				
26	Other ()				
27	Other ()				
28	Other ()				

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

	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.		

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

Schedule M (Form 990) 2018

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

2018

Open to Public
Inspection

Name of the organization

GREATER TWIN CITIES UNITED WAY

Employer identification number

41-1973442

FORM 990 PART I, LINE 6

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

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION 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 HELP LINE.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

OTHER COMMUNITY SUPPORT AND ENGAGEMENT - UNITED WAY 2-1-1: GTCUW

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

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization

GREATER TWIN CITIES UNITED WAY

Employer identification number

41-1973442

OPERATES A RESOURCE PROGRAM CALLED 2-1-1, AVAILABLE EVERY DAY OF THE YEAR AT ANY TIME VIA PHONE, ONLINE AND TEXT. BY PROVIDING UNITED WAY 2-1-1 TO THE COMMUNITY, GTCUW ENSURES INDIVIDUALS AND FAMILIES HAVE ACCESS TO COMMUNITY RESOURCES. IN 2018, GTCUW HELPED CONNECT 200,415 PEOPLE ACROSS MINNESOTA TO 273,020 REFERRALS.

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

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

ENGAGEMENT: BECAUSE GTCUW BELIEVES THE FUTURE OF OUR COMMUNITY RELIES ON THE VIGOR OF THE NEXT GENERATION, THE ORGANIZATION IS WORKING TO PREPARE THE INCREASINGLY DIVERSE POPULATION THROUGH LEADERSHIP WITHIN THE WORKFORCE AND NONPROFIT SECTORS THROUGH VOLUNTEER UNITED AND LEADERS UNITED, OFFERING UNIQUE VOLUNTEER EXPERIENCES, CAPACITY-BUILDING OPPORTUNITIES AND ENGAGING COMMUNITY-MINDED LEADERS

Name of the organization

GREATER TWIN CITIES UNITED WAY

Employer identification number

41-1973442

AS IT BUILDS THE NEXT GENERATION OF THE REGION'S LEADERS, VISIONARIES
AND PHILANTHROPISTS.

EXPENSES \$ 8,586,320. INCLUDING GRANTS OF \$ 1,445,691. REVENUE \$ 36,061

FORM 990, PART VI, SECTION A, LINE 2:

THE FOLLOWING BOARD MEMBERS OF GREATER TWIN CITIES UNITED WAY HAVE A
SEPARATE PROFESSIONAL OR BUSINESS RELATIONSHIP WITH EACH OTHER:

TIMOTHY WELSH AND SRI ZAHEER - BUSINESS RELATIONSHIP

JULIE SULLIVAN AND TIMOTHY WELSH - BUSINESS RELATIONSHIP

JEANNE CRAIN AND RON JAMES - BUSINESS RELATIONSHIP

ABIGAIL ROSE AND TOM SANDERS - BUSINESS RELATIONSHIP

KATE MORTENSON AND PENNY WHEELER - BUSINESS RELATIONSHIP

JULIE SULLIVAN AND PENNY WHEELER - BUSINESS RELATIONSHIP

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

REBA DOMINSKI AND TIMOTHY WELSH - BUSINESS RELATIONSHIP

FORM 990, PART VI, SECTION B, LINE 11B:

THE AUDIT COMMITTEE REVIEWS THE COMPLETED FORM 990 WITH MANAGEMENT. THE
GOVERNANCE COMMITTEE REVIEWS AND APPROVES REQUIRED GOVERNANCE DISCLOSURES
INCLUDED IN THE FORM 990. THE EXECUTIVE COMPENSATION COMMITTEE REVIEWS AND
APPROVES REQUIRED DISCLOSURES REGARDING THE PROCESS FOLLOWED FOR
DETERMINING COMPENSATION OF THE CEO AND SENIOR MANAGEMENT INCLUDED IN THE
FORM 990. ONCE THESE REVIEWS HAVE BEEN PERFORMED, THE COMPLETED FORM 990
IS MADE AVAILABLE TO THE BOARD PRIOR TO ITS FILING.

Name of the organization

GREATER TWIN CITIES UNITED WAY

Employer identification number

41-1973442

FORM 990, PART VI, SECTION B, LINE 12C:

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

FORM 990, PART VI, SECTION B, LINE 15:

AN INDEPENDENT BODY (EXECUTIVE COMPENSATION TASK FORCE CONSISTING OF A MAJORITY OF THE FOLLOWING MEMBERS: CHAIR OF THE BOARD, IMMEDIATE PAST CHAIR OF THE BOARD, VICE CHAIR OF THE BOARD, CHAIR OF THE FINANCE AND HUMAN CAPITAL COMMITTEE AND CHAIR OF THE GOVERNANCE COMMITTEE) ANNUALLY CONDUCTS THE CEO'S PERFORMANCE REVIEW ALIGNED WITH THE ORGANIZATION'S STRATEGIC DIRECTION AND MEASURES OF SUCCESS. THE PROCESS INCLUDES GATHERING FEEDBACK FROM EACH EXECUTIVE COMMITTEE MEMBER (APPROXIMATELY 15 MEMBERS).

MARKET COMPARABILITY DATA IS COLLECTED FROM AN OUTSIDE CONSULTING FIRM AND IS SUPPLEMENTED BY OTHER DATA COLLECTED BY INTERNAL HUMAN RESOURCES STAFF. MARKET COMPARABILITY DATA INCLUDES COMPENSATION RANGES AND SUPPLEMENTAL BENEFITS ESTABLISHED FOR THE CEO AND KEY EXECUTIVES - CHIEF OPERATING OFFICER, SR. VICE PRESIDENT OF ADVANCEMENT, SR. VICE PRESIDENT OF WORKPLACE FUNDRAISING, SR. VICE PRESIDENT OF MARKETING AND COMMUNICATIONS, AND SR. VICE PRESIDENT OF COMMUNITY IMPACT. MARKET COMPARABILITY DATA IS PROVIDED TO THE EXECUTIVE COMPENSATION TASK FORCE PRIOR TO MAKING RECOMMENDATIONS AND/OR APPROVING PAY AND BENEFITS DECISIONS.

Name of the organization

GREATER TWIN CITIES UNITED WAY

Employer identification number

41-1973442

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

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

THE EXECUTIVE COMPENSATION TASK FORCE REVIEWS AND DISCUSSES KEY EXECUTIVES' COMPENSATION AND BENEFITS BASED ON THE CEO'S PERFORMANCE EVALUATION AND RECOMMENDATIONS FOR THESE EXECUTIVES. THE RECOMMENDATIONS ARE THEN REVIEWED WITH THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS.

THE CHAIR OF THE EXECUTIVE COMPENSATION TASK FORCE REPORTS TO THE BOARD OF DIRECTORS AT THE SUBSEQUENT MEETING THE ACTIONS REPORTED AND RECOMMENDATIONS APPROVED BY THE EXECUTIVE COMMITTEE AND EXECUTIVE COMPENSATION TASK FORCE. THE EXECUTIVE COMPENSATION TASK FORCE DOCUMENTS THE BASIS FOR MAKING ITS DETERMINATION CONCURRENTLY WITH MAKING ITS DECISION.

FORM 990, PART VI, SECTION C, LINE 19:

GREATER TWIN CITIES UNITED WAY MAKES ITS FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC ON ITS WEBSITE AS WELL AS UPON REQUEST. GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

FORM 990, PART VI, SECTION A, LINE 9:

ALL OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES CAN BE REACHED AT GTCUW'S ADDRESS WITH THE EXCEPTION OF SARAH CARUSO AND CRAIG WARREN.

SARAH CARUSO - 2726 KENILWORTH PL, MINNEAPOLIS, MN 55405

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

CRAIG WARREN - 10 SEVENTH STREET WEST, SAINT PAUL, MN 55102

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN FAIR VALUE OF BENEFICIAL INTERESTS IN CHARITABLE

TRUSTS	-352,784.
RETURN OF GRANT FUNDS	157,335.
TOTAL TO FORM 990, PART XI, LINE 9	-195,449.

Form **990-T**

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

OMB No. 1545-0687

2018

For calendar year 2018 or other tax year beginning _____, and ending _____

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

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

Department of the Treasury
Internal Revenue Service

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

<p>A <input type="checkbox"/> Check box if address changed</p> <p>B Exempt under section <input checked="" type="checkbox"/> 501(c)(3)) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)</p>	Print or Type	<p>Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) GREATER TWIN CITIES UNITED WAY</p> <p>Number, street, and room or suite no. If a P.O. box, see instructions. 404 SOUTH EIGHTH STREET</p> <p>City or town, state or province, country, and ZIP or foreign postal code MINNEAPOLIS, MN 55404-1084</p>	<p>D Employer identification number (Employees' trust, see instructions.) 41-1973442</p> <p>E Unrelated business activity code (See instructions.) 900099</p>
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C Book value of all assets at end of year **127,972,190.**

F Group exemption number (See instructions.) ▶ _____

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust Other trust

H Enter the number of the organization's unrelated trades or businesses. ▶ **1** Describe the only (or first) unrelated trade or business here ▶ **SEE STATEMENT 1**. 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? Yes No
If "Yes," enter the name and identifying number of the parent corporation. ▶ _____

J The books are in care of ▶ **ATHENA MIHAS** Telephone number ▶ **(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	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 a partnership or an 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 a 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	13	0.	

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
(Except for contributions, 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 Charitable contributions (See instructions for limitation rules)	20	
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b
23 Depletion	23	
24 Contributions to deferred compensation plans	24	
25 Employee benefit programs	25	
26 Excess exempt expenses (Schedule I)	26	
27 Excess readership costs (Schedule J)	27	
28 Other deductions (attach schedule)	28	
29 Total deductions. Add lines 14 through 28	29	0.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	0.
31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31	
32 Unrelated business taxable income. Subtract line 31 from line 30	32	0.

Part III Total Unrelated Business Taxable Income

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	0.
34	Amounts paid for disallowed fringes	34	106,634.
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	36	106,634.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	38	105,634.

Part IV Tax Computation

39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	22,183.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	22,183.

Part V Tax and Payments

45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a	
b	Other credits (see instructions)	45b	
c	General business credit. Attach Form 3800	45c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d	
e	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	22,183.
47	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)	48	22,183.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
50a	Payments: A 2017 overpayment credited to 2018	50a	
b	2018 estimated tax payments	50b	
c	Tax deposited with Form 8868	50c	22,750.
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d	
e	Backup withholding (see instructions)	50e	
f	Credit for small employer health insurance premiums (attach Form 8941)	50f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	50g	
51	Total payments. Add lines 50a through 50g	51	22,750.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	567.
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	55	567.

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

56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

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.

Sign Here
 Signature of officer: _____ Date: _____
 Title: **PRESIDENT AND CEO**
 May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only
 Print/Type preparer's name: **CHRIS HENKE**
 Preparer's signature: _____ Date: _____
 Check if self-employed PTIN: **P01008921**
 Firm's name: **AKINS HENKE AND COMPANY** Firm's EIN: **46-3220328**
 Firm's address: **600 INWOOD AVENUE NORTH, SUITE 160 OAKDALE, MN 55128** Phone no. **651-636-3806**

Schedule A - Cost of Goods Sold. Enter method of inventory valuation ► **N/A**

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		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		Yes No
4a	Additional section 263A costs (attach schedule)	4a					
b	Other costs (attach schedule)	4b					
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)	
(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	0.	Total 0.

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ... 0.

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)				
(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			Enter here and on page 1, Part I, line 7, column (A). 0.	Enter here and on page 1, Part I, line 7, column (B). 0.
Total dividends-received deductions included in column 8				0.

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)					
(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). 0.	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). 0.

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)				
(2)				
(3)				
(4)				
Totals		Enter here and on page 1, Part I, line 9, column (A). 0.		Enter here and on page 1, Part I, line 9, column (B). 0.

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)						
(2)						
(3)						
(4)						
Totals		Enter here and on page 1, Part I, line 10, col. (A). 0.	Enter here and on page 1, Part I, line 10, col. (B). 0.			Enter here and on page 1, Part II, line 26. 0.

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)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		0.	0.			0.

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)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A). 0.	Enter here and on page 1, Part I, line 11, col. (B). 0.				Enter here and on page 1, Part II, line 27. 0.

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)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	STATEMENT	1
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DISALLOWED TRANSPORTATION FRINGE BENEFITS

TO FORM 990-T, PAGE 1

Underpayment of Estimated Tax by Corporations

Department of the Treasury
Internal Revenue Service

▶ Attach to the corporation's tax return. **FORM 990-T**

▶ Go to www.irs.gov/Form2220 for instructions and the latest information.

2018

Name **GREATER TWIN CITIES UNITED WAY** Employer identification number **41-1973442**

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment			
1	Total tax (see instructions)	1	22,183.
2a	Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a	
2b	Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b	
2c	Credit for federal tax paid on fuels (see instructions)	2c	
2d	Total. Add lines 2a through 2c	2d	
3	Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty	3	22,183.
4	Enter the tax shown on the corporation's 2017 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5	4	
5	Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3	5	22,183.

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

6	<input type="checkbox"/> The corporation is using the adjusted seasonal installment method.
7	<input type="checkbox"/> The corporation is using the annualized income installment method.
8	<input type="checkbox"/> The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

	(a)	(b)	(c)	(d)	
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	04/15/18	06/15/18	09/15/18	12/15/18
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	10	5,546.	5,546.	5,545.	5,546.
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions	11				
Complete lines 12 through 18 of one column before going to the next column.					
12 Enter amount, if any, from line 18 of the preceding column	12				
13 Add lines 11 and 12	13				
14 Add amounts on lines 16 and 17 of the preceding column	14		5,546.	11,092.	16,637.
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	0.	0.	0.	0.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		5,546.	11,092.	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17	5,546.	5,546.	5,545.	5,546.
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18				

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19			
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2018 and before 7/1/2018	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 5\% (0.05)}{365}$	22 \$	\$	\$	\$
23 Number of days on line 20 after 06/30/2018 and before 10/1/2018	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 5\% (0.05)}{365}$	24 \$	\$	\$	\$
25 Number of days on line 20 after 9/30/2018 and before 1/1/2019	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 5\% (0.05)}{365}$	26 \$	\$	\$	\$
27 Number of days on line 20 after 12/31/2018 and before 4/1/2019	27	SEE ATTACHED WORKSHEET		
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 6\% (0.06)}{365}$	28 \$	\$	\$	\$
29 Number of days on line 20 after 3/31/2019 and before 7/1/2019	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$	30 \$	\$	\$	\$
31 Number of days on line 20 after 6/30/2019 and before 10/1/2019	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$	32 \$	\$	\$	\$
33 Number of days on line 20 after 9/30/2019 and before 1/1/2020	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$	34 \$	\$	\$	\$
35 Number of days on line 20 after 12/31/2019 and before 3/16/2020	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{366}$	36 \$	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37 \$	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns	38			934.

* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

