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Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

☐

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1

Briefly describe the organization’s mission

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 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

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

4a

(Code ) (Expenses \$ 1,473,089 including grants of \$ 1,464,620 ) (Revenue \$ 17,652 )

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

4b

(Code ) (Expenses \$ 436,272 including grants of \$ 31,110 ) (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 \$ 118,699 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 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 IS ABLE TO EFFECTIVELY CONNECT INDIVIDUALS WITH THE SERVICES AND RESOURCES THEY NEED UNITED WAY 2-1-1 ENCOURAGES PARTICIPATION AND FOSTERS SELF-SUFFICIENCY

4d

Other program services (Describe in Schedule O ) See also Additional Data for Description

(Expenses \$ 163,990 including grants of \$ 82,265 ) (Revenue \$ )
















4e

Total program service expenses

\$ 2,192,050

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> 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)? 	2	Yes
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>	3	No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	4	No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>	5	
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> 	6	No
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> 	7	No
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> 	8	No
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> 	9	Yes
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> 	10	Yes
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	Yes
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c	No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	Yes
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	Yes
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	No
12a	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> 	12a	Yes
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
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, Parts I and IV.</i>	14b	No
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 U S? <i>If "Yes," complete Schedule F, Parts II and IV.</i>	15	No
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 U S? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	16	No
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 (see instructions).</i>	17	No
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>	18	Yes
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>	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions).	20b	

Part IV

Checklist of Required Schedules (continued)

21	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> . . . . .	21	Yes	
22	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> . . . . .	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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> . . . . .	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25</i> . . . . .	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		
25a	<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> . . . . .	25a		No
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> . . . . .	25b		No
26	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> . . . . .	26		No
27	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> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33		No
34	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> . . . . .	34		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? . . . . .	35		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
36	<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> . . . . .	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance					
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>					
			Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	6		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return.	2a	21		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7 Organizations that may receive deductible contributions under section 170(c).					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?					
8					
9 Sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10 Section 501(c)(7) organizations. Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b			
11 Section 501(c)(12) organizations. Enter					
a	Gross income from members or shareholders.	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b			
c	Enter the amount of reserves on hand.	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?					
14a					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b			No

Part VI

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

Section A. Governing Body and Management			Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year . . . . .	<b>1a</b> 29		
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent . . . . .	<b>1b</b> 29		
<b>2</b>	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? . . . . .	<b>2</b>		No
<b>3</b>	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? . . . . .	<b>3</b>		No
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	<b>4</b>		No
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	<b>5</b>		No
<b>6</b>	Does the organization have members or stockholders? . . . . .	<b>6</b>		No
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	<b>7a</b>		No
<b>b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	<b>7b</b>		No
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following . . . . .			
<b>a</b>	The governing body? . . . . .	<b>8a</b>	Yes	
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	Yes	
<b>9</b>	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 . . . . .	<b>9</b>		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			Yes	No
<b>10a</b>	Does the organization have local chapters, branches, or affiliates? . . . . .	<b>10a</b>		No
<b>b</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? . . . . .	<b>10b</b>		
<b>11a</b>	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<b>11a</b>	Yes	
<b>b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . .			
<b>12a</b>	Does the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> . . . . .	<b>12a</b>	Yes	
<b>b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12b</b>	Yes	
<b>c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	<b>12c</b>	Yes	
<b>13</b>	Does the organization have a written whistleblower policy? . . . . .	<b>13</b>	Yes	
<b>14</b>	Does the organization have a written document retention and destruction policy? . . . . .	<b>14</b>	Yes	
<b>15</b>	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? . . . . .			
<b>a</b>	The organization's CEO, Executive Director, or top management official . . . . .	<b>15a</b>	Yes	
<b>b</b>	Other officers or key employees of the organization . . . . . If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) . . . . .	<b>15b</b>	Yes	
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16a</b>		No
<b>b</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? . . . . .	<b>16b</b>		

Section C. Disclosure	
<b>17</b>	List the States with which a copy of this Form 990 is required to be filed <b>►</b> MN
<b>18</b>	Section 6104 requires an organization to make its Form 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. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
<b>19</b>	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. See Additional Data Table.
<b>20</b>	State the name, physical address, and telephone number of the person who possesses the books and records of the organization <b>►</b> REBECCA BALLOU-BUCK 424 WEST SUPERIOR ST 402 DULUTH, MN 55802 (218) 726-4770

Check if Schedule O contains a response to any question in this Part VII ☐ ☒

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

Form **990** (2010)



## Part VII

<b>1b</b>	<b>Sub-Total</b>			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A</b>			
<b>d</b>	<b>Total (add lines 1b and 1c)</b>	115,894	0	21,862

**2** Total number of individuals (including but not limited to those I  
\$100,000 in reportable compensation from the organization) 0

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

## 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

(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

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	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . . . .	1a	2,646,879			
	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 \$		63,301			
	h	Total. Add lines 1a-1f . . . . .		2,646,879			
Program Service Revenue	2a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f . . . . .					
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts) . . . . .		3,558		
4		Income from investment of tax-exempt bond proceeds . . . . .					
5		Royalties . . . . .					
6a		Gross Rents	(i) Real	(ii) Personal			
b		Less rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss) . . . . .					
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b		Less cost or other basis and sales expenses		1,388			
c		Gain or (loss)		-1,388			
d		Net gain or (loss) . . . . .		-1,388			-1,388
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a	46,283			
b		Less direct expenses . . . . .	b	21,259			
c		Net income or (loss) from fundraising events . . . . .		25,024			25,024
9a		Gross income from gaming activities See Part IV, line 19 . . . . .	a				
b		Less direct expenses . . . . .	b				
c		Net income or (loss) from gaming activities . . . . .					
10a		Gross sales of inventory, less returns and allowances . . . . .	a				
b		Less cost of goods sold . . . . .	b				
c		Net income or (loss) from sales of inventory . . . . .					
	Miscellaneous Revenue	Business Code					
11a	MISCELLANEOUS	900099	17,652	17,652			
b							
c							
d	All other revenue . . . . .						
e	Total. Add lines 11a-11d . . . . .		17,652				
12	Total revenue. See Instructions . . . . .		2,691,725	17,652	0	27,194	

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	1,577,995	1,577,995		
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 . . . . .	137,756	48,004	67,134	22,618
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	423,145	251,848	21,659	149,638
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .				
9	Other employee benefits . . . . .	90,972	59,092	2,514	29,366
10	Payroll taxes . . . . .	46,416	25,789	6,335	14,292
a	Fees for services (non-employees)				
	Management . . . . .				
b	Legal . . . . .	872		872	
c	Accounting . . . . .	13,071	601	11,789	681
d	Lobbying . . . . .				
e	Professional fundraising services See Part IV, line 17 . . . . .				
f	Investment management fees . . . . .				
g	Other . . . . .	94,893	94,893		
12	Advertising and promotion . . . . .	28,616	17,250	594	10,772
13	Office expenses . . . . .	28,921	15,009	1,961	11,951
14	Information technology . . . . .				
15	Royalties . . . . .				
16	Occupancy . . . . .	39,100	24,947	4,049	10,104
17	Travel . . . . .				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19	Conferences, conventions, and meetings . . . . .	14,690	6,702	721	7,267
20	Interest . . . . .				
21	Payments to affiliates . . . . .	20,699	12,303	2,403	5,993
22	Depreciation, depletion, and amortization . . . . .	33,817	15,839	5,145	12,833
23	Insurance . . . . .	1,934	1,149	225	560
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
a	EQUIPMENT RENTAL AND MA	30,903	21,489	2,695	6,719
b	OUTREACH	16,782	16,782		
c	OTHER	5,052	548	47	4,457
d	MEMBERSHIP DUES	3,526	1,810	473	1,243
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	2,609,160	2,192,050	128,616	288,494
26	Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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)		(B)
					Beginning of year		End of year
Assets	<b>1</b>	Cash—non-interest-bearing . . . . .			35,626	<b>1</b>	43,110
	<b>2</b>	Savings and temporary cash investments . . . . .			699,224	<b>2</b>	747,093
	<b>3</b>	Pledges and grants receivable, net . . . . .			783,708	<b>3</b>	818,752
	<b>4</b>	Accounts receivable, net . . . . .				<b>4</b>	
	<b>5</b>	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees <i>Complete Part II of Schedule L</i> . . . . .				<b>5</b>	
	<b>6</b>	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) <i>Schedule L</i> . . . . .				<b>6</b>	
	<b>7</b>	Notes and loans receivable, net . . . . .				<b>7</b>	
	<b>8</b>	Inventories for sale or use . . . . .				<b>8</b>	
	<b>9</b>	Prepaid expenses and deferred charges . . . . .			18,279	<b>9</b>	15,469
	<b>10a</b>	Land, buildings, and equipment <i>cost or other basis Complete Part VI of Schedule D</i> . . . . .	<b>10a</b>	213,865			
	<b>b</b>	Less accumulated depreciation . . . . .	<b>10b</b>	160,117	82,408	<b>10c</b>	53,748
	<b>11</b>	Investments—publicly traded securities . . . . .				<b>11</b>	
	<b>12</b>	Investments—other securities <i>See Part IV, line 11</i> . . . . .				<b>12</b>	
	<b>13</b>	Investments—program-related <i>See Part IV, line 11</i> . . . . .				<b>13</b>	
	<b>14</b>	Intangible assets . . . . .				<b>14</b>	
	<b>15</b>	Other assets <i>See Part IV, line 11</i> . . . . .			3,293,586	<b>15</b>	3,799,110
	<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .			4,912,831	<b>16</b>	5,477,282
Liabilities	<b>17</b>	Accounts payable and accrued expenses . . . . .			64,579	<b>17</b>	48,781
	<b>18</b>	Grants payable . . . . .				<b>18</b>	
	<b>19</b>	Deferred revenue . . . . .				<b>19</b>	
	<b>20</b>	Tax-exempt bond liabilities . . . . .				<b>20</b>	
	<b>21</b>	Escrow or custodial account liability <i>Complete Part IV of Schedule D</i> . . . . .				<b>21</b>	8,099
	<b>22</b>	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i> . . . . .				<b>22</b>	
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .				<b>23</b>	
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .				<b>24</b>	
	<b>25</b>	Other liabilities <i>Complete Part X of Schedule D</i> . . . . .			1,116,845	<b>25</b>	1,100,907
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .			1,181,424	<b>26</b>	1,157,787
Net Assets or Fund Balances		<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>					
	<b>27</b>	Unrestricted net assets . . . . .			978,263	<b>27</b>	1,115,973
	<b>28</b>	Temporarily restricted net assets . . . . .			93,008	<b>28</b>	128,814
	<b>29</b>	Permanently restricted net assets . . . . .			2,660,136	<b>29</b>	3,074,708
		<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>					
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .				<b>30</b>	
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .				<b>31</b>	
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds . . . . .				<b>32</b>	
	<b>33</b>	<b>Total net assets or fund balances</b> . . . . .			3,731,407	<b>33</b>	4,319,495
	<b>34</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .			4,912,831	<b>34</b>	5,477,282

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,691,725
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,609,160
3	Revenue less expenses Subtract line 2 from line 1	3	82,565
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,731,407
5	Other changes in net assets or fund balances (explain in Schedule O)	5	505,523
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	4,319,495

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 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	Yes	
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 separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated 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?		No
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		

SCHEDULE A  
(Form 990 or 990EZ)

Department of the Treasury  
Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization  
UNITED WAY OF GREATER DULUTH INC

Employer identification number  
41-0857077

Part I

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box )

1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E )

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II )

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II )

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II )

9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III )

10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**

11

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Other

e

☐

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?  
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?  
(ii) a family member of a person described in (i) above?  
(iii) a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	2,291,829	2,718,903	2,726,295	2,568,722	2,646,879	12,952,628
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2,291,829	2,718,903	2,726,295	2,568,722	2,646,879	12,952,628
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)						488,865
6 Public Support. Subtract line 5 from line 4						12,463,763

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	2,291,829	2,718,903	2,726,295	2,568,722	2,646,879	12,952,628
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	27,159	18,873	8,423	2,073	3,558	60,086
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 )	61,029	13,773	26,318	16,868	17,652	135,640
11 Total support (Add lines 7 through 10)						13,148,354
12 Gross receipts from related activities, etc (See instructions )					12	196,566
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	94 790 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	94 970 %
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support test—2009. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶		
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶		

Part IIIPart III

Support Schedule for Organizations Described in Section 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6 )						

Section B. Total Support							
Calendar year (or fiscal year beginning in)		(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
13	Total support (Add lines 9, 10c, 11 and 12 )						
14	First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage			
15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16	Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage			
17	Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a	33 1/3% support tests—2010. 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—2009. 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.** 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. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE D  
(Form 990)

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

2010

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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)

☐ Preservation of land for public use (e g , recreation or pleasure)

☐ Preservation of an historically importantly land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

	Held at the End of the Year
2a	Total number of conservation easements
2b	Total acreage restricted by conservation easements
2c	Number of conservation easements on a certified historic structure included in (a)
2d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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 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▶ \$ \_\_\_\_\_

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2010

Part III

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☒ 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 . . . . .	2,753,144	2,600,017	3,264,877		
b Contributions . . . . .	81,447	20,040	107,761		
c Investment earnings or losses . . . . .	414,572	167,879	-627,958		
d Grants or scholarships . . . . .	45,641	34,792	144,663		
e Other expenditures for facilities and programs . . . . .					
f Administrative expenses . . . . .					
g End of year balance . . . . .	3,203,522	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 ▶ 95 980 %

c

Term endowment ▶ 4 020 %

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 . . . . .

3a(i)

☐ Yes

☐ No

3a(ii)

☐ Yes

☐ No

b

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

3b

☐ Yes

☐ No

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	34,686	16,853
d Equipment . . . . .		162,326	125,431	36,895
e Other . . . . .				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .				53,748



Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements			
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,691,725
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,609,160
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	82,565
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	505,523
9	Total adjustments (net) Add lines 4 - 8	9	505,523
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	588,088

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	3,121,880
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	7,070
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	505,523
e	Add lines 2a through 2d . . . . .	2e	512,593
3	Subtract line 2e from line 1 . . . . .	3	2,609,287
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	82,438
c	Add lines 4a and 4b . . . . .	4c	82,438
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	2,691,725

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements . . . . .	1	2,533,792
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities . . . . .	2a	7,070
b	Prior year adjustments . . . . .	2b	
c	Other losses . . . . .	2c	
d	Other (Describe in Part XIV) . . . . .	2d	21,259
e	Add lines 2a through 2d . . . . .	2e	28,329
3	Subtract line 2e from line 1 . . . . .	3	2,505,463
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	103,697
c	Add lines 4a and 4b . . . . .	4c	103,697
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5	2,609,160

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, 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.

Identifier	Return Reference	Explanation
	PART IV, LINE 2B	UWGD IS THE FISCAL AGENT FOR THESE FUNDS FOR A COLLABORATIVE OF YOUTH ORGANIZATIONS THAT ARE 501(C)3 ORGANIZATIONS
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	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 90,951 GAIN ON PERPETUAL TRUST 414,572
PART XII, LINE 2D - OTHER ADJUSTMENTS		GAIN IN PERPETUAL TRUST 414,572 GAIN IN ASSETS HELD BY OTHERS 90,951
PART XII, LINE 4B - OTHER ADJUSTMENTS		SPECIAL EVENT EXPENSES TAKEN AGAINST SPECIAL EVENT REVENUE -21,259 DONOR DESIGNATIONS - NET OF FEES 103,697
PART XIII, LINE 2D - OTHER ADJUSTMENTS		SPECIAL EVENT EXPENSES TAKEN AGAINST SPECIAL EVENT REVENUE 21,259
PART XIII, LINE 4B - OTHER ADJUSTMENTS		DONOR DESINGATIONS - NET OF FEES/UNCOLLECTIBLES 103,697

SCHEDULE G  
(Form 990 or 990-EZ)

Supplemental Information Regarding  
Fundraising or Gaming Activities

OMB No 1545-0047

2010

Open to Public  
Inspection

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.

Name of the organization  
UNITED WAY OF GREATER DULUTH INC

Employer identification number  
41-0857077

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

- 1

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

a

☐

Mail solicitations

e

☐

Solicitation of non-government grants

b

☐

Internet and e-mail solicitations

f

☐

Solicitation of government grants

c

☐

Phone solicitations

g

☐

Special fundraising events

d

☐

In-person solicitations
- 2a

Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes

☐ No
- b

If "Yes," list the 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. Form 990-EZ filers are not required to complete this table.

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

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events	
			CAMPAIGN KICK-OFF	IMAGINATION LIBRARY	1	(Add col (a) through col (c))	
			(event type)	(event type)	(total number)		
1	Gross receipts	. . .	13,577	26,014	6,692	46,283	
2	Less Charitable contributions	. . .					
3	Gross income (line 1 minus line 2)	. . .	13,577	26,014	6,692	46,283	
Direct Expenses	4	Cash prizes	. . .				
	5	Non-cash prizes	. .	42		42	
	6	Rent/facility costs	. .	2,153	417	1,463	4,033
	7	Food and beverages	. .		5,528		5,528
	8	Entertainment	. . .		780		780
	9	Other direct expenses	.	3,095	2,471	5,310	10,876
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶					21,259
	11	Net income summary Combine lines 3 and 10 in column (d). . . . . ▶					25,024

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.

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

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? . . . . . ☐ Yes ☐ No

b If "No," Explain \_\_\_\_\_

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

b If "Yes," Explain \_\_\_\_\_

11

Does the organization operate gaming activities with nonmembers?

☐ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity operated in

a	The organization's facility	13a
b	An outside facility	13b

14

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

Name

Address

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

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

c

If "Yes," enter name and address

Name

Address

16 Gaming manager information

Name

Gaming manager compensation \$

Description of services provided

☐ Director/officer

☐ Employee

☐ Independent contractor

17

Mandatory distributions

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

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

**Part IV** Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
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Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
UNITED WAY OF GREATER DULUTH INC

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

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

OMB No 1545-0047

2010

Open to Public  
Inspection

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. Part II can be duplicated if additional space is needed. . . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
See Additional Data Table							

2

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

33

3

Enter total number of other organizations . . . . .

**Part III**

**Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Use Schedule I-1 (Form 990) if additional space is needed.

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

**Part IV**

**Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 A YEAR END REPORT IS REQUIRED ANNUALLY FROM EACH PROGRAM THAT SHOWS OUTCOMES AND COMPLIANCE WITH THE GRANT

SCHEDULE M  
(Form 990)

NonCash Contributions

OMB No 1545-0047

2010

Open to Public Inspection

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

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 or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art . . . .				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles .				
7 Boats and planes . . . .				
8 Intellectual property . .				
9 Securities—Publicly traded	X	12	63,301	AVG ON DATE OF GIFT
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests .				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . .				
15 Real estate—Residential .				
16 Real estate—Commercial				
17 Real estate—Other . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies				
21 Taxidermy . . . . .				
22 Historical artifacts . .				
23 Scientific specimens . .				
24 Archeological artifacts .				
25 Other ► ( )				
26 Other ► ( )				
27 Other ► ( )				
28 Other ► ( )				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . .	29			0
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? . . . . .	30a	Yes	No	No
b If "Yes," describe the arrangement in Part II				
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31			No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions? . . . . .	32a			No
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				

Part II

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public  
Inspection

<b>Name of the organization</b> UNITED WAY OF GREATER DULUTH INC	<b>Employer identification number</b> 41-0857077
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Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE AND, SUBSEQUENTLY, PRESENTED TO THE BOARD OF DIRECTORS FOR REVIEW AND APPROVAL PRIOR TO ITS FILING

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

Identifier	Return Reference	Explanation
	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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	MULTIPLE YEARS OF THE ORGANIZATION'S ANNUAL REPORTS AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE UWGD WEBSITE



Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	GAIN ON ASSETS HELD BY OTHERS 90,951 GAIN ON PERPETUAL TRUST 414,572 TOTAL TO FORM 990, PART XI, LINE 5 505,523

Identifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2C	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services			
(Code )	(Expenses \$ 163,990	including grants of \$ 82,265	(Revenue \$ )
<p>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 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 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 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</p>			

Additional Data

Software ID:

Software Version:

EIN: 41-0857077

Name: UNITED WAY OF GREATER DULUTH INC

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(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
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
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
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
BRYCE NIXON DIRECTOR	2 00	X						0	0	0
LAURA SCHAUER 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
DIANE RAUSCHENFELS DIRECTOR	2 00	X						0	0	0
BARBARA REYELTS DIRECTOR	2 00	X						0	0	0
LAURA SIEGER DIRECTOR	2 00	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week	(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			
STEVE PATRONAS DIRECTOR	2 00	X						0	0	0
LISA BARTLETT DIRECTOR	2 00	X						0	0	0
KEN BROWALL DIRECTOR	2 00	X						0	0	0
STEVE RISACHER DIRECTOR	2 00	X						0	0	0
PAULA REED PRESIDENT	44 00			X				77,634	0	3,206
REBECCA BALLOU-BUCK FINANCE DIRECTOR	39 00			X				38,260	0	18,656

Software ID:

Software Version:

EIN: 41-0857077

Name: UNITED WAY OF GREATER DULUTH INC

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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)	20,682				DISASTER/EMERGENCY SERVICES
ARC NORTHLAND424 W SUPERIOR ST 201 DULUTH,MN 55802	41-6042720	501(C)(3)	12,300				FASD INTERVENTION AND FAMILY SERVICES
BOYS AND GIRLS CLUBS OF THE NORTHLAND2623 W 2ND ST DULUTH,MN 55806	41-0969947	501(C)(3)	82,800				YOUTH DEVELOPMENT
BOY SCOUTS VOYAGEURS COUNCIL3877 STEBNER RD HERMANTOWN,MN 55811	41-0695583	501(C)(3)	13,300				BOY SCOUTING PROGRAMS
CHURCHES UNITED IN MINISTRY102 W 2ND ST DULUTH,MN 55802	41-1227969	501(C)(3)	48,895				DROP-IN CENTER, EMERGENCY SHELTER AND HEAD START TRANSPORTATION
COMMUNITY ACTION DULUTH19 N 21ST AVE W DULUTH,MN 55806	41-1410670	501(C)(3)	60,000				FAIM ASSET DEVELOPMENT, EITC TAX SITE
COPELAND VALLEY YOUTH CENTERS727 N CENTRAL AVE DULUTH,MN 55807	36-3488171	501(C)(3)	105,000				YOUTH DEVELOPMENT
COURAGE CENTER3915 GOLDEN VALLEY RD GOLDEN VALLEY,MN 55422	41-0706118	501(C)(3)	17,700				DULUTH PROGRAMS
DAMIANO CENTER206 W 4TH ST DULUTH,MN 55806	41-1543521	501(C)(3)	74,387				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)	10,466				DOMESTIC ABUSE INTERVENTION
DULUTH AREA FAMILY YMCA302 W 1ST ST DULUTH,MN 55802	41-0693931	501(C)(3)	108,150				COMMUNITY SERVICES AND COMPASS
KIDS PLUS SILVER BAY AND TWO HARBORS137 BANKS AVE SILVER BAY,MN 55614	41-6001896	501(C)(3)	6,831				YOUTH LEADERSHIP

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<b>(a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV , appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GIRL SCOUTS - MN & WI LAKES & PINES424 W SUPERIOR ST G-3 DULUTH,MN 55802	41-0739103	501(C)(3)	17,173				SCOUTING FOR YOUTH AT RISK
GOODWILL INDUSTRIES VOCATIONAL ENTERPRISES INC700 GARFIELD AVE DULUTH,MN 55802	41-0919602	501(C)(3)	49,500				EXTENDED EMPLOYMENT
GRANT COMMUNITY SCHOOL COLLABORATIVE 1027 N 8TH AVE E DULUTH,MN 55805	41-2002724	501(C)(3)	34,000				COLLABORATIVE YOUTH DEVELOPMENT PROJECTS
HUMAN DEVELOPMENT CENTER1401 E 1ST ST DULUTH,MN 55805	41-0777937	501(C)(3)	76,180				FAMILY AND INDIVIDUAL COUNSELING
LAKE SUPERIOR COMMUNITY HEALTH CENTER4825 GRAND AVE DULUTH,MN 55807	23-7167576	501(C)(3)	76,000				HEALTH CARE ACCESS
LEGAL AID SERVICES OF NE MN424 W SUPERIOR ST 302 DULUTH,MN 55802	41-0958386	501(C)(3)	56,259				DULUTH LEGAL SERVICES
LIFE HOUSE102 W 1ST ST DULUTH,MN 55802	41-1704840	501(C)(3)	35,156				TEEN PARENT PROGRAM, KIDS TO ADULTS TRANSITION
LITTLE TREASURES CENTER1100 E SUPERIOR ST DULUTH,MN 55802	41-1942142	501(C)(3)	20,000				CHILDCARE & FAMILY CENTER
LUTHERAN SOCIAL SERVICES424 W SUPERIOR ST 500 DULUTH,MN 55802	41-0872993	501(C)(3)	60,372				FORECLOSURE PREVENTION, NURSERY, FIRST YEAR PROGRAM, YOUNG PARENT PROGRAM, TOGETHER FOR YOUTH, AND CONSUMER CREDIT COUNSELING
NEIGHBORHOOD HOUSING SERVICES224 E 4TH ST DULUTH,MN 55805	41-1465688	501(C)(3)	6,000				HOMEBUYER EDUCATION PROGRAM
NORTH COUNTRY RIDEPO BOX 312 ESKO,MN 55733	41-1423936	501(C)(3)	8,614				THERAPEUTIC HORSEBACK RIDING
SAFE HAVEN SHELTER FOR BATTERED WOMENPO BOX 3558 DULUTH,MN 55803	41-1317462	501(C)(3)	40,463				LEGAL ADVOCACY

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SALVATION ARMY215 S 27TH AVE W DULUTH,MN 55806	41-0698597	501(C)(3)	117,597				FOOD SERVICES, EMERGENCY SERVICES, FAMILY TRANSITIONAL HOUSING
SECOND HARVEST NORTHERN LAKES FOOD BANK4503 AIRPARK BLVD DULUTH,MN 55811	36-3479964	501(C)(3)	27,499				DULUTH FOOD BANK
SOAR CAREER SOLUTIONS 205 W 2ND ST 101 DULUTH,MN 55802	41-1449179	501(C)(3)	35,000				CAREER DEVELOPMENT PROGRAM
UNITED WAY OF SUPERIOR - DOUGLAS COUNTY1507 TOWER AVENUE 215 SUPERIOR,WI 54880	39-6084805	501(C)(3)	11,784				DONOR DESIGNATIONS
WOODLAND HILLS4321 ALLENDALE AVE DULUTH,MN 55805	41-0693848	501(C)(3)	40,000				NEIGHBORHOOD YOUTH SERVICES
YWCA32 E 1ST ST 200 DULUTH,MN 55802	41-0696493	501(C)(3)	56,500				GIRLS & YOUTH PROGRAMS AND EARLY CHILDHOOD CENTER
CHILDRENS DENTAL SERVICES636 BROADWAY ST NE MINNEAPOLIS,MN 55413	41-0857929	501(C)(3)	9,000				SMILES ACROSS MINNESOTA - DULUTH
CENTER CITY HOUSING 105 W 1ST ST DULUTH,MN 55802	36-3485584	501(C)(3)	25,782				WOMEN'S TRANSITIONAL HOUSING
SALVATION ARMY LAKE COUNTY2445 PRIOR AVE ROSEVILLE,MN 55113	41-0698597	501(C)(3)	5,907				EMERGENCY SERVICES