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DLN: 93493335002252

# 93

Department of the Treasury

## **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)

OMB No 1545-0047

Internal R	levenue Service	► The organization may have to use a copy o	•	and reparemy requirement	Inspection
A For	the 2011 d	alendar year, or tax year beginning 07-01-2011	and ending 06-30-2012		
	ck if applicable	C Name of organization UNITED WAY OF GREATER DULUTH INC		D Employer	identification number
Addr	ess change	Doing Business As		41-0857 E Telephone	
∏ Nam	ne change	boning business re			
	al return	Number and street (or P O box if mail is not delivered	to street address) Room/su	(218) 72	ipts \$ 2,567,537
Term	nınated	424 W SUPERIOR STREET NO 402			φισ φ 2,307,337
Ame	nded return	City or town, state or country, and ZIP + 4 DULUTH, MN 558021590	•	_	
Appl	ıcatıon pendın <u>ç</u>	,			
		<b>F</b> Name and address of principal officer PAULA REED		H(a) Is this a group re	
		424 W SUPERIOR STREET NO 402		affiliates?	⊤Yes ▼ No
		DULUTH,MN 558021590		H(b) Are all affiliates inc	luded?
T Tax	-exempt statu		047(a)(1) or	_ '	list (see instructions)
	·		747(d)(1) 01   327	<b>H(c)</b> Group exemption	number <b>F</b>
		WW UNITEDWAYDULUTH ORG		<u> </u>	Т
<b>K</b> Form	of organizatio	Corporation Trust Association Other		L Year of formation 1922	M State of legal domicile
Par	t I Sur	ımary			
		describe the organization's mission or most signi			
اب	UNITE	O WAY OF GREATER DULUTH'S MISSION IS T	O LEAD A UNITED EFF	ORT TO STRENGTHEN O	OUR COMMUNITY
Activities & Governance					
<u></u>					
နှီ	2 Check	his box দ if the organization discontinued its o	perations or disposed o	of more than 25% of its ne	t assets
ග නේ	<b>3</b> Numbe	of voting members of the governing body (Part \	/I, lıne 1a)		30
s S		of independent voting members of the governing		<del></del>	4 30
를		umber of individuals employed in calendar year 2		· · · · —	5 20
뒫		umber of volunteers (estimate if necessary) .	<del></del>	5 175	
1		nrelated business revenue from Part VIII, colum elated business taxable income from Form 990-			<b>(a</b> 0 <b>(b</b> 0
	<u> </u>		.,	Prior Year	Current Year
	8 Cont	ributions and grants (Part VIII, line 1h)		2,646,879	2,489,602
ar I		am service revenue (Part VIII, line 2g)			
ξl	<b>9</b> Progi	am service revenue (r art viii, mie 29)			0
tevenuk	<b>10</b> Inve	tment income (Part VIII, column (A), lines 3, 4,	, and 7d )	2,170	0 2,932
#	<ul><li>10 Invest</li><li>11 Othe</li></ul>	tment income (Part VIII, column (A), lines 3, 4, revenue (Part VIII, column (A), lines 5, 6d, 8c,	and 7d )	42,676	•
	<ul><li>10 Invest</li><li>11 Othe</li><li>12 Total</li></ul>	revenue—add lines 8 through 11 (must equal Pa	, and 7d ) , 9c, 10c, and 11e) art VIII, column (A ), line	42,676	6 49,202
	<ul><li>10 Invest</li><li>11 Othe</li><li>12 Total</li><li>12)</li></ul>	tment income (Part VIII, column (A), lines 3, 4, revenue (Part VIII, column (A), lines 5, 6d, 8c,	and 7d ) , 9c, 10c, and 11e) art VIII, column (A), line	42,676	6 49,202 5 2,541,736
	<ul><li>10 Invest</li><li>11 Othe</li><li>12 Total</li><li>12)</li><li>13 Gran</li></ul>	tment income (Part VIII, column (A), lines 3, 4, revenue (Part VIII, column (A), lines 5, 6d, 8c, revenue—add lines 8 through 11 (must equal Pa	, and 7d )	42,670 e 2,691,72! 1,577,99!	6 49,202 5 2,541,736
	<ul> <li>10 Inversion</li> <li>11 Other</li> <li>12 Total (12)</li> <li>13 Gran</li> <li>14 Bene</li> <li>15 Salar</li> </ul>	trevenue (Part VIII, column (A), lines 3, 4, revenue (Part VIII, column (A), lines 5, 6d, 8c, revenue—add lines 8 through 11 (must equal Part S) and similar amounts paid (Part IX, column (A), lits paid to or for members (Part IX, column (A), lies, other compensation, employee benefits (Part IX)	and 7d )	42,670 e 2,691,729 1,577,999	6 49,202 5 2,541,736 5 1,574,141 0 0
	10 Investigation	trevenue (Part VIII, column (A), lines 3, 4, revenue (Part VIII, column (A), lines 5, 6d, 8c, revenue—add lines 8 through 11 (must equal Part is and similar amounts paid (Part IX, column (A), fits paid to or for members (Part IX, column (A), lies, other compensation, employee benefits (Part IX)	and 7d)	42,670 e 2,691,72! 1,577,99!	6 49,202 5 2,541,736 5 1,574,141 0 0 9 703,339
	10 Investigation   11 Othe   12 Total   12)   13 Gran   14 Bene   15 Salar   5-10   16a Profe	trevenue (Part VIII, column (A), lines 3, 4, revenue (Part VIII, column (A), lines 5, 6d, 8c, revenue—add lines 8 through 11 (must equal Pass and similar amounts paid (Part IX, column (A)) fits paid to or for members (Part IX, column (A), lies, other compensation, employee benefits (Part ) ssional fundraising fees (Part IX, column (A), lines, column (A), lines, column (A), lines.	and 7d )	42,670 e 2,691,72! 1,577,99!	6 49,202 5 2,541,736 5 1,574,141 0 0
Expenses	<ul> <li>10 Inversion</li> <li>11 Other</li> <li>12 Total (12)</li> <li>13 Gran</li> <li>14 Bene</li> <li>15 Salar (5-10)</li> <li>16a Proferior</li> <li>b Total (10)</li> </ul>	trevenue (Part VIII, column (A), lines 3, 4, revenue (Part VIII, column (A), lines 5, 6d, 8c, revenue—add lines 8 through 11 (must equal Pass and similar amounts paid (Part IX, column (A), lits paid to or for members (Part IX, column (A), lies, other compensation, employee benefits (Part ) ssional fundraising fees (Part IX, column (A), line undraising expenses (Part IX, column (D), line 25)	and 7d)	42,670 e 2,691,72: 1,577,99: 698,289	6 49,202 5 2,541,736 5 1,574,141 0 0 9 703,339 0 0
Expenses	<ul> <li>10 Inversion</li> <li>11 Other</li> <li>12 Total (12)</li> <li>13 Gran</li> <li>14 Bene</li> <li>15 Salar (5-10)</li> <li>16a Profer</li> <li>b Total (12)</li> <li>17 Other</li> </ul>	trevenue (Part VIII, column (A), lines 3, 4, revenue (Part VIII, column (A), lines 5, 6d, 8c, revenue—add lines 8 through 11 (must equal Pass and similar amounts paid (Part IX, column (A), fits paid to or for members (Part IX, column (A), lies, other compensation, employee benefits (Part) ssional fundraising fees (Part IX, column (A), line undraising expenses (Part IX, column (D), line 25) 340,5 rexpenses (Part IX, column (A), lines 11a-11d,	and 7d)	42,676 e 2,691,729 1,577,999 698,289	6 49,202 5 2,541,736 5 1,574,141 0 0 9 703,339 0 0
Expenses	10 Invest 11 Othe 12 Total 12) 13 Gran 14 Bene 15 Salar 5-10 16a Profe b Total 17 Othe 18 Total	trevenue (Part VIII, column (A), lines 3, 4, revenue (Part VIII, column (A), lines 5, 6d, 8c, revenue—add lines 8 through 11 (must equal Pass and similar amounts paid (Part IX, column (A), lits paid to or for members (Part IX, column (A), lies, other compensation, employee benefits (Part ) ssional fundraising fees (Part IX, column (A), line undraising expenses (Part IX, column (D), line 25)	and 7d)	42,670 e 2,691,72: 1,577,99: 698,289	6 49,202 5 2,541,736 5 1,574,141 0 0 9 703,339 0 0 6 287,966 0 2,565,446
Expenses	10 Invest 11 Othe 12 Total 12) 13 Gran 14 Bene 15 Salar 5-10 16a Profe b Total 17 Othe 18 Total	trevenue (Part VIII, column (A), lines 3, 4, revenue (Part VIII, column (A), lines 5, 6d, 8c, revenue—add lines 8 through 11 (must equal Pass and similar amounts paid (Part IX, column (A), fits paid to or for members (Part IX, column (A), lines, other compensation, employee benefits (Part) ssional fundraising fees (Part IX, column (A), line undraising expenses (Part IX, column (D), line 25) \$\infty\$ \frac{340,5}{2}\$ rexpenses (Part IX, column (A), lines 11a-11d, expenses Add lines 13-17 (must equal Part IX)	and 7d)	42,676  2,691,725  1,577,995  698,285  698,285  2,609,166  82,565  Beginning of Current	6 49,202 5 2,541,736 5 1,574,141 0 0 9 703,339 0 0 6 287,966 0 2,565,446 5 -23,710
Expenses	10 Invest 11 Othe 12 Total 12) 13 Gran 14 Bene 15 Salar 5-10 16a Profe b Total 17 Othe 18 Total 19 Reve	trevenue (Part VIII, column (A), lines 3, 4, revenue (Part VIII, column (A), lines 5, 6d, 8c, revenue—add lines 8 through 11 (must equal Pass and similar amounts paid (Part IX, column (A), fits paid to or for members (Part IX, column (A), lines, other compensation, employee benefits (Part) ssional fundraising fees (Part IX, column (A), lineundraising expenses (Part IX, column (D), line 25) \$\int \frac{340,5}{2}\$ expenses (Part IX, column (A), lines 11a-11d, expenses Add lines 13-17 (must equal Part IX) nue less expenses Subtract line 18 from line 12	and 7d )	42,676  2,691,729  1,577,999  698,289  2,609,160  82,569  Beginning of Current Year	49,202 5 2,541,736 5 1,574,141 0 0 703,339 0 0 5 287,966 0 2,565,446 5 -23,710 End of Year
Expenses	10 Invest 11 Othe 12 Total 12) 13 Gran 14 Bene 15 Salar 5-10 16a Profe b Total 17 Othe 18 Total 19 Reve	trevenue (Part VIII, column (A), lines 3, 4, revenue (Part VIII, column (A), lines 5, 6d, 8c, revenue—add lines 8 through 11 (must equal Pass and similar amounts paid (Part IX, column (A), fits paid to or for members (Part IX, column (A), lines, other compensation, employee benefits (Part) ssional fundraising fees (Part IX, column (A), line undraising expenses (Part IX, column (D), line 25) \$\infty\$ \frac{340,5}{2}\$ rexpenses (Part IX, column (A), lines 11a-11d, expenses Add lines 13-17 (must equal Part IX) nue less expenses Subtract line 18 from line 12 assets (Part X, line 16)	and 7d)	42,676  2,691,72:  1,577,99:  698,289  2,609,160  82,569  Beginning of Current Year  5,477,283	49,202 5 2,541,736 5 1,574,141 0 0 703,339 0 0 6 287,966 0 2,565,446 5 -23,710 End of Year 2 5,403,445
let Assets or Expenses and Balances	10 Investigation in the second	trevenue (Part VIII, column (A), lines 3, 4, revenue (Part VIII, column (A), lines 5, 6d, 8c, revenue—add lines 8 through 11 (must equal Pass and similar amounts paid (Part IX, column (A), fits paid to or for members (Part IX, column (A), lines, other compensation, employee benefits (Part) ssional fundraising fees (Part IX, column (A), line undraising expenses (Part IX, column (D), line 25) 340,5 rexpenses (Part IX, column (A), lines 11a-11d, expenses Add lines 13-17 (must equal Part IX, nue less expenses Subtract line 18 from line 12 assets (Part X, line 16)	and 7d )	42,676  2,691,72:  1,577,99:  698,289  2,609,160  82,56:  Beginning of Current Year  5,477,283  1,157,783	49,202 5 2,541,736 5 1,574,141 0 0 703,339 0 0 5 287,966 0 2,565,446 5 -23,710 End of Year 2 5,403,445 7 1,182,769
Not Assets of Expenses Fund Balances	10 Investigation in the second	trevenue (Part VIII, column (A), lines 3, 4, revenue (Part VIII, column (A), lines 5, 6d, 8c, revenue—add lines 8 through 11 (must equal Pass and similar amounts paid (Part IX, column (A), lines, other compensation, employee benefits (Part) ssional fundraising fees (Part IX, column (A), line undraising expenses (Part IX, column (D), line 25) \$\infty\$ 340,5 rexpenses (Part IX, column (A), lines 11a-11d, expenses Add lines 13-17 (must equal Part IX, nue less expenses Subtract line 18 from line 12 assets (Part X, line 16)	and 7d )	42,676  2,691,72:  1,577,99:  698,289  2,609,160  82,569  Beginning of Current Year  5,477,283	49,202 5 2,541,736 5 1,574,141 0 0 703,339 0 0 5 287,966 0 2,565,446 5 -23,710 End of Year 2 5,403,445 7 1,182,769
Not Assets or Expenses end Balances	10 Invest 11 Othe 12 Total 12) 13 Gran 14 Bene 15 Salar 5-10 16a Profe b Total 17 Othe 18 Total 19 Reve  20 Total 21 Total 22 Net a  11 Sig penalties of edge and belice	trevenue (Part VIII, column (A), lines 3, 4, revenue (Part VIII, column (A), lines 5, 6d, 8c, revenue—add lines 8 through 11 (must equal Pass and similar amounts paid (Part IX, column (A), fits paid to or for members (Part IX, column (A), lines, other compensation, employee benefits (Part) ssional fundraising fees (Part IX, column (A), line undraising expenses (Part IX, column (D), line 25) 340,5 rexpenses (Part IX, column (A), lines 11a-11d, expenses Add lines 13-17 (must equal Part IX, nue less expenses Subtract line 18 from line 12 assets (Part X, line 16)	and 7d )	42,676  2,691,723  1,577,993  698,289  698,289  2,609,160  82,563  Beginning of Current Year  5,477,283  1,157,783  4,319,493	49,202 5 2,541,736 5 1,574,141 6 0 0 703,339 6 287,966 7 2,565,446 7 23,710 End of Year 7 1,182,769 7 4,220,676
Not Assets or Expenses end Balances	10 Invest 11 Othe 12 Total 12) 13 Gran 14 Bene 15 Salar 5-10 16a Profe b Total 17 Othe 18 Total 19 Reve  20 Total 21 Total 22 Net a  11 Sig penalties of edge and belice	trevenue (Part VIII, column (A), lines 3, 4, revenue (Part VIII, column (A), lines 5, 6d, 8c, revenue—add lines 8 through 11 (must equal Pass and similar amounts paid (Part IX, column (A), lines, other compensation, employee benefits (Part) ssional fundraising fees (Part IX, column (A), lines, other compensation, employee benefits (Part) ssional fundraising fees (Part IX, column (A), line undraising expenses (Part IX, column (D), line 25) 340,5 rexpenses (Part IX, column (A), lines 11a–11d, expenses Add lines 13–17 (must equal Part IX nue less expenses Subtract line 18 from line 12 assets (Part X, line 16)	and 7d )	42,676  2,691,723  1,577,993  698,289  698,289  2,609,160  82,563  Beginning of Current Year  5,477,283  1,157,783  4,319,493	49,202 5 2,541,736 5 1,574,141 6 0 0 703,339 6 287,966 7 2,565,446 7 23,710 End of Year 7 1,182,769 7 4,220,676
well Balances Expenses	10 Invest 11 Othe 12 Total 12) 13 Gran 14 Bene 15 Salar 5-10 16a Profe b Total 17 Othe 18 Total 19 Reve  20 Total 21 Total 22 Net a t III Sig penalties of edge and belicedes.	the timent income (Part VIII, column (A), lines 3, 4, revenue (Part VIII, column (A), lines 5, 6d, 8c, revenue—add lines 8 through 11 (must equal Passand similar amounts paid (Part IX, column (A), lits paid to or for members (Part IX, column (A), lies, other compensation, employee benefits (Part) ssional fundraising fees (Part IX, column (A), line undraising expenses (Part IX, column (D), line 25) 340,5 rexpenses (Part IX, column (A), lines 11a–11d, expenses Add lines 13–17 (must equal Part IX nue less expenses Subtract line 18 from line 12 assets (Part X, line 16)	and 7d )	42,676  2,691,72:  1,577,99:  698,289  698,289  2,609,160  82,569  Beginning of Current Year  5,477,283  1,157,783  4,319,499  Chedules and statements, and and information  2012-11-06	49,202 5 2,541,736 5 1,574,141 6 0 0 703,339 6 287,966 7 2,565,446 7 23,710 End of Year 7 1,182,769 7 4,220,676
Not Assets of Expenses Brances Expenses Using Balances	10 Invest 11 Othe 12 Total 12) 13 Gran 14 Bene 15 Salar 5-10 16a Profe b Total 17 Othe 18 Total 19 Reve  20 Total 21 Total 22 Net a  t III Sig penalties of edge and beliedede.	trevenue (Part VIII, column (A), lines 3, 4, revenue (Part VIII, column (A), lines 5, 6d, 8c, revenue—add lines 8 through 11 (must equal Part S and similar amounts paid (Part IX, column (A), lines, other compensation, employee benefits (Part I), sistence (Part IX, column (A), lines, other compensation, employee benefits (Part I), sistence (Part IX, column (A), lines, other compensation, employee benefits (Part I), sistence (Part IX, column (D), line 25) \$\infty\$ \frac{340,5}{2}\$ rexpenses (Part IX, column (A), lines 11a-11d, expenses Add lines 13-17 (must equal Part IX), assets (Part X, line 16)	and 7d )	42,676  2,691,729  1,577,999  698,289  698,289  2,609,160  82,569  Beginning of Current Year  5,477,289  1,157,789  4,319,499  Chedules and statements, and and information	49,202 5 2,541,736 5 1,574,141 6 0 0 703,339 6 287,966 7 2,565,446 7 23,710 End of Year 7 1,182,769 7 4,220,676
Not Assets of Expenses Brances Expenses Using Balances	10 Invest 11 Othe 12 Total 12) 13 Gran 14 Bene 15 Salar 5-10 16a Profe b Total 17 Othe 18 Total 19 Reve  20 Total 21 Total 22 Net a  111 Sig  penalties of edge and belieded.    **** Sign   PAL	the timent income (Part VIII, column (A), lines 3, 4, revenue (Part VIII, column (A), lines 5, 6d, 8c, revenue—add lines 8 through 11 (must equal Passand similar amounts paid (Part IX, column (A), lits paid to or for members (Part IX, column (A), lies, other compensation, employee benefits (Part) ssional fundraising fees (Part IX, column (A), line undraising expenses (Part IX, column (D), line 25) 340,5 rexpenses (Part IX, column (A), lines 11a–11d, expenses Add lines 13–17 (must equal Part IX nue less expenses Subtract line 18 from line 12 assets (Part X, line 16)	and 7d )	42,676  2,691,72:  1,577,99:  698,289  698,289  2,609,160  82,569  Beginning of Current Year  5,477,283  1,157,783  4,319,499  Chedules and statements, and and information  2012-11-06	49,202 5 2,541,736 5 1,574,141 6 0 0 703,339 6 287,966 7 2,565,446 7 23,710 End of Year 7 1,182,769 7 4,220,676
Not Assets or Expenses end Balances	10 Invest 11 Othe 12 Total 12) 13 Gran 14 Bene 15 Salar 5-10 16a Profe b Total 17 Othe 18 Total 19 Reve  20 Total 21 Total 22 Net a  111 Sig  penalties of edge and belieded.    **** Sign   PAL	trevenue (Part VIII, column (A), lines 3, 4, revenue (Part VIII, column (A), lines 5, 6d, 8c, revenue—add lines 8 through 11 (must equal Part S and similar amounts paid (Part IX, column (A)) fits paid to or for members (Part IX, column (A), lines, other compensation, employee benefits (Part I) similar sing fees (Part IX, column (A), lines, other compensation, employee benefits (Part I) similar sing expenses (Part IX, column (D), line 25) 340,5 rexpenses (Part IX, column (A), lines 11a–11d, expenses Add lines 13–17 (must equal Part IX) finuse less expenses Subtract line 18 from line 12 assets (Part X, line 16)	and 7d )	42,676  2,691,729  1,577,999  698,289  698,289  2,609,160  82,569  Beginning of Current Year  5,477,283  1,157,783  4,319,499  Chedules and statements, and information  2012-11-06 Date	49,202 5 2,541,736 5 1,574,141 6 0 0 703,339 6 287,966 7 2,565,446 7 23,710 End of Year 7 1,182,769 7 4,220,676

MCGLADREY LLP

227 W FIRST ST STE 700

DULUTH, MN 558021919

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

Firm's name (or yours

if self-employed), address, and ZIP + 4

Preparer's

**Use Only** 

EIN • 42-0714325

Phone no 🕨 (218) 727-8253

Form	990 (2	2011)	Page <b>2</b>
Part	1111	Statement of Program Service Accomplishments	
		Check if Schedule O contains a response to any question in this Part III	
RESO NEED HAPP COMI THAT POSI	ED WAURCE SIN 1 ENIN MUNI1 ACHI	Ay OF GREATER DULUTH'S MISSION IS TO LEAD A UNITED EFFORT TO STRENGTHEN OUR COMMUNITY BY ES TO IMPROVE PEOPLE'S LIVES WE ARE WORKING TO ADVANCE THE COMMON GOOD BY FOCUSING ON ON THE GREATER DULUTH AREA OUR GOAL IS TO CREATE LONG-LASTING CHANGES THAT PREVENT PROBLE IG IN THE FIRST PLACE WE DO THIS BY RESEARCHING, IDENTIFYING, ANALYZING, AND REPORTING ON ON TY'S MOST PRESSING ISSUES WE STRATEGICALLY INVEST IN LOCAL PROGRAMS AND HIGH-IMPACT INIT IS IN THE MEASURABLE OUTCOMES AND DEMONSTRATE RESULTS WE UNITE OUR EFFORTS WITH OTHERS TO COMMUNITY CHANGE AND TOGETHER - UNITED - WE INSPIRE HOPE AND CREATE OPPORTUNITIES FOR A WE WE EXIST TO IMPROVE PEOPLE'S LIVES AND WE GET RESULTS	CRITICAL EMS FROM UR TIATIVES ACHIEVE
2	the pr	he organization undertake any significant program services during the year which were not listed on rior Form 990 or 990-EZ?	о
3	servic	he organization cease conducting, or make significant changes in how it conducts, any program ces?	lo
	If "Ye	es," describe these changes on Schedule O	
4	expen	ribe the organization's program service accomplishments for each of its three largest program services, as measure nses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amoun is and allocations to others, the total expenses, and revenue, if any, for each program service reported	•
4a	COMM ALLOC WORK OF GF YOUT-I INITIA OUT-C FOR U SERVI WAY A INCOI HUMA STROI	MUNITY INVESTMENT - UNITED WAY STRATEGICALLY INVESTS IN LOCAL PROGRAMS AND INITIATIVES THAT IMPROVE PEOPLE'S LIVES AND STEM MUNITY EACH YEAR UNITED WAY VOLUNTEERS, WITH THE SUPPORT OF STAFF, PERFORM AN INDEPTH REVIEW OF PROGRAMS APPLYING FO CATIONS ARE MADE TO PROGRAMS MEETING IDENTIFIED COMMUNITY NEEDS AND ACHIEVING MEASURABLE RESULTS UNITED WAY OF GREAKS TO LEVERAGE AND MAXIMIZE AVAILABLE RESOURCES TO ACHIEVE HIGH IMPACT RESULTS AND COMMUNITY CHANGE TO ACCOMPLISH THE GREATER DULUTH IS COMMITTED TO ADDRESSING THE FOLLOWING COMMUNITY PRIORITIES 1) EDUCATION - FOSTERING SUCCESSFUL CHILITH UNITED WAY HELPS ENSURE THAT CHILDREN ARE READY TO SUCCEED IN SCHOOL AND LIFE BY STRATEGICALLY INVESTING IN PROGRAMS INTO EXCEPT AND PROMOTE POSITIVE YOUTH DEVELOPMENT THROUGH FOF-SCHOOL TIME OPPORTUNITIES 2) HEALTH - IMPROVING PEOPLE'S HEALTH UNITED WAY INCREASES ACCESS TO HEALTHCARE SERVICES UNINSURED AND UNDERINSURED PEOPLE BY STRATEGICALLY INVESTING IN PROGRAMS AND INITIATIVES THAT PROVIDE PHYSICAL, MENTAL ACCESTO THOSE WHO WOULD NOT OTHERWISE RECEIVE THE CARE THEY NEED 3) INCOME - PROMOTING FINANCIAL STABILITY AND INDEPENDENCE 4) BASIC NEEDS - ENSURING A STRONG NETWORK, SAVINGS AND ASSETS - LEADING TO INCREASED FINANCIAL STABILITY AND INDEPENDENCE 4) BASIC NEEDS - ENSURING A STRONG NETWONG NETWORK OF BASIC HUMAN SERVICES UNITED WAY OF GREATER DULUTH PROVIDES VITAL ONGOING OPERATING SUPPORT TO ORGANIZATIONS AND PROGRAMS THAT DATE OF BASIC HUMAN SERVICES UNITED WAY OF GREATER DULUTH PROVIDES VITAL ONGOING OPERATING SUPPORT TO ORGANIZATIONS AND PROGRAMS THAT DEED THE WAY OF BRASIC HUMAN SERVICES UNITED WAY SUPPORTS PROGRAMS THAT MEET PEOPLE'S EMERGENCY AND TRANSITIONAL NEED THEN HOUSING, SAFETY AND CLOTHING	R FUNDING TER DULUTH IS, UNITED WAY DREN AND S AND HIGH-QUALITY AND BENEFITS AND DENTAL NDENCE UNITED HAT INCREASE WORK OF BASIC T ENSURE A
4b	(Code	e ) (Expenses \$ 285,083 including grants of \$ 19,680 ) (Revenue \$	
40	COMM WITH UNITE COMM	MUNITY IMPACT - COMMUNITY IMPACT REPRESENTS UNITED WAY'S COMMITMENT TO MAKING A MEASURABLE IMPACT ON CRITICAL COMMU 4 A FOCUS ON RESULTS - INDICATORS OF PROGRESS ON SPECIFIC OUTCOMES FOR THE PROGRAMS AND INITIATIVES THAT ITS FUNDRAISING FED WAY IS ABLE TO DEMONSTRATE HOW CONTRIBUTIONS MAKE A MEASURABLE IMPACT UPON THE WELL-BEING OF THE COMMUNITY A FOC MUNITY IMPACT INVOLVES IDENTIFYING HEALTH AND HUMAN SERVICES PRIORITIES, UNDERSTANDING WHAT RESOURCES EXIST TO ADDRESS PRITIES AND WHAT RESOURCES MAY BE MISSING, AND TO UNITE NECESSARY RESOURCES AND PEOPLE TO ADDRESS THOSE IDENTIFIED NEED	G SUPPORTS - US ON S THOSE
4c	(Code	e ) (Expenses \$ 159,939 including grants of \$ ) (Revenue \$	
	UNITE OF HU SERVI RELIA IMPOR AGENO ENSUI SERVI DATAR	TED WAY 2-1-1 (INFORMATION AND REFERRAL) UNITED WAY 2-1-1 MAKES IT POSSIBLE FOR PEOPLE TO NAVIGATE THE COMPLEX AND EVER- IUMAN SERVICE AGENCIES AND PROGRAMS EACH DAY, HUNDREDS OF PEOPLE IN OUR REGION SEARCH FOR ORGANIZATIONS THAT WILL PRO I/ICES SUCH AS FOOD, SHELTER, HEALTH CARE, LEGAL ASSISTANCE, FINANCIAL AID, AND OTHER SUPPORTIVE SERVICES THE 2-1-1 PROGRAM ABLE CONCRETE ASSISTANCE TO THOSE IN NEED BY GUIDING CALLERS THROUGH THE BROAD ARRAY OF SERVICES AVAILABLE IN THIS REGIO DETAINT TO A LOW DENSITY RURAL AREA, THIS SERVICE LINKS PEOPLE FROM AREAS WHICH MAY NOT HAVE SPECIFIC SERVICE PROVIDERS LO INCIES AND RESOURCES IN THE LARGER REGION WHICH CAN PROVIDE THE NEEDED SERVICE THE PROGRAM STRENGTHENS THE NONPROFIT I/ING THAT GOOD USE IS MADE OF THE RESOURCES AVAILABLE THERE ARE MORE THAN 900 COMMUNITY, HEALTH AND HUMAN SERVICE OR I/ING OUR REGION SOMETIMES UNCERTAINTY ABOUT WHERE TO TURN IS THE ONLY BARRIER SEPARATING PEOPLE FROM THE SERVICES THE  ABASE OF MORE THAN 1900 AVAILABLE SERVICES, UNITED WAY 2-1-1 IN DULUTH IS ABLE TO EFFECTIVELY CONNECT INDIVIDUALS WITH THE SOURCES THEY NEED UNITED WAY 2-1-1 ENCOURAGES PARTICIPATION AND FOSTERS SELF-SUFFICIENCY	OVIDE ESSENTIAL M OFFERS N PARTICULARLY OF COMMUNITY BY RGANIZATIONS Y NEED WITH A
	(Code	le ) (Expenses \$ 142,949 including grants of \$ 91,851 ) (Revenue \$	)
	WAY, WITH COGN IN EARN OUR ( LIBRA APPRO NEW, CHILE CODE TO PA CENTI OPPO VOLUI OPPOI PARTI COMM PROJE	THE WAY SUCCESS BY SIX (SB6) - SB6 IS A COMMUNITY-BASED, PUBLIC PRIVATE PARTNERSHIP OF INDIVIDUALS AND ORGANIZATIONS, INCLUANT COMMON VISION - CHILDREN READY TO SUCCEED WHEN THEY ENTER SCHOOL THE INITIATIVE IS DEDICATED TO PROVIDING A GREAT START IN LIFE BY WORKING ACROSS MULTI-SECTORS TO ENSURE THAT CHILDREN FROM BIRTH TO AGE 6 DEVELOP THE EMOTION INTIVE AND PHYSICAL SKILLS THEY NEED AS THEY ENTER SCHOOL SUCCESS BY 6, THROUGH STRATEGIC PARTNERSHIPS, ENGAGES THE WHO ARLY CHILDHOOD DEVELOPMENT, AND FUNDS PROGRAMS THAT PROVIDE STRONG SERVICES FOR YOUNG CHILDREN AND THEIR FAMILIES OLIATIVE INCLUDES THE FOLLOWING UNITED WAY OF GREATER DULUTH EARLY CHILDHOOD EFFORTS. IMAGINATION LIBRARY, BIG RED BOOKSH INING TRAIL, READY-SET-LEARN BACKPACKS, AND PARENT RESOURCE AWARENESS SUCCESS BY 6 IS A COMMUNITY COMMITMENT TO ENSU CHILDREN ENTER SCHOOL READY TO SUCCEED IMAGINATION LIBRARY - UNITED WAY OF GREATER DULUTH LAUNCHED DOLLY PARTON'S IMAGINATION LIBRARY IS AN EARLY LITERACY PROGRAM THAT DELIVERS TO CHILDREN AGE BIRTH TO FIVE A NEW, COPRIATE, HARD-COVERED BOOK IN THE MAIL EACH MONTH IMAGINATION LIBRARY PROMOTES LOVE OF READING AND LEARNING, ENCOURA NIJOY BOOKS TOGETHER WITH THEIR CHILDREN THE PROGRAM IS OFFERED TO FAMILIES AT NO COST EACH MONTH, ENROLLED CHILDREN , HIGH-QUALITY, AGE-APPROPRIATE BOOK IN THE MAIL. THE BOOKS ARE SENT DIRECTLY TO FAMILIES' HOMES ALL FAMILIES IN GREATER DULD DREN UNDER THE AGE OF FIVE ARE ELIGIBLE TO ENROLL IN THE PROGRAM, AS LONG AS THEY LIVE AT AN ADDRESS WITH ONE OF THE FOLLOES SESSO2, 55803, 55804, 55806, 55807, 55806, 55807, 55806, 55807, 55806, 55807, 55806, 55807, 55808, 55810, 55811, AND 55812 CHILDREN IN LAKE AND COOK COUNTIES IN MINNESOTA SERVE WE ACCOMPLISH THIS BY PROVIDING AN ONLINE DATABASE OF VOLUNTEER OPPORTUNITIES IN FALL 2009 UNITED WAY FER - THE MISSION OF THE VOLUNTEER CENTER IS TO BUILD COMMUNITY SEPANSION TO THOSE COUNTIES IN MINNESOTA DISTRESS FROM AN APPROVED OF A STALL AND A WEEKLY VOLUNTEER CENTER IS TO BUILD COMMUNITY SERVICES PROGRAM - THE COMMUNITY SERVICES PROGRAM	G ALL CHILDREN IAL, SOCIAL, DLE COMMUNITY JR SUCCESS BY 6 HELF, BORN RE THAT ALL OF AGINATION AGE- IGING FAMILIES WILL RECEIVE A JULTH WITH JWING ZIP ARE ALSO ABLE Y VOLUNTEER JPLE WITH THE SOTA, A MONTHLY UNTEERS WITH IS A VICES OF THE UPPORTS

Other program services (Describe in Schedule O ) 142,949 including grants of \$ 91,851 ) (Revenue \$ (Expenses \$ 2,068,054 Total program service expenses►\$ 4e

4d

Part IV (	Checklist	of Rea	uired	Schedu	les
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	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💋	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? If "Yes," complete Schedule C, Part $I$	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</i> "Yes," complete Schedule C, Part II	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 $98-19$ ? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part 1	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? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	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? If "Yes," complete Schedule D, Part IV	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part $V^{\bullet}$	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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	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? If "Yes," complete Schedule D, Part VII.	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? If "Yes," complete Schedule D, Part VIII.	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? If "Yes," complete Schedule D, Part IX.	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	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)? If "Yes," complete Schedule D, Part X.	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E	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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part 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? If "Yes," complete Schedule F, Part II and IV.	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 ? If "Yes," complete Schedule F, Part III and IV	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? If "Yes," complete Schedule G, Part 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? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule $H$	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t 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? If "Yes," complete Schedule I, Parts I and II $\textcircled{\textbf{5}}$	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? If "Yes," complete Schedule I, Parts I and III	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? If "Yes," complete Schedule J	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? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	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	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part II	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? If "Yes," complete Schedule L, Part III	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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	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 owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	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</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$ ? If "Yes," complete Schedule R, Part V, line 2	35b		No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	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? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38	Yes	

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Part V	Statements Regarding	Other IRS Filings and Tax Compliance

	Check it Schedule O contains a response to any question in this Part V	<u> </u>	• 1	
			Yes	No
a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	<b>1a</b> 1			
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	
а	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			
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
a	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? <i>If "No," provide an explanation in Schedule O</i>	3b		
а	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 or securities 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			
а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			
_	Does the organization have applied areas rescribe that are remarkly areater than \$100,000 and did the	5c		NI -
а	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		
	were not tax deductible?	OD		
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		No
L	services provided to the payor?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	<b>7</b> c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
f	contract?	7e 7f		No No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			110
	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		
	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		
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter  Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club  10b			
	facilities			
	Section 501(c)(12) organizations. Enter  Grees uncome from members or shareholders			
	Gross income from members or shareholders			
-	sources against amounts due or received from them )			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?			
	<b>Note.</b> All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization			
	allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
С	Enter the aggregate amount of reserves on hand			
<b>4</b> 2	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a		110

**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.

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax			
14	Enter the number of voting members of the governing body at the end of the tax year			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal			
Re	evenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
ı.	taxable entity during the year?	16a		No
D	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure	100		
17				
	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)			

- 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 made these available. Check all that apply
- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► REBECCA BALLOU-BUCK

424 WEST SUPERIOR ST 402 DULUTH, MN 55802

## 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

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

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

Check this box if neither the or	ganization nor any re	lated o	rgan	ızatı	ons	compe	ensat	ted any current or fo	rmer officer, direc	tor, or trustee
<b>(A)</b> Name and Title	(B) A verage hours per week (describe	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustae or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former		MISC)	related organizations
See Additional Data Table										
				$\vdash$			_			

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

	(A) Name and Title	(B) Average hours per week (describe hours	unles an	on (d e tha	n on son er a	e bo is bo nd a stee	x, oth )		(D) Reporta compensa from th organizatio 2/1099-M	ation ne on (W-	(E) Reportable compensation from related organizations (W- 2/1099- MISC)		(F) Estimated amount of othe compensation from the organization an related	
		for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former					organiza	
See A	ddıtıonal Data Table						_					$\top$		
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				<u> </u>								_		
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				<u> </u>								_		
												+		
1b	Sub-Total							<u> </u> ▶						
C	Total from continuation sheets	to Part VII, Sec		· ·	<u> </u>	<u> </u>		<u>-</u>						
d	Total (add lines 1b and 1c) .							F	1	23,083		0		24,872
2	Total number of individuals (inc \$100,000 of reportable compen					ted	above	) who	received m	ore tha	n			
													Yes	No
3	Did the organization list any <b>for</b> on line 1a? <i>If</i> "Yes," complete Sc.									mpens •	ated employee	3		No
4	For any individual listed on line organization and related organiz											_		NI -
5	Did any person listed on line 1a	receive or accru	ie com	- pensa	- ation	fror	n any	- unre	lated organiz	zation c	r individual for	4		No
	services rendered to the organiz	zation? <i>If</i> "Yes,"	complet	e Sch	edul	e J f	or suct	n per	son		. [	5		No
Se	ection B. Independent Con	tractors												
1	Complete this table for your five \$100,000 of compensation fron or within the organization's tax y	n the organizatio												
	Na	<b>(A)</b> me and business add	dress							Desci	(B) uption of services		(C Comper	
												7		
_	Tabal assaults - C - L - L - L - L						LI.		1 - 1 - 1 - 1					
	Total number of independent cont \$100,000 of compensation from			ot lir	nited	to t	tnose	ııste	a above) who	receiv	ed more than			

Part v	<u> </u>	Statement of Revenue				
	T -		(A) Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
表表	1a	Federated campaigns 1a				
ट्रं छ	ь	Membership dues 1b				
ಎ್೬	l c	Fundraising events 1c	_			
£e=	d	Related organizations 1d	-			
균을			_			
2 5	e		_[			
율높	f	All other contributions, gifts, grants, and similar amounts not included above	2			
è€	g	Noncash contributions included in				
Ęĕ		lines 1a-1f \$ 49,058				
Contributions, gifts, grants and other similar amounts	h	Total. Add lines 1a-1f	2,489,602			
		Business Code				
Ę	2a					
<u>ş</u>						
迷	b					
92	C					
Ž	d					
ج ج	e					
Program Serwce Revenue	f	All other program service revenue				
န္						
<u></u>	g	Total. Add lines 2a-2f				
	3	Investment income (including dividends, interest				
		and other similar amounts)	2,932			2,932
	4	Income from investment of tax-exempt bond proceeds $\dots$				
	5	Royalties				
		(ı) Real (ıı) Personal				
	6a	Gross rents				
	ь	Less rental expenses				
	l c	Rental income	_			
		or (loss)				
	d	Net rental income or (loss)				
		(I) Securities (II) Other	_			
	7a	Gross amount from sales of				
		assets other than inventory				
	Ь	Less cost or				
		other basis and sales expenses				
	c	Gain or (loss)				
	d	Net gain or (loss)				
	8a	Gross income from fundraising				
<u>Φ</u>		events (not including				
둤		\$				
ž		of contributions reported on line 1c) See Part IV, line 18				
ά		a 58,05	6			
Ā	ь	Less direct expenses <b>b</b> 25,80				
Other Revenue	c	Net income or (loss) from fundraising events	32,255			32,255
_	9a	Gross income from gaming activities				
	- "	See Part IV, line 19				
		a				
	ь	Less direct expenses b	7			
	c	Net income or (loss) from gaming activities	7			
	10a	Gross sales of inventory, less				
		returns and allowances .				
		a	_			
	ь	Less cost of goods sold <b>b</b>				
	С	Net income or (loss) from sales of inventory				
		Miscellaneous Revenue Business Code				
	11a	MISCELLANEOUS 9000	99 16,947	16,947		
	ь					
	c					
	d	All other revenue				
	e	Total. Add lines 11a-11d				
		Total. Add files 11a-11d	16,947			
	12	Total revenue. See Instructions	•			
		· · - · - · · · · · · · · · · · ·	2,541,736	16,947	0	35,187

## 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) Check if Schedule O contains a response to any question in this Part IX

	heck if Schedule O contains a response to any question in this Part IX	<u></u>			(D)
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B</b> ) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	1,574,141	1,574,141		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	147,956	42,891	82,046	23,019
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	419,834	221,249	26,121	172,464
8	Pension plan contributions (include section $401(k)$ and section $403(b)$ employer contributions)				
9	Other employee benefits	90,866	45,524	3,484	41,858
10	Payroll taxes	44,683	21,945	7,374	15,364
11	Fees for services (non-employees)				
а	Management				
b	Legal	1,296		1,296	
c	Accounting	11,968	442	11,020	506
d	Lobbying	•			_
e	Professional fundraising See Part IV, line 17				_
f	Investment management fees				
g	Other	51,342	44,239	5,000	2,103
12	Advertising and promotion	24,410	9,213	513	14,684
13	Office expenses	25,864	11,874	2,011	11,979
14	Information technology	23,001	11,071	2,011	
15	Royalties				
16	Occupancy	39,089	20,254	5,346	13,489
17		39,009	20,234	3,340	13,469
18	Travel				
	Payments of travel or entertainment expenses for any federal, state, or local public officials	45.400	4 722	042	0.054
19	Conferences, conventions, and meetings	15,498	4,732	912	9,854
20	Interest				
21	Payments to affiliates	20,484	10,670	2,786	7,028
22	Depreciation, depletion, and amortization	31,286	11,854	5,516	13,916
23	Insurance	1,880	979	256	645
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)				
а	EQUIPMENT RENTAL AND MA	25,865	15,773	2,466	7,626
b	OUTREACH	17,899	17,899		
c	FEES ON DONOR DESIGNATE	11,953	11,953		
d	OTHER	5,467	520	188	4,759
e		·			·
f	All other expenses	3,665	1,902	486	1,277
25	Total functional expenses. Add lines 1 through 24f	2,565,446	2,068,054	156,821	340,571
26	Joint costs. Check here ► ☐ If following  SOP 98-2 (ASC 958-720) Complete this line only if the	, ==,=,=	, 22,23	,	
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
				F -	rm <b>990</b> (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year 43,110 78,920 1 1 747.093 711.987 2 2 3 818,752 868,614 3 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 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 6 7 8 9 15,469 9 15,741 Prepaid expenses and deferred charges . . . . . 217,818 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 189,704 53,748 b Less accumulated depreciation . . . . . 10c 28,114 11 11 12 12 Investments—other securities See Part IV, line 11 . . . . . . 13 13 Investments—program-related See Part IV, line 11 . . 14 14 3,799,110 3,700,069 15 15 5,477,282 5,403,445 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 48,781 60,820 17 17 Accounts payable and accrued expenses . 18 18 19 19 20 20 21 8.099 21 14.871 Escrow or custodial account liability Complete Part IV of Schedule D . . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 Secured mortgages and notes payable to unrelated third parties . . . 23 24 24 Unsecured notes and loans payable to unrelated third parties . . . . 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 1,100,907 25 1,107,078 D . . . . 26 1,157,787 26 1,182,769 **Total liabilities.** Add lines 17 through 25 . . . . . Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 1,115,973 27 1,092,256 Unrestricted net assets . . . . 128,814 28 108,456 28 Temporarily restricted net assets . . . . . Fund 29 3,074,708 29 3,019,964 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds . . . . . . . . . 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 4.319.495 33 4.220.676 Total net assets or fund balances . . . . . 34 Total liabilities and net assets/fund balances . . . . . 5.477.282 34 5.403.445

FGI	Check if Schedule O contains a response to any question in this Part XI			. [고	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,5	541,736
2	Total expenses (must equal Part IX, column (A), line 25)	2			
3	Revenue less expenses Subtract line 2 from line 1	3			-23,710
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		4,3	319,495
5	Other changes in net assets or fund balances (explain in Schedule O)	5		-	-75,109
	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		4,2	20,676
Par	The triangle of tr		• .	୮	
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Νo
b	Were the organization's financial statements audited by an independent accountant?		2b	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 its Schedule O		2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is on a separate basis, consolidated basis, or both	ssued			
	▼ Separate basis				
	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in th Single Audit Act and OMB Circular A-133?		3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the raudit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

## OMB No 1545-0047

Inspection

## SCHEDULE A

(Form 990 or 990EZ)

Name of the organization

Department of the Treasury Internal Revenue Service

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

**Public Charity Status and Public Support** 

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

**Employer identification number** 

UNITED WAY OF GREATER DULUTH INC 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) A church, convention of churches, or association of churches 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). 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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 ) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% 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 Seesection 509(a)(4). 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 c Type III - Functionally integrated Type III - Other Type I **b** Type II 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) 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 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) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) h

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

Support Schedule for Organizations Described in IRC 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.)

S	ection A. Public Support	c organization	rans to quanty t	macr the tests	noted below, pic	<del> </del>	inpiece i	<u>arc III.)</u>
	endar year (or fiscal year beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	( <b>d)</b> 2010	<b>(e)</b> 2	011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	2,718,90	3 2,726,295	2,568,722	2,646,879	2	,489,602	13,150,401
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							
4 5	to the organization without charge <b>Total.</b> Add lines 1 through 3 The portion of total contributions	2,718,90	3 2,726,295	2,568,722	2,646,879	2	,489,602	13,150,401
	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							639,815
6	(f) <b>Public Support.</b> Subtract line 5							12,510,586
	from line 4 ection B. Total Support							
	endar year (or fiscal year	( ) 2007	41) 2000	( ) 2000	(1) 2010	( ) 20		
	beginning in)	(a) 2007	<b>(b)</b> 2008	(c) 2009	(d) 2010	<b>(e)</b> 20		(f) Total
7	Amounts from line 4	2,718,903	2,726,295	2,568,722	2,646,879	2	,489,602	13,150,401
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	18,873	8,423	2,073	3,558		2,932	35,859
9	Net income from unrelated business activities, whether or not the business is regularly carried on	11,011	14,240	22,576	25,024		32,255	105,106
10	Other income (Explain in Part IV ) Do not include gain or loss from the sale of capital assets	13,773	26,318	16,868	17,652		16,947	91,558
11	<b>Total support</b> (Add lines 7 through 10)							13,382,924
12	Gross receipts from related activiti					12		
13	First Five Years If the Form 990 is check this box and stop here	for the organizat	ion's first, second	, third, fourth, or f	ifth tax year as a	501(c)(3	3) organız	ation, ▶
	ection C. Computation of Pul							
14	Public Support Percentage for 201	-		11 column (f))		14		93 480 %
15	Public Support Percentage for 201	0 Schedule A, Pa	art II, line 14			15		94 790 %
	33 1/3% support test—2011. If the and stop here. The organization que	alıfıes as a public	ly supported orga	nızatıon				<b>►</b> ✓
	33 1/3% support test—2010. If the box and stop here. The organizatio 10%-facts-and-circumstances test is 10% or more, and if the organization Part IV how the organization mecorganization	n qualifies as a p — <b>2011.</b> If the org ation meets the "i	ublicly supported janization did not facts and circums	organization check a box on lin tances" test, chec	e 13, 16a, or 16t ck this box and <b>st</b>	o and line op here.	e 14 Explain	<b>▶</b> ┌
b 18	10%-facts-and-circumstances test 15 is 10% or more, and if the organization Explain in Part IV how the organization Private Foundation If the organizations	nization meets thation meets the "i	ie "facts and circu facts and circums	mstances" test, o tances" test The	check this box and organization qual	d <b>stop he</b> ifies as a	e <b>re.</b> a publicly	·

Schedule A (Form 990 or 990-EZ) 2011 Page 3 Part III Support Schedule for Organizations Described in IRC 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 (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons 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 Public Support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2007 **(b)** 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total ın) Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 13 11 and 12) 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 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f)) 15 15 Public support percentage from 2010 Schedule A, Part III, line 15 16 16 Section D. Computation of Investment Income Percentage

Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))

19a 33 1/3% support tests—2011. 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

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

33 1/3% support tests-2010. 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

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage from 2010 Schedule A, Part III, line 17

17

18

17

18

**▶**[

Part IV	<b>Supplemental Information.</b> Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).								
	Facts And Circumstances Test								
	Explanation								

Schedule A (Form 990 or 990-EZ) 2011

Software ID: Software Version:

EIN: 41-0857077

Name: UNITED WAY OF GREATER DULUTH INC

#### Form 990, Special Condition Description:

## **Special Condition Description**

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

#### 4d. Other program services

(Code ) (Expenses \$ 142,949 including grants of \$ 91.851 ) (Revenue \$ 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

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest

(A)	(B)								(E)	(F)
Name and Title	Average hours per		ition that a		y)			Reportable compensation from the	Reportable compensation from related	Estimated amount of other compensation
	week	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	organizations (W- 2/1099- MISC)	from the organization and related organizations
ROCKLON CHAPIN DIRECTOR	2 00	х						0	0	C
DAN LESLIE DIRECTOR	2 00	x						0	0	C
CASSANDRA BEARDSLEY DIRECTOR	2 00	х						0	0	C
GARY ECKENBERG DIRECTOR	2 00	Х						0	0	C
DEANNA BENSON DIRECTOR	2 00	Х						0	0	0
MARIANNE BOHREN CHAIR	2 00	Х		×				0	0	0
MARLENE DAVID DIRECTOR	2 00	Х						0	0	0
STEVE DECATUR DIRECTOR	2 00	Х						0	0	0
PETER HEDSTROM VICE CHAIR	2 00	Х		x				0	0	0
DIANE LAABS DIRECTOR	2 00	Х						0	0	0
DAN O'NEILL SECRETARY	2 00	Х		X				0	0	0
REBECCA MEYER DIRECTOR	2 00	Х						0	0	0
LISA NETZEL DIRECTOR	2 00	Х						0	0	C
BRYCE NIXON DIRECTOR	2 00	Х						0	0	C
LAURA SCHAUER DIRECTOR	2 00	Х						0	0	(
ROZ RANDORF DIRECTOR	2 00	х						0	0	(
DIANE RAUSCHENFELS DIRECTOR	2 00	Х						0	0	(
BARBARA REYELTS DIRECTOR	2 00	Х						0	0	C
STEVE PATRONAS DIRECTOR	2 00	Х						0	0	C
LISA BARTLETT DIRECTOR	2 00	Х						0	0	C
KEN BROWALL DIRECTOR	2 00	Х						0	0	C
STEVE RISACHER DIRECTOR	2 00	х						0	0	0
STEPHANIE BALMER DIRECTOR	2 00	х						0	0	C
WILLIAM CRANDALL DIRECTOR	2 00	х						0	0	C
LISA ERWIN DIRECTOR	2 00	х						0	0	C

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

compensated Employees, and Independent contractors											
(A) Name and Title	(B) Average hours		(ition ( that a			II		(D) Reportable compensation	<b>(E)</b> Reportable compensation	<b>(F)</b> Estimated amount of other	
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations	
DENISE HAMSHER DIRECTOR	2 0 0	Х						0	0	0	
JOANNE DAHL JOKELA DIRECTOR	2 00	Х						0	0	0	
KATHRYN KOCH DIRECTOR	2 00	Х						0	0	0	
CINDI SORENSEN DIRECTOR	2 00	Х						0	0	0	
JAMES WUELLNER TREASURER	2 00	Х		х				0	0	0	
PAULA REED PRESIDENT	44 00			Х				81,790	0	5,685	
REBECCA BALLOU-BUCK FINANCE DIRECTOR	38 00			х				41,293	0	19,187	

DLN: 93493335002252

OMB No 1545-0047

**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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

	me of the organization ITED WAY OF GREATER DULUTH INC	•	Employer identification number
ON	TIED WAT OF GREATER DOLOTH INC		41-0857077
Pa	organizations Maintaining Donor Acorganization answered "Yes" to Form 99		unds or Accounts. Complete if the
	-	(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 advifunds are the organization's property, subject to the		or advised Yes No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben		
Рa	rt II Conservation Easements. Complete	if the organization answered "Yes" to	<u> </u>
1 2	Purpose(s) of conservation easements held by the or Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space  Complete lines 2a-2d if the organization held a qualiceasement on the last day of the tax year	rganization (check all that apply) on or pleasure) Preservation of an Preservation of a c	historically importantly land area
	,,,,,,	Γ	Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified his	toric structure included in (a)	2c
d	Number of conservation easements included in (c) a	cquired after 8/17/06	2d
3	Number of conservation easements modified, transfe	rred, released, extinguished, or terminate	ed by the organization during
4	Number of states where property subject to conserva	ation easement is located 🛌	<u></u>
5	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		dling of violations, and Yes No
6	Staff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation easem	ents during the year 🛌
7	A mount of expenses incurred in monitoring, inspectings \$\blue{\mathbb{k}}\$	ng, and enforcing conservation easements	s during the year
8	Does each conservation easement reported on line 2 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	(d) above satisfy the requirements of sec	rtion Yes No
9	In Part XIV, describe how the organization reports co balance sheet, and include, if applicable, the text of t the organization's accounting for conservation easen	the footnote to the organization's financial	
Par	t III Organizations Maintaining Collectio Complete if the organization answered '	ns of Art, Historical Treasures, o	or Other Similar Assets.
1a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	116, not to report in its revenue stateme for public exhibition, education or researc	ch in furtherance of public service,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research ir	
	(i) Revenues included in Form 990, Part VIII, line 1		<b>-</b> \$
	(ii) Assets included in Form 990, Part X		<b>►</b> \$
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFA		or financial gain, provide the
а	Revenues included in Form 990, Part VIII, line 1		<b>▶</b> \$

**b** Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	<u>, His</u>	tori	<u>cal Tre</u>	easur	res, or O	<u>ther</u>	Similar Asse	ets (c	ontınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne foll	owing th	nat are	a significa	nt us	e of its collectio	n	
а	Public exhibition		d	Γ	Loan o	rexch	ange progr	ams			
b	Scholarly research		e	$\vdash$	Other						
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ın hov	w the	v further	the o	rganization	's exe	empt purpose in		
•	Part XIV	onections and expla		,, спе	, rarener	circ or	gamzacion	J CA	empe parpose m		
5	During the year, did the organization solicit assets to be sold to raise funds rather than									Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an ar						answered	J "Y€	es" to Form 990	),	
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	dian or other interme	ediary	for c	ontribut	ions o	r other ass	ets n		Yes	√ No
b	If "Yes," explain the arrangement in Part XI	V and complete the	follow	/ıng ta	able		_				
							-	_	Amo	unt	
c	Beginning balance						-	1c			
d	Additions during the year						-	1d			
е	Distributions during the year						-	1e			
f	Ending balance							1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	e 21?						্য	Yes	┌ No
b	If "Yes," explain the arrangement in Part XI\										
Pa	rt V Endowment Funds. Complete										
1-	Dogumung of wood halance	(a)Current Year 3,203,522	(b)	Prior Y	rear 753,144	(c)Iwo	2,600,017	_	Three Years Back (0	e)Four	Years Back
1a -	Beginning of year balance	49,500		۷,	81,447		20,040	+	107,761		
b	Contributions	-51,965					167,879		-627,958		
с	Investment earnings or losses				414,572			-	,		
d	Grants or scholarships	72,637			45,641		34,792	<u> </u>	144,663		
е	Other expenditures for facilities and programs										
f	Administrative expenses										
g	End of year balance	3,128,420		3,	203,522		2,753,144	1	2,600,017		
2	Provide the estimated percentage of the yea	r end balance held a	as								
а	Board designated or quasi-endowment										
b	Permanent endowment ► 96 530 %										
c	Term endowment ► 3 470 %										
3a	Are there endowment funds not in the posse	ssion of the organiz	atıon '	that a	are held	and ac	dministered	l for t	:he		
	organization by									Yes	No
	(i) unrelated organizations								3a(i)		No
	(ii) related organizations								3a(ii)	<u> </u>	No
	If "Yes" to 3a(II), are the related organization	•						•	3b		
4	Describe in Part XIV the intended uses of th										
Par	t VI Land, Buildings, and Equipme	ent. See Form 99	0, Pa	irt X,	, line 1	0.	Γ			T	
	Description of property				i) Cost or sis (inves		(b)Cost or obasis (oth		(c) Accumulated depreciation	(d) E	Book value
1a	Land										
b	Buildings										
С	Leasehold improvements						51	L,539	45,043		6,496
d	Equipment						160	5,279	144,661		21,618
е	Other	<u></u>									
Tota	I. Add lines 1a-1e <i>(Column (d) should equal F</i> o	orm 990, Part X, colur	nn (B)	), line	10(c).)						28,114
	•	· · · · · · · · · · · · · · · · · · ·							Schedule D (	Form 9	-

(a) Description of security or category	ee Form 990, Part X, line 12.	(c) Method of valuation
(including name of security)	(b)Book value	Cost or end-of-year market value
(1)Fınancıal derivatives		
(2)Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	<b>F</b>	
Part VIII Investments—Program Related. S	See Form 990, Part X, line 13.	
(a) Description of investment type	(b) Book value	(c) Method of valuation
(a) 2 3331, page 13 14 15 15 15 15 15 15 15 15 15 15 15 15 15	(2,200	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )	<b>•</b>	
Part IX Other Assets. See Form 990, Part X,		
(a) Desc		(b) Book value
(1) PERPETUAL TRUST		3,019,964
(2) ASSETS HELD BY OTHERS		680,105
Total. (Column (b) should equal Form 990, Part X, col.(B) lin	ne 15.)	3,700,069
Part X Other Liabilities. See Form 990, Part		, , , , , , , , , , , , , , , , , , , ,
1 (a) Description of Liability	(b) A mount	
Federal Income Taxes		
DESIGNATED PLEDGES	84,752	
ALLOCATION PAYABLE	1,022,326	
<del></del>	-,,	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	1 107 070	
Total (Column (D) Should Equal Form 990, Part A, Col (B) line 25 )	1,107,078	

Pai	<b>TXII</b> Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	<u>its                                    </u>	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,541,73
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,565,44
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-23,71
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	-75,10
9	Total adjustments (net) Add lines 4 - 8	9	-75,10
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-98,81
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Ret	
1	Total revenue, gains, and other support per audited financial statements	1	2,401,60
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
е	Add lines <b>2a</b> through <b>2d</b>	2e	-54,43
3	Subtract line <b>2e</b> from line <b>1</b>	3	2,456,04
4	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b>		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b 85,692		
c	Add lines <b>4a</b> and <b>4b</b>	4c	85,69
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	2,541,73
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per Re	eturn
1	Total expenses and losses per audited financial	<sub>1</sub>	2,500,42
2	statements	<del>-</del>	
∠ a	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV)		
e	Add lines <b>2a</b> through <b>2d</b>	2e	46,47
3	Subtract line <b>2e</b> from line <b>1</b>	3	2,453,95
4	A mounts 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)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	111,49
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	2,565,44
	t 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 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

additional information	T	Ţ
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 AND FOR THE LONG-TERM FLOOD RECOVERY FUND
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
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE ORGANIZATION IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE NOT-FOR-PROFIT ORGANIZATIONS MAY BECOME SUBJECT TO INCOME TAXES IF QUALIFICATION AS A TAX-EXEMPT ENTITY CHANGES, IF UNRELATED BUSINESS INCOME IS GENERATED, AND IN CERTAIN OTHER INSTANCES NOT-FOR-PROFIT ORGANIZATIONS ARE REQUIRED TO ASSESS THE CERTAINTY OF THEIR TAX POSITIONS RELATED TO THESE MATTERS AND, IN SOME CASES, RECORD LIABILITIES FOR POTENTIAL TAXES, INTEREST AND PENALTIES ACCOMPANIED BY FOOTNOTE DISCLOSURES THE ORGANIZATION HAS NOT IDENTIFIED ANY UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE THE ACCRUAL OF AN INCOME TAX PROVISION GENERALLY, THE ORGANIZATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE US FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR THE YEARS BEFORE 2008
PART XI, LINE 8 - OTHER ADJUSTMENTS		LOSS ON ASSETS HELD BY OTHERS -20,365 LOSS ON PERPETUAL TRUST -54,744 TOTAL TO SCHEDULE D, PART XI, LINE 8 -75,109
PART XII, LINE 2D - OTHER ADJUSTMENTS		LOSS IN PERPETUAL TRUST -54,744 LOSS IN ASSETS HELD BY OTHERS -20,365
PART XII, LINE 4B - OTHER ADJUSTMENTS		SPECIAL EVENT EXPENSES TAKEN AGAINST SPECIAL EVENT REVENUE -25,801 DONOR DESIGNATIONS 111,493
PART XIII, LINE 2D - OTHER ADJUSTMENTS		SPECIAL EVENT EXPENSES TAKEN AGAINST SPECIAL EVENT REVENUE 25,801
PART XIII, LINE 4B - OTHER ADJUSTMENTS		DONOR DESINGATIONS 111,493

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DLN: 93493335002252

OMB No 1545-0047

Open to Public Inspection

SCHEDULE G (Form 990 or 990-EZ)

**Fundraising or Gaming Activities** 

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.

**Supplemental Information Regarding** 

Name of the organization **Employer identification number** UNITED WAY OF GREATER DULUTH INC 41-0857077 Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Indicate whether the organization raised funds through any of the following activities. Check all that apply e ☐ Solicitation of non-government grants Mail solicitations f ☐ Solicitation of government grants Internet and e-mail solicitations Phone solicitations g | Special fundraising events ☐ 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? **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 (ii) Activity (iii) Did (iv) Gross receipts (v) A mount paid to (vi) A mount paid to ındıvıdual fundraiser have from activity (or retained by) (or retained by) or entity (fundraiser) custody or fundraiser listed in organization control of col (i) contributions? Yes 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

Pai	rt II	Fundraising Events. Com more than \$15,000 on Form								
			(a) Event #1  POWER OF THE	(b) Event #2 CHILI CAMPAIGN	(c) Other Events	(d) Total Events (Add col (a) through col (c))				
			PURSE	COOK-OFF KICK-OFF	(total number)	(6)				
Φ			(event type)	(event type)						
Ð E	1	Gross receipts	32,546	14,684	5,386	52,616				
Revenue	2	Less Charitable contributions								
	3	Gross income (line 1 minus line 2)	32,546	14,684	5,386	52,616				
	4	Cash prizes								
မှာ က	5	Non-cash prizes								
ğ	6	Rent/facility costs								
Expenses	7	Food and beverages								
Direct	8	Entertainment								
Δ	9	Other direct expenses .	8,870	5,428	2,911	17,209				
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)	🛌	(17,209)				
	11	Net income summary Combine lii	nes 3 and 10 in column (d	d)		35,407				
Par	t III	<b>Gaming.</b> Complete if the or \$15,000 on Form 990-EZ, lir	ganızatıon answered ' ne 6a.	'Yes" to Form 990, Pa	rt IV, line 19, or repo					
Revenue			(a) Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))				
	1	Gross revenue								
Ses	2	Cash prizes								
cpenses	3	Non-cash prizes								
Dreat D	4	Rent/facility costs								
짇	5	Other direct expenses								
	6	Volunteer labor	_	Yes	Yes					
			l No	Г No	Гио	<del></del>				
	7	Direct expense summary Add lines	s 2 through 5 in column (d	d)		( )				
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	mn (d)	🕨					
9	Ente	er the state(s) in which the organiza	ation operates daming act	uvities						
a b	Enter the state(s) in which the organization operates gaming activities  Is the organization licensed to operate gaming activities in each of these states?									
10a b	Wer	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?								

Sche	dule G (Form 990 or 990-EZ) 20	11			Page <b>3</b>
11	Does the organization operate ga	aming activities with nonmembers? .		Г <sub>Yes</sub> Г	- No
12	Is the organization a grantor, be	neficiary or trustee of a trust or a mem	per of a partnership or other entity		
	formed to administer charitable (	gamıng?		· · · · F Yes F	- No
13	Indicate the percentage of gamii	ag activity operated in		1 1	
a				13a	
b					
14		f the person who prepares the organiza			
	Name ►				
	Address ►				
	revenue?	ntract with a third party from whom the			- No
		ed by the third party 🟲 \$			
С	If "Yes," enter name and address	S			
	Name 🟲				
	Address ►				
16	Gaming manager information				
	Name 🟲				
	Gaming manager compensation I	<b>\$</b> \$			
	Description of services provided	<b>&gt;</b>			
17 a		Employee er state law to make charitable distribu		· · ·	- No
b	Enter the amount of distributions	required under state law distributed to	o other exempt organizations or sp		<del>-</del>
_		activities during the tax year > \$		hadala C /	
Par	t IV Complete this part to property instructions.)	provide additional information for	responses to quuestion on Sc	nedule G (see	
	Identifier	ReturnReference	Explana	tion	
		•	•		

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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," to Form 990, Part IV, line 21 or 22. ► Attach to Form 990

OMB No 1545-0047

DLN: 93493335002252

Inspection

Name of the organization Employer identification number UNITED WAY OF GREATER DULUTH INC 41-0857077 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 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. Use (a) Name and address of **(b)** EIN (c) IRC Code (d) Amount of cash (f) Method of (a) Description of (h) Purpose of grant (e) A mount of nonorganization section grant valuation non-cash assistance or assistance cash ıf applicable (book, FMV, or government assistance appraisal, other) See Additional Data Table Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . . . . . . . . 35

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>b)</b> Number of recipients	<b>(c)</b> A mount of cash grant	(d)A mount 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 UNITED WAY HAS SEVERAL METHODS IN PLACE TO ENSURE THAT ALLOCATED FUNDS ARE USED FOR INTENDED PURPOSES THESE INCLUDE A) ANNUAL REPORTING FROM EACH AGENCY SHOWING HOW FUNDS ARE BEING USED AND WHAT IS BEING ACCOMPLISHED, B) PANEL REVIEW EVERY TWO YEARS WITH BOTH A WRITTEN APPLICATION AND SITE VISIT TO THE AGENCY VOLUNTEER REVIEWERS CAN NOT ONLY READ BUT ACTUALLY SEE IN PERSON WHAT IS BEING DONE BY THAT AGENCY AND HOW UNITED WAY FUNDS SUPPORT THOSE ACTIVITIES IN ADDITION, AS PART OF THE APPLICATION, THE AGENCY MUST DESCRIBE WHY FUNDS ARE NEEDED, WHAT THEY WILL BE USED FOR, AND WHAT WILL BE ACHIEVED C) ONCE
		EVERY FIVE YEARS, ALL RECEIPIENTS OF UNITED WAY FUNDING GO THROUGH AN "AGENCY SELF STUDY" PROCESS THIS PROCESS IS INTENDED TO OFFER FURTHER ASSURANCE OF ACCOUNTABILITY TO OUR DONORS AND TO SUPPORT AND STRENGTHEN OUR AGENCY PARTNERS REVIEWS INCLUDE ASSESSMENT OF WRITTEN MATERIALS AND ON-SITE AGENCY VISITS D) QUARTERLY DIRECTOR'S MEETINGS PROVIDE AN OPPORTUNITY FOR UNITED WAY STAFF TO CONNECT WITH AGENCY LEADERS TO DISCUSS A VARIETY OF TOPICS INCLUDING HIGHLIGHTS OR CHALLENGES THAT MAY BE AFFECTING THEIR PROGRAMS AND OUR COMMUNITY

Software ID: Software Version:

**EIN:** 41-0857077

Name: UNITED WAY OF GREATER DULUTH INC

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS - NORTHLAND CHAPTER2524 MAPLE GROVE RD DULUTH, MN 55811	41- 0711602	1 501(0)(3)	24,143				DISASTER/EMERGENCY SERVICES
ARC NORTHLAND 424 W SUPERIOR ST 201 DULUTH, MN 55802	41- 6042720	1 501(0)(3)	12,868				FASD INTERVENTION, FAMILY SERVICES & CHILDREN'S MENTAL HEALTH

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS AND GIRLS CLUBS OF THE NORTHLAND2623 W 2ND ST DULUTH,MN 55806	0969947	501(C)(3)	88,650				YOUTH DEVELOPMENT
BOY SCOUTS VOYAGEURS COUNCIL3877 STEBNER RD HERMANTOWN, MN 55811	41- 0695583	501(C)(3)	16,766				BOY SCOUT PROGRAMS FOR AT RISK YOUTH

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHURCHES UNITED IN MINISTRY102 W 2ND ST DULUTH, MN 55802	41- 1227969	501(C)(3)	60,594		33.161)		DROP-IN CENTER, EMERGENCY SHELTER AND HEAD START TRANSPORTATION
COMMUNITY ACTION DULUTH 19 N 21ST AVE W DULUTH, MN 55806	41- 1410670	501(C)(3)	60,601				FAIM ASSET DEVELOPMENT, EITC TAX SITE

(a) Name and address of organization or government	<b>(b)</b> EIN	` '	<b>(d)</b> A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	Description of	(h) Purpose of grant or assistance
COPELAND VALLEY YOUTH CENTER727 N CENTRAL AVE DULUTH, MN 55807	36- 3488171	501(C)(3)	107,026				YOUTH DEVELOPMENT/SUPPORTIVE SERVICES
COURAGE CENTER3915 GOLDEN VALLEY RD GOLDEN VALLEY,MN 55422	41- 0706118	1 5017631	20,706				COURAGE CENTER DULUTH PROGRAM

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	 (f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAMIANO CENTER 206 W 4TH ST DULUTH,MN 55806	41- 1543521	501(C)(3)	77,473			SOUP KITCHEN, KIDS CAFE, SOCIAL SERVICES, AND CLOTHING PROGRAMS
DOMESTIC ABUSE INTERVENTION PROGRAM202 E SUPERIOR ST DIJLITH MN 55802	41- 1382134	501(C)(3)	8,041			DOMESTIC ABUSE INTERVENTION

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DULUTH AREA FAMILY YMCA302 W 1ST ST DULUTH, MN 55802	41- 0693931	501(C)(3)	109,754				COMMUNITY SERVICES AND COMPASS
GIRL SCOUTS - MN & WI LAKES & PINES424 W SUPERIOR ST G-3 DULUTH, MN 55802	41- 0739103	501(C)(3)	20,836				SCOUTING FOR YOUTH AT RISK

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	 (f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
GOODWILL INDUSTRIES VOCATIONAL ENTERPRISES INC 700 GARFIELD AVE DULUTH, MN 55802	41- 0919602	1 5017(*)(3)	50,053			EXTENDED EMPLOYMENT
GRANT COMMUNITY SCHOOL COLLABORATIVE 1027 N 8TH AVE E	41- 2002724	1 5017(1/(3)	34,027			COLLABORATIVE YOUTH & DEVELOPMENT PROJECT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	<b>(d)</b> A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HUMAN DEVELOPMENT CENTER1401 E 1ST ST DULUTH,MN 55805	41- 0777937	501(C)(3)	81,591				FAMILY AND INDIVIDUAL COUNSELING, NORTH SHORE PROGRAM
LAKE SUPERIOR COMMUNITY HEALTH CENTER 4825 GRAND AVE DULUTH.MN 55807	23- 7167576	501(C)(3)	76,003				HEALTH CARE ACCESS

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEGAL AID SERVICES OF NE MN424 W SUPERIOR ST 302 DULUTH, MN 55802	41- 0958386	1 501(C)(3)	59,562				DULUTH LEGAL SERVICES
LIFE HOUSE102 W 1ST ST DULUTH, MN 55802	41- 1704840	I 501(C)(3)	44,708				KIDS TO ADULTS TRANSITION, LIFELINE EXPRESSWAY

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
LITTLE TREASURES CENTER1100 E SUPERIOR ST DULUTH, MN 55802	41- 1942142	501(C)(3)	23,286				CHILDCARE & FAMILY CENTER
LUTHERAN SOCIAL SERVICES424 W SUPERIOR ST 500 DULUTH, MN 55802	41- 0872993	501(C)(3)	69,456				CONSUMER CREDIT COUNSELING, TOGETHER FOR YOUTH, FIRST YEAR/YOUNG PARENT PROGRAM, FORECLOSURE PREVENTION, AND BETHANY CRISIS NURSERY

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 RIDEPO BOX 312 ESKO,MN 55733	41- 1423936	501(C)(3)	8,510				THERAPEUTIC HORSEBACK RIDING
SAFE HAVEN SHELTER FOR BATTERED WOMENPO BOX 3558 DULUTH, MN 55803	41- 1317462	501(C)(3)	44,407				LEGAL ADVOCACY

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	valuation (book, FMV, appraisal,	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY 215 S 27TH AVE W DULUTH, MN 55806		501(C)(3)	118,316		other)		FOOD SERVICES, EMERGENCY SERVICES, FAMILY TRANSITIONAL HOUSING
SECOND HARVEST NORTHERN LAKES FOOD BANK4503 AIRPARK BLVD DULUTH, MN 55811	36- 3479964	501(C)(3)	30,829				DULUTH FOOD BANK

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
SOAR CAREER SOLUTIONS205 W 2ND ST 101 DULUTH, MN 55802	41- 1449179	501(C)(3)	35,188				CAREER DEVELOPMENT PROGRAM
UNITED WAY OF SUPERIOR - DOUGLAS COUNTY1507 TOWER AVENUE 215 SUPERIOR, WI	39- 6084805	501(C)(3)	11,719				DONOR DESIGNATIONS

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOODLAND HILLS 4321 ALLENDALE AVE DULUTH, MN 55803	41- 0693848	501(C)(3)	41,570				NEIGHBORHOOD YOUTH SERVICES
YWCA32 E 1ST ST 200 DULUTH, MN 55802	41- 0696493	501(C)(3)	58,746				GIRLS & YOUTH PROGRAMS AND EARLY CHILDHOOD CENTER

-							
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S DENTAL SERVICES 636 BROADWAY ST NE MINNEAPOLIS, MN 55413	41- 0857929	501(C)(3)	9,000				SMILES ACROSS MINNESOTA
CENTER CITY HOUSING105 W 1ST ST DULUTH, MN 55802	36- 3485584	501(C)(3)	26,148				WOMEN'S TRANSITIONAL HOUSING

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY LAKE COUNTY 2445 PRIOR AVE ROSEVILLE, MN 55113	41- 0698597	501(C)(3)	6,175				EMERGENCY SERVICES
COMMUNITY PARTNERSPO BOX 327 TWO HARBORS, MN 55616	41- 1963127	501(C)(3)	5,000				GENERAL SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHSHORE AREA PARTNERS99 EDISON BLVD RM 21 SILVER BAY, MN 55614	20- 1156990	501(C)(3)	5,000				GENERAL SUPPORT
NORTH SHORE HORIZONS127 7TH ST TWO HARBORS, MN 55616	41- 1451736	501(C)(3)	5,000				GENERAL SUPPORT

(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC Code section if applicable	( <b>d)</b> Amount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ONE ROOF COMMUNITY HOUSING224 E 4TH ST DULUTH, MN 55805	41- 1465688	I 5017C373	6,000				HOMEBUYER EDUCATION PROGRAM

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DLN: 93493335002252

OMB No 1545-0047

Open to Public Inspection

**SCHEDULE M** (Form 990)

Department of the Treasury Internal Revenue Service

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

**NonCash Contributions** 

Name of the organization UNITED WAY OF GREATER DULUTH INC

Employer identification number

					41-0857077			
Pa	rt I Types of Property			•				
		(a) Check If applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	<b>(d</b> Method of d contribution	etermı	_	
	Art—Works of art							
	Art—Historical treasures .							
	Art—Fractional Interests							
	Books and publications							
	Clothing and household goods							
	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	X	11	49,058	AVG ON DATE OF	GIFT		
	Securities—Closely held stock .							
	Securities—Partnership, LLC, or trust interests							
	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							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts							
	O ther ► ()							
26	O ther ►()							
	O ther ▶()							
28	Other ► ()				<u> </u>			
29	Number of Forms 8283 received				29			0
	for which the organization comp	etea Form a	8283, Part IV, Donee Ackr	iowieagement			Yes	No
302	During the year, did the organiza	ation receiv	e by contribution any prope	arty reported in Part I lines	1-28 that it		res	INO
<b>30</b> a	must hold for at least three year							
	for exempt purposes for the enti			·	u to be useu	20-		No
						30a		No
о 31	If "Yes," describe the arrangem  Does the organization have a git			review of any non-standard	contributions?	31		Νo
32a	Does the organization hire or us contributions?	•	<del>-</del>	to solicit, process, or sell i	non-casn	32a	Yes	
b	If "Yes," describe in Part II							
33	If the organization did not report describe in Part II	t revenues i	n column (c) for a type of p	roperty for which column (a	) is checked,			

#### 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
THIRD PARTY USE	, , , , , , , , , , , , , , , , , , ,	WHEN A DONATION OF STOCK IS RECEIVED, THE STOCK IS TRANSFERRED TO A UNITED WAY OF GREATER DULUTH BROKER ACCOUNT USUALLY US BANCORP THE BROKER THEN SELLS THE STOCK AND SENDS UWGD THE PROCEEDS LESS ANY COMMISSION AND/OR EXPENSE ON THE SALE THIRD PARTIES ARE NOT USED TO SOLICIT CONTRIBUTIONS

Schedule M (Form 990) 2011

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As Filed Data -

DLN: 93493335002252

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

Open to Public Inspection

Name of the organization UNITED WAY OF GREATER DULUTH INC

**Employer identification number** 

41-0857077

ldentifier	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
	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 ORGANIZATION'S ANNUAL REPORTS AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE UWGD WEBSITE
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	LOSS ON ASSETS HELD BY OTHERS -20,365 LOSS ON PERPETUAL TRUST -54,744 TOTAL TO FORM 990, PART XI, LINE 5 -75,109