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Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung  
benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

**2009**Open to Public  
Inspection**A** For the 2009 calendar year, or tax year beginning **JUL 1, 2009** and ending **JUN 30, 2010**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type:  See Specific Instructions	<b>C</b> Name of organization <b>UNITED WAY OF GREATER DULUTH, INC</b>		<b>D</b> Employer identification number <b>41-0857077</b>
		Doing Business As		<b>E</b> Telephone number <b>218-726-4770</b>
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>424 W SUPERIOR STREET 402</b>		<b>G</b> Gross receipts \$ <b>2,641,235.</b>
		City or town, state or country, and ZIP + 4 <b>DULUTH, MN 55802-1590</b>		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		<b>F</b> Name and address of principal officer <b>PAULA REED</b> <b>SAME AS C ABOVE</b>		<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) ( 3 ) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 <b>J</b> Website: <b>WWW.UNITEDWAYDULUTH.ORG</b> <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ <b>L</b> Year of formation: <b>1922</b> <b>M</b> State of legal domicile: <b>MN</b>				

**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <b>UNITED WAY OF GREATER DULUTH'S MISSION IS TO LEAD A UNITED EFFORT TO STRENGTHEN OUR COMMUNITY.</b>		
	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	28
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	28
	5 Total number of employees (Part V, line 2a)	5	24
	6 Total number of volunteers (estimate if necessary)	6	125
<b>Revenue</b>	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	2,726,295.	2,568,722.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,423.	2,073.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	40,558.	39,444.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,775,276.	2,610,239.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,616,550.	1,594,209.
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	871,964.	732,536.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>292,898.</b>		
<b>Expenses</b>	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	500,837.	302,607.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,989,351.	2,629,352.
	19 Revenue less expenses. Subtract line 18 from line 12	<214,075.>	<19,113.>
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	4,791,475.	4,912,831.
	22 Net assets or fund balances. Subtract line 21 from line 20	257,809.	1,181,424.
		3,533,666.	3,731,407.

**Part II Signature Block**

<b>Sign Here</b>	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.	
	Signature of officer: <i>Paula Reed</i> <b>PAULA REED, PRESIDENT</b> Type or print name and title	Date: <b>11-24-10</b>
<b>Paid Preparer's Use Only</b>	Preparer's signature: <i>Julie M Muller</i> Firm's name (or yours if self-employed), address, and ZIP + 4: <b>RSM MCGLADREY, INC.</b> <b>700 MISSABE BUILDING</b> <b>DULUTH, MN 55802</b>	Date: <b>11-18-10</b> Check if self-employed: <input type="checkbox"/> Preparer's identifying number (see instructions): <b>EIN ▶</b> Phone no. ▶ <b>(218) 727-8253</b>

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

SCANNED DEC 22 2010

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**Part III Statement of Program Service Accomplishments**

- 1 Briefly describe the organization's mission SEE SCHEDULE O FOR CONTINUATION  
UNITED WAY OF GREATER DULUTH'S MISSION IS TO LEAD A UNITED EFFORT TO  
STRENGTHEN OUR COMMUNITY BY MOBILIZING RESOURCES TO IMPROVE PEOPLE'S  
LIVES. WE ARE WORKING TO ADVANCE THE COMMON GOOD BY FOCUSING ON  
CRITICAL NEEDS IN THE GREATER DULUTH AREA. OUR GOAL IS TO CREATE
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No  
 If "Yes," describe these new services on Schedule O
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No  
 If "Yes," describe these changes on Schedule O.
- 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

**SEE SCHEDULE O FOR CONTINUATION(S)**

- 4a (Code ) (Expenses \$ 1,487,764. including grants of \$ 1,485,384. ) (Revenue \$ )  
COMMUNITY INVESTMENT - UNITED WAY STRATEGICALLY INVESTS IN LOCAL  
PROGRAMS AND INITIATIVES THAT IMPROVE PEOPLE'S LIVES AND STRENGTHEN THE  
COMMUNITY. EACH YEAR UNITED WAY VOLUNTEERS, WITH THE SUPPORT OF STAFF,  
PERFORM AN INDEPTH REVIEW OF PROGRAMS APPLYING FOR FUNDING.  
ALLOCATIONS ARE MADE TO PROGRAMS MEETING IDENTIFIED COMMUNITY NEEDS AND  
ACHIEVING MEASURABLE RESULTS. UNITED WAY OF GREATER DULUTH WORKS TO  
LEVERAGE AND MAXIMIZE AVAILABLE RESOURCES TO ACHIEVE HIGH IMPACT  
RESULTS AND COMMUNITY CHANGE. TO ACCOMPLISH THIS, UNITED WAY OF  
GREATER DULUTH IS COMMITTED TO ADDRESSING THE FOLLOWING COMMUNITY  
PRIORITIES: 1) EDUCATION - FOSTERING SUCCESSFUL CHILDREN AND YOUTH.  
UNITED WAY HELPS ENSURE THAT CHILDREN ARE READY TO SUCCEED IN SCHOOL  
AND LIFE BY STRATEGICALLY INVESTING IN PROGRAMS AND INITIATIVES THAT
- 4b (Code ) (Expenses \$ 289,575. including grants of \$ 8,588. ) (Revenue \$ )  
COMMUNITY IMPACT - COMMUNITY IMPACT REPRESENTS UNITED WAY'S COMMITMENT  
TO MAKING A MEASURABLE IMPACT ON CRITICAL COMMUNITY ISSUES. WITH A  
FOCUS ON RESULTS - INDICATORS OF PROGRESS ON SPECIFIC OUTCOMES FOR THE  
PROGRAMS AND INITIATIVES THAT ITS FUNDRAISING SUPPORTS - UNITED WAY IS  
ABLE TO DEMONSTRATE HOW CONTRIBUTIONS MAKE A MEASURABLE IMPACT UPON THE  
WELL-BEING OF THE COMMUNITY. A FOCUS ON COMMUNITY IMPACT INVOLVES  
IDENTIFYING HEALTH AND HUMAN SERVICES PRIORITIES, UNDERSTANDING WHAT  
RESOURCES EXIST TO ADDRESS THOSE PRIORITIES AND WHAT RESOURCES MAY BE  
MISSING, AND TO UNITE NECESSARY RESOURCES AND PEOPLE TO ADDRESS THOSE  
IDENTIFIED NEEDS.
- 4c (Code ) (Expenses \$ 108,965. including grants of \$ ) (Revenue \$ )  
UNITED WAY 2-1-1 (INFORMATION AND REFERRAL): UNITED WAY 2-1-1 MAKES IT  
POSSIBLE FOR PEOPLE TO NAVIGATE THE COMPLEX AND EVER-GROWING MAZE OF  
HUMAN SERVICE AGENCIES AND PROGRAMS. EACH DAY, HUNDREDS OF PEOPLE IN  
OUR REGION SEARCH FOR ORGANIZATIONS THAT WILL PROVIDE ESSENTIAL  
SERVICES SUCH AS FOOD, SHELTER, HEALTH CARE, LEGAL ASSISTANCE,  
FINANCIAL AID, AND OTHER SUPPORTIVE SERVICES. THE 2-1-1 PROGRAM OFFERS  
RELIABLE CONCRETE ASSISTANCE TO THOSE IN NEED BY GUIDING CALLERS  
THROUGH THE BROAD ARRAY OF SERVICES AVAILABLE IN THIS REGION.  
PARTICULARLY IMPORTANT TO A LOW DENSITY RURAL AREA, THIS SERVICE LINKS  
PEOPLE FROM AREAS WHICH MAY NOT HAVE SPECIFIC SERVICE PROVIDERS LOCALLY  
TO AGENCIES AND RESOURCES IN THE LARGER REGION WHICH CAN PROVIDE THE  
NEEDED SERVICE. THE PROGRAM STRENGTHENS THE NONPROFIT COMMUNITY BY
- 4d Other program services. (Describe in Schedule O.)  
 (Expenses \$ 340,242. including grants of \$ 100,237. ) (Revenue \$ )
- 4e Total program service expenses ► \$ 2,226,546.

**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>	<b>X</b>	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	<b>X</b>	
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>		<b>X</b>
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		<b>X</b>
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where 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>		<b>X</b>
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>		<b>X</b>
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>		<b>X</b>
9 Did the organization report an amount in Part X, line 21, 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>		<b>X</b>
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<b>X</b>	
11 Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	<b>X</b>	
• 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>		
• 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>		
• 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>		
• 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>		
• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		
• 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? <i>If "Yes," complete Schedule D, Part X.</i>		
12 Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	<b>X</b>	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	<b>X</b>	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<b>X</b>
14a Did the organization maintain an office, employees, or agents outside of the United States?		<b>X</b>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		<b>X</b>
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		<b>X</b>
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		<b>X</b>
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>		<b>X</b>
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>	<b>X</b>	
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>		<b>X</b>
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		<b>X</b>

**Part IV** Checklist of Required Schedules (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	<b>X</b>	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		<b>X</b>
<b>23</b> 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>		<b>X</b>
<b>24a</b> 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 25</i>		<b>X</b>
<b>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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>		<b>X</b>
<b>25b</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>		<b>X</b>
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		<b>X</b>
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		<b>X</b>
<b>28</b> 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):		
<b>28a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>28b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>28c</b> An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		<b>X</b>
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	<b>X</b>	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		<b>X</b>
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		<b>X</b>
<b>32</b> 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>		<b>X</b>
<b>33</b> 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>		<b>X</b>
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		<b>X</b>
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		<b>X</b>
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		<b>X</b>
<b>37</b> 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>		<b>X</b>
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	<b>X</b>	

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

Form 990 (2009)

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.	<b>1a</b> 4		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	<b>1b</b> 0		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		<b>1c</b> X	
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	<b>2a</b> 24		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)		<b>2b</b> X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?			<b>3a</b> X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		<b>3b</b>	
<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			<b>4a</b> X
<b>b</b> If "Yes," enter the name of the foreign country: _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			<b>5a</b> X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			<b>5b</b> X
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		<b>5c</b>	
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?			<b>6a</b> X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		<b>6b</b>	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			<b>7a</b> X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?		<b>7b</b>	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		<b>7c</b>	<b>7c</b> X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year.	<b>7d</b>		
<b>e</b> Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<b>7e</b>	<b>7e</b> X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<b>7f</b>	<b>7f</b> X
<b>g</b> For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		<b>7g</b>	
<b>h</b> For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		<b>7h</b>	
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		<b>8</b>	
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the organization make any taxable distributions under section 4966?		<b>9a</b>	
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?		<b>9b</b>	
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12.	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders.	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		<b>12a</b>	
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<b>12b</b>		

**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.

**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body	1a	28
b Enter the number of voting members that are independent	1b	28
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?	2	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?	3	X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	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	9	X

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
13 Does the organization have a written whistleblower policy?	13	X
14 Does the organization have a written document retention and destruction policy?	14	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	15a	X
b Other officers or key employees of the organization	15b	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?	16a	X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

**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 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
☒ Own website    ☐ Another's website    ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► **REBECCA BALLOU-BUCK - 218-726-4770**  
**424 WEST SUPERIOR ST, #402, DULUTH, MN 55802**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors****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. Use Schedule J-2 if additional space is needed.

• 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. 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 the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(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			
ROCKLON CHAPIN VICE CHAIR	2.00	X		X				0.	0.	0.
JENNY PETERSON CHAIR	2.00	X		X				0.	0.	0.
DAN LESLIE SECRETARY	2.00	X		X				0.	0.	0.
MIKE ALTMAN TREASURER	2.00	X		X				0.	0.	0.
KAREN ALWORTH DIRECTOR	2.00	X						0.	0.	0.
CASSANDRA BEARDSLEY DIRECTOR	2.00	X						0.	0.	0.
GARY ECKENBERG DIRECTOR	2.00	X						0.	0.	0.
DEANNA BENSON TREASURER	2.00	X		X				0.	0.	0.
MARIANNE BOHREN DIRECTOR	2.00	X						0.	0.	0.
MARLENE DAVID DIRECTOR	2.00	X						0.	0.	0.
STEVE DECATUR DIRECTOR	2.00	X						0.	0.	0.
LARRY GOODWIN DIRECTOR	2.00	X						0.	0.	0.
MARLENE HART DIRECTOR	2.00	X						0.	0.	0.
PETER HEDSTROM DIRECTOR	2.00	X						0.	0.	0.
DON HOAG DIRECTOR	2.00	X						0.	0.	0.
JOHN KELLY DIRECTOR	2.00	X						0.	0.	0.
DIANE LAABS DIRECTOR	2.00	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	(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			
DAN O'NEILL DIRECTOR	2.00	X						0.	0.	0.
REBECCA MEYER DIRECTOR	2.00	X						0.	0.	0.
LISA NEITZEL DIRECTOR	2.00	X						0.	0.	0.
TERRI NEWMAN DIRECTOR	2.00	X						0.	0.	0.
BRYCE NIXON DIRECTOR	2.00	X						0.	0.	0.
LAURA SCHAUER DIRECTOR	2.00	X						0.	0.	0.
SUE THOMPSON CHAIR	2.00	X		X				0.	0.	0.
BILL WADE DIRECTOR	2.00	X						0.	0.	0.
JAMES WUELLNER DIRECTOR	2.00	X						0.	0.	0.
ROZ RANDORF DIRECTOR	2.00	X						0.	0.	0.
<b>1b Total</b>								<b>116,375.</b>	<b>0.</b>	<b>17,389.</b>

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

- |  | Yes | No |
|--|-----|----|
| 3 Did the organization list any <b>former</b> 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 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. **NONE**

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

**SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION**

Form **990** (2009)

**Part VIII Statement of Revenue**

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	1 a Federated campaigns	1a	2,568,722.				
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f \$		36,882.				
	h <b>Total.</b> Add lines 1a-1f			2,568,722.			
<b>Program Service Revenue</b>	Business Code						
	2 a						
	b						
	c						
	d						
	e						
	f All other program service revenue						
g <b>Total.</b> Add lines 2a-2f							
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)			2,073.			2,073.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross Rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a		53,572.			
	b Less: direct expenses	b		30,996.			
	c Net income or (loss) from fundraising events			22,576.			22,576.
	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 MISCELLANEOUS		900099	16,868.	16,868.			
b							
c							
d All other revenue							
e <b>Total.</b> Add lines 11a-11d			16,868.				
12 <b>Total revenue.</b> See instructions.			2,610,239.	16,868.	0.	24,649.	

**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) but are not required to complete columns (B), (C), and (D).

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 governments and organizations in the U.S. See Part IV, line 21	1,594,209.	1,594,209.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	133,765.	47,162.	62,622.	23,981.
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	464,864.	307,052.	13,912.	143,900.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	85,911.	45,915.	4,254.	35,742.
10 Payroll taxes	47,996.	29,685.	5,488.	12,823.
11 Fees for services (non-employees):				
a Management				
b Legal	181.		181.	
c Accounting	13,473.	865.	11,831.	777.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	36,505.	31,730.		4,775.
12 Advertising and promotion	33,196.	18,404.	526.	14,266.
13 Office expenses	29,647.	15,792.	1,519.	12,336.
14 Information technology				
15 Royalties				
16 Occupancy	34,089.	26,840.		7,249.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	43,219.	32,671.	783.	9,765.
20 Interest				
21 Payments to affiliates	20,654.	13,939.	1,927.	4,788.
22 Depreciation, depletion, and amortization	32,295.	17,251.	4,318.	10,726.
23 Insurance	1,939.	1,309.	181.	449.
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <b>EQUIPMENT RENTAL AND MA</b>	27,649.	19,498.	1,972.	6,179.
b <b>OUTREACH</b>	22,182.	22,182.		
c <b>OTHER</b>	4,740.	389.	54.	4,297.
d <b>MEMBERSHIP DUES</b>	2,838.	1,653.	340.	845.
e				
f All other expenses				
25 <b>Total functional expenses.</b> Add lines 1 through 24f	2,629,352.	2,226,546.	109,908.	292,898.
26 <b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing	38,846.	1	35,626.
	2 Savings and temporary cash investments	710,055.	2	699,224.
	3 Pledges and grants receivable, net	861,758.	3	783,708.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	6,030.	9	18,279.
	10a Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a 223,891.		
	b Less accumulated depreciation	10b 141,483.	98,054.	10c 82,408.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	3,076,732.	15	3,293,586.
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	4,791,475.	16	4,912,831.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	73,691.	17	64,579.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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. Complete Part X of Schedule D	1,184,118.	25	1,116,845.
	26 <b>Total liabilities.</b> Add lines 17 through 25	1,257,809.	26	1,181,424.
<b>Net Assets or Fund Balances</b>	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	933,649.	27	978,263.
	28 Temporarily restricted net assets	107,760.	28	93,008.
	29 Permanently restricted net assets	2,492,257.	29	2,660,136.
	Organizations that do not follow SFAS 117, 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	3,533,666.	33	3,731,407.
	34 <b>Total liabilities and net assets/fund balances</b>	4,791,475.	34	4,912,831.

Form 990 (2009)

**Part XI Financial Statements and Reporting**

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

**2a** Were the organization's financial statements compiled or reviewed by an independent accountant?

**b** Were the organization's financial statements audited by an independent accountant?

**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

**d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both

☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis

**3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
<b>2a</b>		<b>X</b>
<b>2b</b>	<b>X</b>	
<b>2c</b>	<b>X</b>	
<b>3a</b>		<b>X</b>
<b>3b</b>		

Form 990 (2009)



**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)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	2167261.	2291829.	2718903.	2726295.	2568722.	12473010.
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 <b>Total.</b> Add lines 1 through 3	2167261.	2291829.	2718903.	2726295.	2568722.	12473010.
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)						423,896.
6 <b>Public support.</b> Subtract line 5 from line 4						12049114.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	2167261.	2291829.	2718903.	2726295.	2568722.	12473010.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	14,471.	27,159.	18,873.	8,423.	2,073.	70,999.
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 IV)	25,362.	61,029.	13,773.	26,318.	16,868.	143,350.
11 <b>Total support.</b> Add lines 7 through 10						12687359.
12 Gross receipts from related activities, etc. (see instructions)					12	183,601.

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

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	94.97 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	93.67 %
16a <b>33 1/3% support test - 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
b <b>33 1/3% support test - 2008.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
17a <b>10% -facts-and-circumstances test - 2009.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
b <b>10% -facts-and-circumstances test - 2008.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
18 <b>Private foundation.</b> 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"/>		

Schedule A (Form 990 or 990-EZ) 2009

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17	<b>18</b>	%

**19a 33 1/3% support tests - 2009.** 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 - 2008.** 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** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12. Provide any other additional information. See instructions

**SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:**

**MISCELLANEOUS**

**Schedule D**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**▶ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

**2009**Open to Public  
Inspection

Name of the organization

UNITED WAY OF GREATER DULUTH, INC

Employer identification number

41-0857077

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate 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" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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 8/17/06	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, 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" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X ▶ \$ \_\_\_\_\_

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

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

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

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

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 organization answered "Yes" to 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 XIV and complete the following table:

	Amount
1c	
1d	
1e	
1f	

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

2a Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if the organization answered "Yes" to 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	2,600,017.	3,264,877.			
b Contributions	20,040.	107,761.			
c Net investment earnings, gains, and losses	167,879.	<627,958.>			
d Grants or scholarships	34,792.	144,663.			
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	2,753,144.	2,600,017.			

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ► \_\_\_\_\_ %  
 b Permanent endowment ► 96.62 %  
 c Term endowment ► 3.38 %

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

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

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		51,539.	24,329.	27,210.
d Equipment		172,352.	117,154.	55,198.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c))				82,408.

Schedule D (Form 990) 2009

**Part VII Investments - Other Securities.** 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
Financial derivatives		
Closely-held equity interests		
Other		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.)		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation. Cost or end-of-year market value
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.)		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
PERPETUAL TRUST	2,660,136.
ASSETS HELD BY OTHERS	633,450.
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.)	3,293,586.

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Amount
Federal income taxes	
DESIGNATED PLEDGES	97,121.
ALLOCATION PAYABLE	1,019,724.
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.)	1,116,845.

2. FIN 48 Footnote. In Part XIV, 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

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,610,239.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,629,352.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	<19,113.>
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	216,854.
9	Total adjustments (net) Add lines 4 through 8	9	216,854.
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	197,741.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	2,740,066.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	7,718.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	216,854.
e	Add lines 2a through 2d	2e	224,572.
3	Subtract line 2e from line 1	3	2,515,494.
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 XIV)	4b	94,745.
c	Add lines 4a and 4b	4c	94,745.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,610,239.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	2,542,325.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	7,718.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	30,996.
e	Add lines 2a through 2d	2e	38,714.
3	Subtract line 2e from line 1	3	2,503,611.
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 XIV.)	4b	125,741.
c	Add lines 4a and 4b	4c	125,741.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	2,629,352.

**Part XIV Supplemental Information**

Complete this part to 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, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4: THE INVESTMENT INCOME FROM THE ENDOWMENT FUND IS**

**UNRESTRICTED AND IS USED TO FURTHER THE ORGANIZATIONS MISSION.**

**PART XI, LINE 8 - OTHER ADJUSTMENTS:**

**GAIN ON ASSETS HELD BY OTHERS: 48975.**

**GAIN ON PERPETUAL TRUST: 167879.**

**PART XII, LINE 2D - OTHER ADJUSTMENTS:**

**Part XIV** Supplemental Information (continued)

GAIN IN PERPETUAL TRUST: 167879.

GAIN IN ASSETS HELD BY OTHERS: 48975.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES TAKEN AGAINST SPECIAL EVENT REVENUE: -30996.

DONOR DESIGNATIONS - NET OF FEES: 125741.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES TAKEN AGAINST SPECIAL EVENT REVENUE: 30996.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS - NET OF FEES/UNCOLLECTIBLES: 125741.

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**  
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

# 2009

## Open To Public Inspection

Employer identification number  
41-0857077

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

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

- ☐ Yes      ☐ No

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

**Total**

- 3** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing.

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		POWER OF THE CHILI PURSE (event type)	COOK-OFF (event type)	1 (total number)	(add col (a) through col. (c))
Revenue	1 Gross receipts	26,948.	15,949.	10,675.	53,572.
	2 Less. Charitable contributions				
	3 Gross income (line 1 minus line 2)	26,948.	15,949.	10,675.	53,572.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	1,019.	2,117.		3,136.
	7 Food and beverages	5,818.			5,818.
	8 Entertainment				
	9 Other direct expenses	10,909.	265.	10,868.	22,042.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				30,996.
11 Net income summary. Combine line 3, column (d), and line 10				22,576.	

**Part III Gaming.** Complete if the organization answered "Yes" to 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))
Revenue	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. Combine line 1, column (d), and line 7					

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," explain.

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain:

11 Does the organization operate gaming activities with nonmembers?

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
9a		
10a		
11		
12		



		Yes	No
<b>13</b> Indicate the percentage of gaming activity operated in:			
a	The organization's facility	<b>13a</b>	%
b	An outside facility	<b>13b</b>	%
<b>14</b> Enter the name and address of the person who prepares the organization's gaming/special events books and records			
Name ▶ _____			
Address ▶ _____			
<b>15a</b> Does the organization have a contract with a third party from whom the organization receives gaming revenue?		<b>15a</b>	
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 ▶ _____			
<b>16</b> Gaming manager information:			
Name ▶ _____			
Gaming manager compensation ▶ \$ _____			
Description of services provided ▶ _____			
_____			
_____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
<b>17</b> Mandatory distributions:			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		<b>17a</b>	
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 ▶ \$ _____			

**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.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

**UNITED WAY OF GREATER DULUTH, INC**

Employer identification number  
**41-0857077**

**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 Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000 (Form 990) 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 non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS - NORTHLAND CHAPTER - 2524 MAPLE GROVE RD - DULUTH, MN 55811	41-0711602	501(C)(3)	25,580.	0.			DISASTER/EMERGENCY SERVICES
ARC NORTHLAND 424 W SUPERIOR ST, #201 DULUTH, MN 55802	41-6042720	501(C)(3)	36,337.	0.			FASD INTERVENTION AND FAMILY SERVICES
BOYS AND GIRLS CLUBS OF THE NORTHLAND - 2623 W 2ND ST - DULUTH, MN 55806	41-0969947	501(C)(3)	84,536.	0.			YOUTH DEVELOPMENT
BOY SCOUTS VOYAGEURS COUNCIL 3877 STEBNER RD HERMANTOWN, MN 55811	41-0695583	501(C)(3)	16,810.	0.			BOY SCOUTING PROGRAMS
CHURCHES UNITED IN MINISTRY 102 W 2ND ST DULUTH, MN 55802	41-1227969	501(C)(3)	57,084.	0.			DROP-IN CENTER AND EMERGENCY SHELTER
COMMUNITY ACTION DULUTH 19 N 21ST AVE W DULUTH, MN 55806	41-1410670	501(C)(3)	53,623.	0.			FAIM ASSET DEVELOPMENT, EITC TAX SITE

2 Enter total number of section 501(c)(3) and government organizations

27.

3 Enter total number of other organizations

0.

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

**SEE PART IV FOR COLUMN (H) DESCRIPTIONS**

Schedule I (Form 990) 2009



Continuation Sheet for Schedule I (Form 990)  
▶ Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.SCHEDULE I-1  
(Form 990)  
Department of the Treasury  
Internal Revenue Service

Name of the organization

UNITED WAY OF GREATER DULUTH, INC

Employer identification number  
41-0857077

Part I 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
COPELAND AND VALLEY YOUTH CENTERS 1112 N LAKE AVE DULUTH, MN 55802	36-3488171	501(C)(3)	107,833.	0.			YOUTH DEVELOPMENT
COURAGE CENTER 3915 GOLDEN VALLEY RD GOLDEN VALLEY, MN 55422	41-0706118	501(C)(3)	14,742.	0.			DULUTH PROGRAMS
DAMIANO CENTER 206 W 4TH ST DULUTH, MN 55806	41-1543521	501(C)(3)	79,296.	0.			SOUP KITCHEN, KIDS CAFE, SOCIAL SERVICES, AND CLOTHING PROGRAMS
DOMESTIC ABUSE INTERVENTION PROGRAM - 202 E SUPERIOR ST - DULUTH, MN 55802	41-1382134	501(C)(3)	10,184.	0.			DOMESTIC ABUSE INTERVENTION
DULUTH AREA FAMILY YMCA 302 W 1ST ST DULUTH, MN 55802	41-0693931	501(C)(3)	101,676.	0.			COMMUNITY SERVICES AND COMPASS
KIDS PLUS SILVER BAY AND TWO HARBORS - 137 BANKS AVE - SILVER BAY, MN 55614	41-6001896	501(C)(3)	7,400.	0.			YOUTH LEADERSHIP
GIRL SCOUTS - MN & WI LAKES & PINES - 424 W SUPERIOR ST, #G-3 - DULUTH, MN 55802	41-0739103	501(C)(3)	21,362.	0.			SCOUTING FOR YOUTH AT RISK
GOODWILL INDUSTRIES VOCATIONAL ENTERPRISES, INC. - 700 GARFIELD AVE - DULUTH, MN 55802	41-0919602	501(C)(3)	52,338.	0.			EXTENDED EMPLOYMENT

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Schedule I-1 (Form 990) 2009

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)  
▶ Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047  
**2009**  
**Open to Public  
Inspection**

Name of the organization

**UNITED WAY OF GREATER DULUTH, INC**

Employer identification number

**41-0857077**

**Part I** 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
GRANT COMMUNITY SCHOOL COLLABORATIVE - 1027 N 8TH AVE E - DULUTH, MN 55805	41-2002724	501(C)(3)	31,280.	0.			COLLABORATIVE YOUTH DEVELOPMENT PROJECTS
HUMAN DEVELOPMENT CENTER 1401 E 1ST ST DULUTH, MN 55805	41-0777937	501(C)(3)	76,997.	0.			FAMILY AND INDIVIDUAL COUNSELING
LAKE SUPERIOR COMMUNITY HEALTH CENTER - 4825 GRAND AVE - DULUTH, MN 55807	23-7167576	501(C)(3)	71,582.	0.			HEALTH CARE ACCESS
LEGAL AID SERVICES OF NE MN 424 W SUPERIOR ST, #302 DULUTH, MN 55802	41-0958386	501(C)(3)	56,322.	0.			DULUTH LEGAL SERVICES
LIFE HOUSE 102 W 1ST ST DULUTH, MN 55802	41-1704840	501(C)(3)	47,343.	0.			TEEN PARENT PROGRAM, KIDS TO ADULTS TRANSITION
LITTLE TREASURES CENTER 1100 E SUPERIOR ST DULUTH, MN 55802	41-1942142	501(C)(3)	20,503.	0.			CHILDCARE & FAMILY CENTER FORECLOSURE PREVENTION, NURSERY, FIRST YEAR PROGRAM, YOUNG PARENT PROGRAM, TOGETHER FOR
LUTHERAN SOCIAL SERVICES 424 W SUPERIOR ST, #500 DULUTH, MN 55802	41-0872993	501(C)(3)	65,380.	0.			HOMEBUYER EDUCATION PROGRAM
NEIGHBORHOOD HOUSING SERVICES 224 E 4TH ST DULUTH, MN 55805	41-1465688	501(C)(3)	7,221.	0.			

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**Schedule I-1 (Form 990) 2009**

Name of the organization

Employer identification number  
**41-0857077**

**UNITED WAY OF GREATER DULUTH, INC**

Part I 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
NORTH COUNTRY R.I.D.E. PO BOX 312 ESKO, MN 55733	41-1423936	501(C)(3)	6,320.	0.			THERAPEUTIC HORSEBACK RIDING
NORTH SHORE HORIZONS 127 7TH ST TWO HARBORS, MN 55616	41-1451736	501(C)(3)	5,000.	0.			DOMESTIC AND SEXUAL ASSAULT SERVICES
SAFE HAVEN SHELTER FOR BATTERED WOMEN - PO BOX 3558 - DULUTH, MN 55803	41-1317462	501(C)(3)	45,430.	0.			LEGAL ADVOCACY
SALVATION ARMY 215 S 27TH AVE W DULUTH, MN 55806	41-0698597	501(C)(3)	125,534.	0.			FOOD SERVICES, EMERGENCY SERVICES, FAMILY TRANSITIONAL HOUSING
SECOND HARVEST NORTHERN LAKES FOOD BANK - 4503 AIRPARK BLVD - DULUTH, MN 55811	36-3479964	501(C)(3)	29,026.	0.			DULUTH FOOD BANK
SOAR CAREER SOLUTIONS 205 W 2ND ST, #101 DULUTH, MN 55802	41-1449179	501(C)(3)	31,569.	0.			CAREER DEVELOPMENT PROGRAM
UNITED WAY OF SUPERIOR - DOUGLAS COUNTY - 1507 TOWER AVENUE, #215 - SUPERIOR, WI 54880	39-6084805	501(C)(3)	9,395.	0.			DONOR DESIGNATIONS
WOODLAND HILLS 4321 ALLENDALE AVE DULUTH, MN 55805	41-0693848	501(C)(3)	46,922.	0.			NEIGHBORHOOD YOUTH SERVICES

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

Schedule I-1 (Form 990) 2009

Name of the organization

**UNITED WAY OF GREATER DULUTH, INC**

Employer identification number  
**41-0857077**

**Part I** 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
YWCA 32 E 1ST ST, #200 DULUTH, MN 55802	41-0696493	501(C)(3)	62,792.	0.			GIRLS & YOUTH PROGRAMS AND EARLY CHILDHOOD CENTER
CHILDRENS DENTAL SERVICES 636 BROADWAY ST NE MINNEAPOLIS, MN 55413	41-0857929	501(C)(3)	25,856.	0.			SMILES ACROSS MINNESOTA - DULUTH
CENTER CITY HOUSING 105 W 1ST ST DULUTH, MN 55802	36-3485584	501(C)(3)	26,470.	0.			WOMEN'S TRANSITIONAL HOUSING
SALVATION ARMY LAKE COUNTY	41-0698597	501(C)(3)	6,400.	0.			EMERGENCY SERVICES

Department of the Treasury  
Internal Revenue Service

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.  
▶ See the Instructions for Form 990.

OMB No. 1545-0047

**Open to Public  
Inspection**

Name of the Organization

UNITED WAY OF GREATER DULUTH, INC

Employer Identification number

41-0857077

Part I	Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
--------	---

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

Schedule J-2 (Form 990) 2009



**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

► **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**  
► **Attach to Form 990.**

OMB No 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

**UNITED WAY OF GREATER DULUTH, INC**

Employer identification number

**41-0857077**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
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	12	36,882.	AVERAGE ON DATE OF G
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 Acknowledgment

**29**

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

**b** If "Yes," describe the arrangement in Part II

**31** Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

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

**b** If "Yes," describe in Part II

**33** If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II

	Yes	No
<b>30a</b>		X
<b>31</b>		X
<b>32a</b>		X
<b>33</b>		

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

Schedule M (Form 990) 2009

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
▶ Attach to Form 990.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF GREATER DULUTH, INC

Employer identification number  
41-0857077

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

LONG-LASTING CHANGES THAT PREVENT PROBLEMS FROM HAPPENING IN THE FIRST  
PLACE. WE DO THIS BY RESEARCHING, IDENTIFYING, ANALYZING, AND  
REPORTING ON OUR COMMUNITY'S MOST PRESSING ISSUES. WE STRATEGICALLY  
INVEST IN LOCAL PROGRAMS AND HIGH-IMPACT INITIATIVES THAT ACHIEVE  
MEASURABLE OUTCOMES AND DEMONSTRATE RESULTS. WE UNITE OUR EFFORTS WITH  
OTHERS TO ACHIEVE POSITIVE COMMUNITY CHANGE AND TOGETHER - UNITED - WE  
INSPIRE HOPE AND CREATE OPPORTUNITIES FOR A BETTER TOMORROW. WE EXIST  
TO IMPROVE PEOPLE'S LIVES. AND WE GET RESULTS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

INCREASE SCHOOL READINESS, IMPROVE ACADEMIC ACHIEVEMENT AND PROMOTE  
POSITIVE YOUTH DEVELOPMENT THROUGH HIGH-QUALITY OUT-OF-SCHOOL TIME  
OPPORTUNITIES. 2) HEALTH - IMPROVING PEOPLE'S HEALTH. UNITED WAY  
INCREASES ACCESS TO HEALTHCARE SERVICES AND BENEFITS FOR UNINSURED AND  
UNDERINSURED PEOPLE BY STRATEGICALLY INVESTING IN PROGRAMS AND  
INITIATIVES THAT PROVIDE PHYSICAL, MENTAL AND DENTAL SERVICES TO THOSE  
WHO WOULD NOT OTHERWISE RECEIVE THE CARE THEY NEED. 3) INCOME -  
PROMOTING FINANCIAL STABILITY AND INDEPENDENCE. UNITED WAY ASSISTS  
INDIVIDUALS AND FAMILIES IN THE TRANSITION OUT OF POVERTY BY  
STRATEGICALLY INVESTING IN PROGRAMS AND INITIATIVES THAT INCREASE  
INCOME, SAVINGS AND ASSETS - LEADING TO INCREASED FINANCIAL STABILITY  
AND INDEPENDENCE. 4) BASIC NEEDS - ENSURING A STRONG NETWORK OF BASIC  
HUMAN SERVICES. UNITED WAY OF GREATER DULUTH PROVIDES VITAL ONGOING  
OPERATING SUPPORT TO ORGANIZATIONS AND PROGRAMS THAT ENSURE A STRONG  
NETWORK OF BASIC HUMAN SERVICES. UNITED WAY SUPPORTS PROGRAMS THAT

**SCHEDULE O**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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**2009**

Open to Public  
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Name of the organization

UNITED WAY OF GREATER DULUTH, INC

Employer identification number  
41-0857077

MEET PEOPLE'S EMERGENCY AND TRANSITIONAL NEEDS FOR FOOD, SHELTER,  
HOUSING, SAFETY AND CLOTHING.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

ENSURING THAT GOOD USE IS MADE OF THE RESOURCES AVAILABLE. THERE ARE  
MORE THAN 900 COMMUNITY, HEALTH AND HUMAN SERVICE ORGANIZATIONS SERVING  
OUR REGION. SOMETIMES UNCERTAINTY ABOUT WHERE TO TURN IS THE ONLY  
BARRIER SEPARATING PEOPLE FROM THE SERVICES THEY NEED. WITH A DATABASE  
OF MORE THAN 1900 AVAILABLE SERVICES, UNITED WAY 2-1-1 IN DULUTH SERVES  
RESIDENTS IN THE FOLLOWING COUNTIES: CARLTON, COOK, DODGE, FREEBORN,  
GOODHUE, KANABEC, LAKE, MILLE LACS, MOWER, PINE, OLMSTED, RICE AND ST.  
LOUIS COUNTY AND DOUGLAS COUNTY IN WISCONSIN. UNITED WAY 2-1-1  
ENCOURAGES PARTICIPATION AND FOSTERS SELF-SUFFICIENCY.

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

UNITED WAY SUCCESS BY SIX (SB6) - SB6 IS A COMMUNITY-BASED, PUBLIC  
PRIVATE PARTNERSHIP OF INDIVIDUALS AND ORGANIZATIONS, INCLUDING UNITED  
WAY, THAT SHARE A COMMON VISION - CHILDREN READY TO SUCCEED WHEN THEY  
ENTER SCHOOL. THE INITIATIVE IS DEDICATED TO PROVIDING ALL CHILDREN  
WITH A GREAT START IN LIFE BY WORKING ACROSS MULTI-SECTORS TO ENSURE  
THAT CHILDREN FROM BIRTH TO AGE 6 DEVELOP THE EMOTIONAL, SOCIAL,  
COGNITIVE AND PHYSICAL SKILLS THEY NEED AS THEY ENTER SCHOOL. SUCCESS  
BY 6, THROUGH STRATEGIC PARTNERSHIPS, ENGAGES THE WHOLE COMMUNITY IN  
EARLY CHILDHOOD DEVELOPMENT, AND FUNDS PROGRAMS THAT PROVIDE STRONG  
SERVICES FOR YOUNG CHILDREN AND THEIR FAMILIES. OUR SUCCESS BY 6

INITIATIVE INCLUDES THE FOLLOWING UNITED WAY OF GREATER DULUTH EARLY

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

Schedule O (Form 990) 2009

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

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OMB No. 1545-0047

**2009**  
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Name of the organization

UNITED WAY OF GREATER DULUTH, INC

Employer identification number  
41-0857077

CHILDHOOD EFFORTS: IMAGINATION LIBRARY, BIG RED BOOKSHELF, BORN  
LEARNING TRAIL, READY-SET-LEARN BACKPACKS, AND PARENT RESOURCE  
AWARENESS. SUCCESS BY 6 IS A COMMUNITY COMMITMENT TO ENSURE THAT ALL  
OF OUR CHILDREN ENTER SCHOOL READY TO SUCCEED. IMAGINATION LIBRARY -  
UNITED WAY OF GREATER DULUTH LAUNCHED DOLLY PARTON'S IMAGINATION  
LIBRARY IN SEPTEMBER 2008. IMAGINATION LIBRARY IS AN EARLY LITERACY  
PROGRAM THAT DELIVERS TO CHILDREN AGE BIRTH TO FIVE A NEW,  
AGE-APPROPRIATE, HARD-COVERED BOOK IN THE MAIL EACH MONTH. IMAGINATION  
LIBRARY PROMOTES LOVE OF READING AND LEARNING, ENCOURAGING FAMILIES TO  
ENJOY BOOKS TOGETHER WITH THEIR CHILDREN. THE PROGRAM IS OFFERED TO  
FAMILIES AT NO COST. EACH MONTH, ENROLLED CHILDREN WILL RECEIVE A NEW,  
HIGH-QUALITY, AGE-APPROPRIATE BOOK IN THE MAIL. THE BOOKS ARE SENT  
DIRECTLY TO FAMILIES' HOMES. ALL FAMILIES IN GREATER DULUTH WITH  
CHILDREN UNDER THE AGE OF FIVE ARE ELIGIBLE TO ENROLL IN THE PROGRAM,  
AS LONG AS THEY LIVE AT AN ADDRESS WITH ONE OF THE FOLLOWING ZIP CODES:  
55802, 55803, 55804, 55805, 55806, 55807, 55808, 55810, 55811, AND  
55812. CHILDREN IN LAKE AND COOK COUNTIES IN MINNESOTA ARE ALSO ABLE  
TO PARTICIPATE IN THIS PROGRAM AS PART OF UNITED WAY OF GREATER  
DULUTH'S EXPANSION TO THOSE COUNTIES IN FALL 2009. SMILES ACROSS  
MINNESOTA DULUTH - UNITED WAY OF GREATER DULUTH HELPED LAUNCH THE  
SMILES PROGRAM IN DULUTH IN EARLY 2008. THIS PROGRAM PROVIDES  
PREVENTIVE DENTAL SERVICES TO LOW-INCOME, UNINSURED AND UNDERINSURED  
CHILDREN AGES THREE TO TWELVE IN THE DULUTH PUBLIC ELEMENTARY AND  
MIDDLE SCHOOLS AND HEADSTART CENTERS. CHILDREN'S DENTAL SERVICES  
ADMINISTERS THE PROGRAM, WITH UNITED WAY OF GREATER DULUTH CONTINUING  
TO PROMOTE AND TARGET A PORTION OF ITS INVESTMENTS INTO THIS IMPACTFUL

**SCHEDULE O**

(Form 990)

Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on  
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OMB No. 1545-0047

**2009**Open to Public  
Inspection

Name of the organization

UNITED WAY OF GREATER DULUTH, INC

Employer identification number

41-0857077

PROGRAM. OVER 2,000 CHILDREN IN DULUTH RECEIVED CARE THROUGH SMILES IN CALENDAR YEAR 2009 AND MORE THAN 2,100 HAVE ALREADY BEEN SERVED IN THE FIRST HALF OF 2010. LAKE SUPERIOR INITIATIVE - UNITED WAY OVERSEES A THREE-YEAR, FEDERALLY FUNDED PROGRAM TO BUILD THE EFFICIENCY, EFFECTIVENESS AND CAPABILITY OF OUR REGION'S COMMUNITY ORGANIZATIONS. THROUGH THE LAKE SUPERIOR INITIATIVE, 20 TO 25 COMMUNITY ORGANIZATIONS PER YEAR FOR THREE YEARS WILL RECEIVE FINANCIAL ASSISTANCE, TRAINING, AND TECHNICAL SUPPORT TO HELP THEM BUILD ON THEIR CORE STRENGTHS AND CAPABILITIES IN ORDER TO STRENGTHEN EFFECTIVENESS AND SUSTAINABILITY. FUNDING FOR THE INITIATIVE FROM TWO FEDERAL GRANTS RESULTED FROM THE JOINT EFFORTS OF THE YMCA, WHICH HAS EXPERIENCE WITH FEDERAL GRANTS, AND UWGD, WHICH HAS EXPERIENCE WORKING WITH AND ASSESSING THE NEEDS OF LOCAL NONPROFITS. THE COMBINED ENERGY AND RESOURCES RESULTED IN DULUTH BEING ONE OF ONLY TWO CITIES IN THE NATION TO RECEIVE BOTH GRANTS IN 2007. WE ARE NOW IN THE THIRD YEAR OF THIS PROJECT. UNITED WAY VOLUNTEER CENTER - THE MISSION OF THE VOLUNTEER CENTER IS TO BUILD COMMUNITY BY PROMOTING EFFECTIVE VOLUNTEERISM AND CONNECTING PEOPLE WITH THE OPPORTUNITY TO SERVE. WE ACCOMPLISH THIS BY PROVIDING AN ONLINE DATABASE OF VOLUNTEER OPPORTUNITIES IN NORTHEASTERN MINNESOTA, A MONTHLY VOLUNTEER NEWSLETTER, AND A WEEKLY VOLUNTEER COLUMN IN THE DULUTH NEWS TRIBUNE. THE VOLUNTEER CENTER CONNECTS LOCAL VOLUNTEERS WITH OPPORTUNITIES THAT MATCH THEIR SKILLS AND INTERESTS. AFL-CIO COMMUNITY SERVICES PROGRAM - THE COMMUNITY SERVICES PROGRAM IS A PARTNERSHIP BETWEEN UNITED WAY OF GREATER DULUTH AND ORGANIZED LABOR. THIS PROGRAM IS FOCUSED ON HEALTH AND WELFARE SERVICES OF THE COMMUNITY AND INVOLVING ORGANIZED LABOR IN THE ONGOING ACTIVITIES OF UNITED WAY.

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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**2009**  
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Name of the organization

UNITED WAY OF GREATER DULUTH, INC

Employer identification number  
41-0857077

THE AFL-CIO COMMUNITY SERVICES PROGRAM SUPPORTS PROJECTS THAT HAVE A  
CONTINUING IMPACT IN THE GREATER DULUTH AREA INCLUDING, BUT NOT LIMITED  
TO: ADVOCACY AND INTERVENTION SERVICES, SERVICES TO THE UNEMPLOYED,  
SHOES FOR TOTS, UCAN TRAINING, DAY OF CARING, AND HOLIDAY PROGRAMS.  
EXPENSES \$ 340242. INCLUDING GRANTS OF \$ 100237. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS PRESENTED TO THE  
BOARD OF DIRECTORS FOR REVIEW AND APPROVAL PRIOR TO ITS FILING.

FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY IS  
DISTRIBUTED TO EACH BOARD DIRECTOR ANNUALLY FOR REVIEW AND SIGNATURE.

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION OF KEY EMPLOYEES WILL  
BE DETERMINED BASED ON JOB PERFORMANCE AND BUDGET PARAMETERS. IN ADDITION,  
THE COMPENSATION COMMITTEE WILL OBTAIN APPROPRIATE COMPARABILITY DATA PRIOR  
TO MAKING ITS DETERMINATION. THE COMPENSATION AGREEMENT WILL BE PRESUMED  
REASONABLE WHERE A DETERMINATION HAS BEEN MADE USING COMPARATIVE  
COMPENSATION DATA FOR SIMILARLY QUALIFIED PERSONS IN COMPARABLE POSITIONS  
AT SIMILAR ORGANIZATIONS. FOR EXAMPLE, SALARY DATA FROM SIMILAR SIZED  
UNITED WAY ORGANIZATIONS MAY BE USED IN THE DELIBERATION PROCESS. THE  
COMPENSATION COMMITTEE WILL REPORT ITS DETERMINATION TO THE UNITED WAY  
EXECUTIVE COMMITTEE FOR APPROVAL AT THE FIRST EXECUTIVE COMMITTEE MEETING  
FOLLOWING THE PRESIDENT'S PERFORMANCE REVIEW. ORGANIZATION OFFICERS RECEIVE  
NO COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 19: MULTIPLE YEARS OF THE

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

Schedule O (Form 990) 2009

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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UNITED WAY OF GREATER DULUTH, INC

Employer identification number

41-0857077

ORGANIZATION'S ANNUAL REPORTS AND AUDITED FINANCIAL STATEMENTS ARE  
AVAILABLE ON THE UWGD WEBSITE.

FORM 990, PART XI, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No. 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.****Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on **e-file for Charities & Nonprofits**.

Type or print  File by the due date for filing your return. See instructions	Name of Exempt Organization	Employer identification number
	<b>UNITED WAY OF GREATER DULUTH, INC</b>	<b>41-0857077</b>
	Number, street, and room or suite no. If a P.O. box, see instructions	
	<b>424 W SUPERIOR STREET, NO. 402</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions	
	<b>DULUTH, MN 55802-1590</b>	

Check type of return to be filed (file a separate application for each return):

- |  |   |                                    |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

**REBECCA BALLOU-BUCK**

- The books are in the care of ► **424 WEST SUPERIOR ST, #402 - DULUTH, MN 55802**

Telephone No. ► **218-726-4770**

FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2011**, to file the exempt organization return for the organization named above. The extension is for the organization's return for

► ☐ calendar year \_\_\_\_\_ or► ☒ tax year beginning **JUL 1, 2009**, and ending **JUN 30, 2010**

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

<b>3a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$
<b>b</b> If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$
<b>c</b> <b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$ <b>N/A</b>

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 4-2009)