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DLN: 93493028007335

$\mathsf{Form} 990$

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

OMB No 1545-0047

Open to Public

foundations) ▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

Inspection

		alendar year, or tax year beginning 07-01-2013 , 2013, and ending 06-30	7 2017					
	eck if applicab	e UNITED WAY OF GREATER DULUTH INC		D Employer	identification number			
_	dress change	Doing Business As		41-0857	077			
_	me change							
_	tial return rminated	Number and street (or P O box if mail is not delivered to street address) Room/suit 424 W SUPERIOR STREET NO 402	e	E Telephone				
— _{Am}	ended return	City or town, state or province, country, and ZIP or foreign postal code DULUTH, MN 558021590		(210)/2	0-4770			
App	plication pendii			G Gross recei	pts \$ 2,369,985			
		F Name and address of principal officer MATT HUNTER 424 W SUPERIOR STREET NO 402		s a group ret dinates?	rurn for Yes 🔽 No			
		DULUTH, MN 558021590	H(b) Are a include	ll subordınat led?	es			
T a	x-exempt stat	us	If "No	," attach a l	ist (see instructions)			
ı w	ebsite: 🕨 V	WWW UNITEDWAYDULUTH ORG	H(c) Grou	p exemption	number ►			
∢ Forr	m of organizat	on Corporation Trust Association Other	L Year of for	mation 1922	M State of legal domicile			
Рa	rt I Su	mmary			MN			
		describe the organization's mission or most significant activities						
ACTIVITIES & GOVERNAINCE	2 Check 3 Numb 4 Numb 5 Total	THER, UNITED, WE INSPIRE HOPE AND CREATE OPPORTUNITIES FOOVE PEOPLE'S LIVES AND WE GET RESULTS this box If the organization discontinued its operations or disposed of the formula of the governing body (Part VI, line 1a)	f more than 2	5% of its nei				
	7a Total	inrelated business revenue from Part VIII, column (C), line 12		7	7a 0			
	b Net ur	related business taxable income from Form 990-T, line 34		. 7	7b 0			
			Prio	r Year	Current Year			
<u>a</u>		tributions and grants (Part VIII, line 1h)		2,334,371				
Revenue	l '	estment income (Part VIII, column (A), lines 3, 4, and 7d)		448	_			
å		er revenue (Part VIII, column (A.), lines 5, 6d, 8c, 9c, 10c, and 11e)		38,433				
		ll revenue—add lines 8 through 11 (must equal Part VIII, column (A), line		2,373,252	2,355,249			
		nts and similar amounts paid (Part IX, column (A), lines 1–3)		1,562,756	+			
		efits paid to or for members (Part IX, column (A), line 4)		0				
υħ		ries, other compensation, employee benefits (Part IX, column (A), lines		670.036				
Expenses	5-1 16a Prof	0) essional fundraising fees (Part IX, column (A), line 11e)		694,454	670,036			
Φ.				0	0			
×	b Tota	fundraising expenses (Part IX. column (D), line 25) ▶312,314		0	0			
ठ		fundraising expenses (Part IX, column (D), line 25) •312,314 er expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		252,742				
盃	17 Oth				273,315			
	17 Oth 18 Tota	er expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		252,742 2,509,952 -136,700	273,315			
	17 Oth 18 Tota	er expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	Beginning	252,742 2,509,952	273,315			
	17 Oth 18 Tota 19 Rev	er expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	Beginning	252,742 2,509,952 -136,700 of Current	273,315 2,375,945 -20,696 End of Year			
	17 Oth 18 Tota 19 Rev 20 Tota	er expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	Beginning Y	252,742 2,509,952 -136,700 of Current ear	273,315 2,375,945 -20,696 End of Year 6,063,939			
Net Assets or Fund Balances	17 Oth 18 Tota 19 Rev 20 Tota 21 Tota 22 Net	er expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	Beginning Y	252,742 2,509,952 -136,700 of Current ear 5,593,711	273,315 2,375,945 -20,696 End of Year 6,063,939 1,070,476			
To Massets of Dan Hard Balances	17 Oth 18 Tota 19 Rev 20 Tota 21 Tota 22 Net 11 Signification of the second of the se	er expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	Beginning Y	252,742 2,509,952 -136,700 of Current ear 5,593,711 1,180,109 4,413,602 s and staten	273,315 2,375,945 -20,696 End of Year 6,063,939 1,070,476 4,993,463			
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Today Not Assets of Today	17 Oth 18 Tota 19 Rev 20 Tota 21 Tota 22 Net 111 Signature penalties and arer has any	er expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	Beginning Y	252,742 2,509,952 -136,700 of Current ear 5,593,711 1,180,109 4,413,602 s and staten pased on all	273,315 2,375,945 -20,696 End of Year 6,063,939 1,070,476 4,993,463			
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Part			t of Program Servicedule O contains a respo			nıs Part III			
1			organization's mission		,				<u> </u>
	ED WA	Y OF GREAT	ER DULUTH'S MISSION VE PEOPLE'S LIVES	IS TO LEAI	D A UNITED E	FFORT TO S	TRENGTHEN OUF	R COMMUNIT	Y BY MOBILIZING
	the pri	or Form 990	undertake any significar or 990-EZ? nese new services on Sch		=	the year whic	h were not listed (⊤Yes 🗸 No
	servic	es?	cease conducting, or ma 		nt changes in l	now it conduct	ts, any program · · · ·		┌Yes ┌No
4	Descri expens	ibe the organi ses Section 5	zation's program service 501(c)(3) and 501(c)(4) and revenue, if any, for e	accomplishr organization	s are required	to report the			
4a	COMM ALLOCA WORK OF GR YOUTH INITIA SCHOOL UNDER WOULL AND FASSETS UNITE BASIC	UNITY INVESTME UNITY EACH YE ATIONS ARE MAE S TO LEVERAGE EATER DULUTH I H UNITED WAY H TIVES THAT INCE DL 2) HEALTH - I RINSURED PEOPL D NOT OTHERWI AMILIES IN THE S - LEADING TO D WAY OF GREA) (Expenses \$ ENT - UNITED WAY STRATEGIC AR UNITED WAY VOLUNTEERS, DE TO PROGRAMS MEETING ID AND MAXIMIZE AVAILABLE RES IS COMMITTED TO ADDRESSIN HELPS ENSURE THAT CHILDREN REASE SCHOOL READINESS AN MPROVING PEOPLE'S HEALTH LE BY STRATEGICALLY INVESTII SE RECEIVE THE CARE THEY N TRANSITION OUT OF POVERTY INCREASED FINANCIAL STABIL TER DULUTH PROVIDES VITAL SES UNITED WAY SUPPORTS PR G	WITH THE SUI ENTIFIED COMI OURCES TO AC G THE FOLLOW I ARE READY TO D PROVIDE YOU UNITED WAY IN ING IN PROGRAI EED 3) INCOM BY STRATEGI ITY AND INDEP ONGOING OPER	IN LOCAL PROGRAPPORT OF STAFF, MUNITY NEEDS AF HIEVE HIGH IMPA ING COMMUNITY O SUCCEED IN SO JITH WITH THE PE NCREASES ACCES MS AND INITIATIV HE - PROMOTING ALLY INVESTING I RATING SUPPORT	MS AND INITIAT: PERFORM AN IN D ACHIEVING M CT RESULTS AND PRIORITIES 1)E CHOOL AND LIFE RSONAL, SOCIAL S TO HEALTHCAR TES THAT PROVID FINANCIAL STABI IN PROGRAMS AN C NEEDS - ENSU TO ORGANIZATIC	IDEPTH REVIEW OF PRIEASURABLE RESULTS D COMMUNITY CHANG EDUCATION - FOSTER! BY STRATEGICALLY IN ., AND ACADEMIC SKIL RE SERVICES AND BEN DE PHYSICAL, MENTAL ILITY AND INDEPENDE ND INITIATIVES THAT I RING A STRONG NETV ONS AND PROGRAMS I	PEOPLE'S LIVES AN ROGRAMS APPLYING UNITED WAY OF BE TO ACCOMPLIS ING SUCCESSFUL IVESTING IN PROCULS NECESSARY THE FITS FOR UNING AND DENTAL SER NCE UNITED WAS INCEREASE INCOMPLETED TO A SOUR OF BASIC FIHAT ENSURE A SER ROGRAMS APPLIED TO A SOUR OF BASIC FIHAT ENSURE A SER ROGRAMS APPLIED THAT ENSURE A SER ROGRAMS APPLYING APPLIED THAT APPLIED THAT ENSURE A SER ROGRAMS APPLYING APPLIED THAT APPLIED	NG FOR FUNDING GREATER DULUTH SH THIS, UNITED WAY . CHILDREN AND GRAMS AND O SUCCEED IN SURED AND LVICES TO THOSE WHO LY ASSISTS INDIVIDUALS E, SAVINGS AND HUMAN SERVICES STRONG NETWORK OF
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186,496 including grants of \$ (Expenses \$ 4e Total program service expenses ▶

Other program services (Describe in Schedule O)

4d

1,872,808

89,738) (Revenue \$

Part IV Checklist of Required Schedule
--

			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	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	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? <i>If "Yes," complete Schedule D, Part I</i>	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? 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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV^{\square}	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	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? 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^{\bullet}	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 and XII	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 and XII 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, Parts I and IV	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	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 (see instructions)	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 hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a	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? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, 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 employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III </i>	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 IV		1	
		28a		No
D	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νo
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? 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 M	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 "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	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 11b and 19?	20	Yes	

GI I	Statements Regarding Other TRS Filings and Tax Compliance			_
	Check if Schedule O contains a response or note to any line in this Part V		Yes	.l No
3	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 7		163	140
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b 0	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
•	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	2b	Yes	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		N
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
1	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
)	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			
	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		N
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	100		
	TI TES, TO THE SA OF SU, THE ORGANIZATION THE FORM 0880-17	5c		
1	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		N
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).	OD		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		N
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7c		N
	If "Yes," indicate the number of Forms 8282 filed during the year	4		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		N
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		N
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	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.	0-		
	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			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year	†		
	Is the organization licensed to issue qualified health plans in more than one state?			
	Note. See the instructions for additional information the organization must report on Schedule O	13a		
)	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	Į		
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Ν
	If "Yes " has it filed a Form 720 to report these payments? <i>If "No " provide an explanation in Schedule O</i>	14h		

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

Check if Schedule O contains a	esponse or note to ar	v line in this Part VI .							

	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 year	1a	26			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	26				
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?		relationship with any	2		No
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management con			3		No
4	Did the organization make any significant changes to its governing documents since filed?	the p	rior Form 990 was	4	Yes	
5	Did the organization become aware during the year of a significant diversion of the or	rganız	ation's assets?	5		No
6	Did the organization have members or stockholders?			6		Νο
7a	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?		elect or appoint one or	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approva or persons other than the governing body?	lby)	nembers, stockholders,	7b		No
8	Did the organization contemporaneously document the meetings held or written action year by the following	ons u	ndertaken during the			
а	The governing body?			8a	Yes	
b	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, organization's mailing address? If "Yes," provide the names and addresses in Schedule	9		No		
Se	ection B. Policies (This Section B requests information about policies not a	requ	red by the Internal R	eveni	ue Cod	e.)
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	Yes	No No
	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization	ivitie	s of such chapters,	10a 10b	Yes	
b	If "Yes," did the organization have written policies and procedures governing the act	ivitie on's e	s of such chapters, xempt purposes?		Yes	
b 11a	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization than the organization provided a complete copy of this Form 990 to all members of it	civitie on's e s gov	s of such chapters, xempt purposes? erning body before filing 	10b		
b 11a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization has the organization provided a complete copy of this Form 990 to all members of it the form?	ivitie on's e s gov • •	s of such chapters, xempt purposes? erning body before filing 	10b		
b 11a b 12a	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990 to all members.	on's ess gov	s of such chapters, xempt purposes? erning body before filing	10b	Yes	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this FOId the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually	civitie on's e s gov form 9	s of such chapters, xempt purposes? erning body before filing	10b 11a 12a	Yes	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this Fold the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with	civitie on's e s gov form 9	s of such chapters, xempt purposes? erning body before filing	10b 11a 12a 12b	Yes Yes Yes	
b 11a b 12a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.	civitie on's e s gov form 9 ly inte	s of such chapters, xempt purposes? erning body before filing	10b 11a 12a 12b	Yes Yes Yes	
b 11a b 12a b c	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done. Did the organization have a written whistleblower policy?	civitie on's es gov	s of such chapters, xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes	
b 11a b 12a c 13 14	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this Fold the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a revi	civitie on's es gov form 9 ly inte the p	s of such chapters, xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13	Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the	civitie on's e s gov form 9 ly inte the p lew ar e deli	s of such chapters, xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a revi independent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official	civitie on's e s gov form 9 ly inte the p lew ar e deli	s of such chapters, xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official. Other officers or key employees of the organization	civitie on's e s gov form 9 ily inte the p iew ar e deli	s of such chapters, xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official. Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization of the organization o	civitie on's e s gov form 9 ly inte the p lew arredeli	s of such chapters, xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this FD or the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official. Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year?	civitie on's e s gov	s of such chapters, xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done. Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official. Other officers or key employees of the organization. If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organic participation in joint venture arrangements under applicable federal tax law, and take	civitie on's e s gov	s of such chapters, xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	No
b 11a b 12a c 13 14 15 a b	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form? Describe in Schedule O the process, if any, used by the organization to review this F Did the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annuall rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture of taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization participation in joint venture arrangements under applicable federal tax law, and take organization's exempt status with respect to such arrangements?	civitie on's e s gov	s of such chapters, xempt purposes? erning body before filing	10b 11a 12a 12b 12c 13 14 15a 15b	Yes Yes Yes Yes Yes Yes	No

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.

- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ►CHARLES FAUSE 424 WEST SUPERIOR ST 402 DULUTH, MN 55802 (218)726-4770

Form 990	(2013	
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

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

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

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter - 0 - in columns (D), (E), and (F) if no compensation was paid

◆ List all of the organization's current key employees, if any See instructions for definition of "key employee"

List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

List all of the organization's former officers, key employees, 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 organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	more t	han o	one l both	box, an o	heck sofficer (stee) Highest compensated	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations

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

	(A) Name and Title	(B) A verage hours per week (list any hours	person is both an officer from the organization (W-organizations (Reportable compensation from related organizations (W		(F) Estima mount of compens from t	ted fother ation he
		for related organizations below dotted line)	Individual trusties or director	Institutional Trustee	Officei	Ke) employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC)		ganizati relate organiza	ed .
1b	Sub-Total				•			•						
c d	Total from continuation sheet Total (add lines 1b and 1c) .		ection A	• •	•	•		-		133,761		0		20,604
2	Total number of individuals (in \$100,000 of reportable compe						d abov	e) w	ho receive	d more th	an			
_	5.111										. , . г		Yes	No
3	on line 1a? If "Yes," complete S					кеу •	emplo	yee.	, or highes	compen	sated employee	3		No
4	For any individual listed on line organization and related organ													
5	Individual Did any person listed on line 1	a receive or acc	rue coi	npen	• satu	• on fr	om an	• √ ⊔ni	related org	• • • anızatıon	or individual for	4		No
-	services rendered to the organ											5		No
Se	ection B. Independent Co	ntractors												
1	Complete this table for your five compensation from the organization												ax year	
		(A) Name and business						,			(B) cription of services		(C Comper	
												\pm		
												\neg		

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization $\blacktriangleright 0$

Part V	700	Statement of Revenue Check if Schedule O contains a response or note to a	any lin	ine in this Part VIII							
		Check if Schedule O Contains a response of note to a	any me	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514				
10	1a	Federated campaigns 1a 14	1,632								
nts Ints	ь	Membership dues 1b									
373 not),675								
Š, (C										
Giff Tar	d	Related organizations 1d									
ons, Giffs, Grants Similar Amounts	e	Government grants (contributions) 1e									
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants, and 1f 2,302 similar amounts not included above	2,076								
tributio Other		Noncach contributions included in lines									
i de la composition della comp	g	1a-1f \$	2,047								
Contand	h	Total. Add lines 1a-1f	▶-	2,327,383							
		Business Co	ode								
Program Serwce Revenue	2a										
æ æ	b										
- 65 -	С										
er E	d										
<u>မ</u>	e										
e e	f	All other program service revenue									
Š	g	Total. Add lines 2a – 2f	-								
	3	Investment income (including dividends, interest,	-								
		and other similar amounts)	-	3,441			3,441				
	4	Income from investment of tax-exempt bond proceeds	<u> </u>								
	5	Royalties	-								
	6-	(i) Real (ii) Person	al								
	ba	Gross rents Less rental									
	"	expenses									
	C	Rental income or (loss)									
	d	Net rental income or (loss)									
		(i) Securities (ii) Other									
	7a	from sales of assets other than inventory									
	Ь	Less cost or other basis and									
		sales expenses									
	C	Gain or (loss)									
	d Ra	Net gain or (loss)	• •								
Other Revenue	J Gu	events (not including \$ 10,675 of contributions reported on line 1c) See Part IV, line 18									
			7,771								
¥			4,736	13,035			13,035				
0		Net income or (loss) from fundraising events	<u> </u>	13,035			13,035				
	9a	Gross income from gaming activities See Part IV, line 19 a									
	ь	Less direct expenses b									
		Net income or (loss) from gaming activities	· ►								
	10a	Gross sales of inventory, less returns and allowances .									
	ь	Less cost of goods sold b	$\neg \uparrow$								
	С	Net income or (loss) from sales of inventory	 -								
		Miscellaneous Revenue Business Co									
	11a	MISCELLANEOUS 9	00099	11,390	11,390						
	ь										
	С										
	d	All other revenue									
	e	Total. Add lines 11a-11d	►	11,390							
	12	Total revenue. See Instructions	- ▶	2,355,249	11,390		16,476				

Part IX Statement of Functional Expenses

section 501(c)(3) and 501(c)(4)	organizations must complete all columns	All other organizations must compl	lete column (A)

	Check if Schedule O contains a response or note to any line in this	Part IX	<u> </u>	<u> </u>	г
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	1,432,594	1,432,594		
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	171,853	38,261	103,800	29,792
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	371,967	218,917	12,426	140,624
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)				
9	Other employee benefits	83,413	39,891	1,641	41,881
10	Payroll taxes	42,803	20,527	8,546	13,730
11	Fees for services (non-employees)				
а	Management				
b	Legal	11,584		11,584	
C	Accounting	12,285	426	11,389	470
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	56,413	27,847	18,761	9,805
12	Advertising and promotion	11,295	2,505	' '	7,717
13	Office expenses	19,347	9,287	2,224	7,836
14	Information technology	13,317	3,207	2,221	7,030
15	Royalties				
16	Occupancy	43,114	17,308	7,687	18,119
17	Travel	45,114	17,500	7,007	10,115
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	23,995	7,191	2,346	14,458
20	Interest	,	,	,	,
21	Payments to affiliates	20,722	11,140	2,853	6,729
22	Depreciation, depletion, and amortization	12,261	4,828	2,214	5,219
23	Insurance	2,096	1,127	289	680
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)		-,		
а	EQUIPMENT RENTAL AND MA	34,152	22,350	3,401	8,401
b	FEES ON DONOR DESIGNATE	12,649	12,649		
С	OTHER	6,004	278	78	5,648
d	OUTREACH	4,262	4,262		
е	All other expenses	3,136	1,420	511	1,205
25	Total functional expenses. Add lines 1 through 24e	2,375,945	1,872,808	190,823	312,314
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in the			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		_	95,414		296,861
	2	Savings and temporary cash investments			726.808		515,420
	3	Pledges and grants receivable, net			722,825		761,040
	4	Accounts receivable, net			1,	4	
	5	Loans and other receivables from current and former officers, di	rectors	, trustees, key		-	
		employees, and highest compensated employees Complete Pai Schedule L				5	
ts	6	Loans and other receivables from other disqualified persons (as $4958(f)(1)$), persons described in section $4958(c)(3)(B)$, and c and sponsoring organizations of section $501(c)(9)$ voluntary emorganizations (see instructions) Complete Part II of Schedule L	ting employers		6		
4ssets	7	Notes and loans receivable, net				7	
ď	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges		• •	17,557	9	6,262
	10a	Land, buildings, and equipment cost or other basis Complete		 224,840	,	9	0,202
	ь	Part VI of Schedule D Less accumulated depreciation	10a 10b	198,422	4	10c	26,418
	11	Investments—publicly traded securities		·	25,551	11	20,110
	12	Investments—other securities See Part IV, line 11		• •		12	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			4,004,543		4,457,938
					5,593,711		6,063,939
	16 17	Total assets. Add lines 1 through 15 (must equal line 34)			76,327		54,800
	18	Accounts payable and accrued expenses		•	10,321	18	34,800
	19	Grants payable				19	
	20	Deferred revenue				20	
		Tax-exempt bond liabilities			14,455		8,708
<u>ie</u> s	21	Escrow or custodial account liability Complete Part IV of Scher			14,455	21	8,708
Liabiliti	22	Loans and other payables to current and former officers, directo key employees, highest compensated employees, and disqualifi	ed				Ti.
<u> </u>		persons Complete Part II of Schedule L				22	
-	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to relate and other liabilities not included on lines 17-24) Complete Par	t X of S		1,089,327	25	4 000 000
		D		•	· · ·		1,006,968
	26	Total liabilities. Add lines 17 through 25			1,180,109	26	1,070,476
л Ф		Organizations that follow SFAS 117 (ASC 958), check here ► lines 27 through 29, and lines 33 and 34.	ando	ompiete			
2	27	Unrestricted net assets		_	1,026,538	27	1,130,211
<u> </u>	28	Temporarily restricted net assets			79,613	28	50,014
=	29	Permanently restricted net assets			3,307,451		3,813,238
Assets of Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check he			5,551,151		5,513,235
5		complete lines 30 through 34.				20	
2	30	Capital stock or trust principal, or current funds				30	
Ž.	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other fu			4 442 000	32	1.000.400
ž	33	Total net assets or fund balances		•	4,413,602		4,993,463
	34	Total liabilities and net assets/fund balances			5.593.711	34	6.063.939

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				F
1	Total revenue (must equal Part VIII, column (A), line 12)	1		2,3	355,249
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,3	375,945
3	Revenue less expenses Subtract line 2 from line 1	3			-20,696
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			113,602
5	Net unrealized gains (losses) on investments	5		7,	113,002
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9		6	500,557
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		4,9	93,463
Par	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				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		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	wed or	ו		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
ь	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sepa basis, consolidated basis, or both	rate			_
	▼ Separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	nt of th	e 2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain it Schedule O	n			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	e	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3b		

Software ID: Software Version:

EIN: 41-0857077

Name: UNITED WAY OF GREATER DULUTH INC

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

Form 990, Part VII - Compensation Compensated Employees, and Inde				ıru	ste	es, r	(ey	Employees, nigi	iest	
(A) Name and Title	(B) A verage hours per week (list any hours for related	(C) Position (do not check more than one box, unler person is both an office and a director/trustee			ınless fficer tee)		(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-1413C)	2/1039-1413C)	related organizations
DAN LESLIE	2 00	х		х				0	0	0
CASSANDRA BEARDSLEY	2 00	×						0	0	0
DIRECTOR GARY ECKENBERG	2 00	×						0	0	0
DEANNA BENSON	2 00	Х		Х				0	0	0
TREASURER MARIANNE BOHREN	2 00	Х						0	0	0
STEVE DECATUR	2 00	х						0	0	0
DIRECTOR PETER HEDSTROM	2 00	Х		Х				0	0	0
CHAIR DAN O'NEILL	2 00	х						0	0	0
REBECCA MEYER	2 00	Х						0	0	0
DIRECTOR LISA NEITZEL	2 00	Х						0	0	0
BRYCE NIXON	2 00	Х						0	0	0
DIRECTOR LAURA SCHAUER	2 00	х						0	0	0
DIRECTOR BARBARA REYELTS	2 00	Х						0	0	0
STEVE PATRONAS	2 00	х						0	0	0
DIRECTOR LISA BARTLETT	2 00	х						0	0	0
DIRECTOR KEN BROWALL	2 00	х						0	0	0
DIRECTOR STEVE RISACHER	2 00	х						0	0	0
DIRECTOR STEPHANIE BALMER	2 00	х						0	0	0
DIRECTOR WILLIAM CRANDALL	2 00	х						0	0	0
DIRECTOR LISA ERWIN	2 00	х		х				0	0	0
DENISE HAMSHER DIRECTOR	2 00	х						0	0	0
DIRECTOR JOANNE DAHL JOKELA DIRECTOR	2 00	х						0	0	0
KATHRYN KOCH	2 00	х						0	0	0
DIRECTOR CINDI SORENSEN	2 00	х						0	0	0
DIRECTOR MARK BRITTON	2 00	х						0	0	0
DIRECTOR	J	L	<u> </u>	<u> </u>	1	1		I		<u> </u>

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

(A) Name and Title	(B) Average hours per week (list any hours	Posit more th persoi and a	ion (d nan oi n is b	ne bo	ox, u an of	ınless fficer		(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations
BILL GRONSETH DIRECTOR	2 00	x						0	0	0
TAMARA JONES DIRECTOR	2 00	Х						0	0	0
PATRICIA PRATT-COOK DIRECTOR	2 00	х						0	0	0
ELLEN BETZOLD DIRECTOR	2 00	х						0	0	0
STEVE MORRIS DIRECTOR	2 00	х						0	0	0
DAN OLSON DIRECTOR	2 00	х						0	0	0
PAULA REED FORMER PRESIDENT	45 00			Х				86,987	0	6,225
REBECCA BALLOU-BUCK FORMER FINANCE DIRECTOR	39 00			Х				46,774	0	14,379
ANN GLUMAC INTERIM PRESIDENT	15 80			Х				0	0	0
CHARLES FAUSE	36 00			Х				0	0	0
INTERIM FINANCE DIRECTOR	J				<u> </u>					

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OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

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

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public **Inspection**

Name	of	th	e d	orgar	niza	tion	
JNITED	W	AY	OF	GREA	TER	DULUTH	INC

Employer identification number

									41-0857			
	rt I			blic Charity Sta						nstructions		
⊺he	organı	zatıon ıs	not a privat	e foundation becaus	eıtıs (Forl	ınes 1 throu	ıgh 11, check	only one b	oox)			
1	Γ	A churc	ch, conventi	on of churches, or a	ssociation of	churches d	escribed in s e	ection 170(b)(1)(A)(i).			
2	Γ	A scho	ol described	in section 170(b)(1	.)(A)(ii). (At	tach Schedı	ule E)					
3	Γ	A hosp	ıtal or a coo	perative hospital se	rvice organiz	atıon descr	ıbed ın sectio	n 170(b)(1)(A)(iii).			
4	Γ	A medi	cal researcl	n organization operat	ted ın conjun	ction with a	hospital desc	cribed in se	ction 170(b)	1)(A)(iii). E	nter the	
_	_			ty, and state								
5	ı	_	•	erated for the benefi	_	or universi	ty owned or o	perated by	a governmen	tal unit desc	ribed in	
	_			A)(iv). (Complete P	•							
6	<u> </u>	A federal, state, or local government or governmental unit described in section $170(b)(1)(A)(v)$.										
7	✓			at normally receives			support from	a governm	ental unit or f	rom the gen	eral public	
8	Г	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)										
9	Γ	An orga	anization tha	at normally receives	(1) more th	an 331/3% c	of its support	from contri	butions, mem	bership fees	, and gross	
		receipt	s from activ	ities related to its ex	xempt function	ons—subjec	t to certain e	xceptions,	and (2) no mo	re than 331,	/3% of	
		ıts sup	port from gr	oss investment inco	me and unrel	ated busine	ss taxable ın	come (less	section 511	tax) from bu	ısınesses	
		acquire	d by the org	janızatıon after June	30,1975 S	ee section !	509(a)(2). (C	omplete Pa	rt III)			
10	Γ	acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4).										
11	Γ	An orga	anızatıon org	ganized and operated	dexclusively	for the ben	efit of, to perf	orm the fur	octions of, or t	o carry out	the purposes of	
				ly supported organiz						ee section 5	09(a)(3). Check	
				bes the type of supp						6	11	
	_			b Type II c								
е	ı	•		ox, I certify that the on managers and otl	_		,		, ,	•	•	
			509(a)(2)	on managers and oc	ner than one	or more pub	onery support	ca organiza	icions acsemb	ed III section	11 30 3 (4)(1) 01	
f				received a written de	etermination	from the IR	S that it is a	Type I, Typ	oe II, or Type	III support	ing organizatio <u>n,</u>	
			his box						6.1		Γ	
g			Nugust 1 / , 2 ng persons?	2006, has the organi	zation accep	ited any gift	or contribution	on from any	of the			
			-	rectly or indirectly o	ontrols, eith	er alone or t	together with	persons de	scribed in (ii)	Yes No	
		and (III) below, the	governing body of th	e supported	organizatioi	n?	•	•	11g	(i)	
		-		er of a person descri		=				11g	(ii)	
				lled entity of a perso			above?			11g		
h				ng information about								
(i) Nam	ne of	(ii) EIN	(iii) Type of	(iv) Is t	he	(v) Did you	notify	(vi) Is	the	(vii) A mount of	
	suppor			organization	organizati		the organiz		organizat		monetary	
0	rganiza	ation		(described on lines 1- 9 above	col (i) list your gove		ın col (i) o suppor		col (i) org		support	
				or IRC section	3 '							
				(see	docume	···						
				instructions))	Yes	No	Yes	No	Yes	No	1	
						··· ·	1		+	1		
T-4-									+	1	 	

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

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

S	ection A. Public Support							
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2	013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	2,568,722	2,646,879	2,489,602	2,334,371	2	2,327,383	12,366,957
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	to the organization without charge Total. Add lines 1 through 3	2,568,722	2,646,879	2,489,602	2,334,371		2,327,383	12,366,957
5	The portion of total contributions	2,500,722	2,040,073	2,403,002	2,557,571		,527,505	12,300,337
J	by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the							820,908
	amount shown on line 11, column							
6	(f) Public support. Subtract line 5 from line 4							11,546,049
S	ection B. Total Support	1		L				
	endar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 20)13	(f) Total
7	A mounts from line 4	2,568,722	2,646,879	2,489,602	2,334,371	2	,327,383	12,366,957
8	Gross income from interest,							
	dividends, payments received on securities loans, rents, royalties and income from similar sources	2,073	3,558	2,932	448		3,441	12,452
9	Net income from unrelated business activities, whether or not the business is regularly carried on	22,576	25,024	32,255	14,987		13,035	107,877
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	16,868	17,652	16,947	23,446		11,390	86,303
11	Total support (Add lines 7 through 10)							12,573,589
12	Gross receipts from related activiti	es, etc (see ınstı	ructions)			12		
13	First five years. If the Form 990 is this box and stop here					501(c)(
	ection C. Computation of Pub							
14	Public support percentage for 2013	3 (line 6 , column (f) divided by line	11, column (f))		14		91 830 %
15	Public support percentage for 2012	Schedule A, Par	t II, line 14			15		92 300 %
16a	33 1/3% support test—2013. If the				ne 14 is 33 1/3%	or more,	check th	
	and stop here. The organization qua 33 1/3% support test—2012. If the box and stop here. The organization 10%-facts-and-circumstances test- is 10% or more, and if the organization mee organization	organization did r n qualifies as a pu — 2013. If the orga tion meets the "fa	not check a box o ablicly supported anization did not o acts-and-circums	n line 13 or 16a, organization :heck a box on lin tances" test, che	e 13, 16a, or 16l ck this box and s	o, and lin t op here	e 14 . Explain	► □
ь 18	10%-facts-and-circumstances test- 15 is 10% or more, and if the organization in Part IV how the organization private foundation. If the organization private foundations.	nization meets the tion meets the "fa	e "facts-and-circu acts-and-circums	ımstances" test, tances" test The	check this box are organization qua	nd stop h alifies as	ere. a publicly	

Schedule A (Form 990 or 990-EZ) 2013 Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I 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

Cale	ndar year (or fiscal year beginning in) 🟲	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	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						
3	Gross receipts from activities that						
	are not an unrelated trade or						
4	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						<u> </u>
5	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	A mounts included on lines 1, 2,						
	and 3 received from disqualified persons						
ь	Amounts included on lines 2 and 3						
	received from other than						
	disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c						
	from line 6) ction B. Total Support						
	ndar year (or fiscal year beginning	() 2000	(1) 2010	() 2011	(1) 2012	() 2012	(C) T
				(A) 2011 I	(d) 2012	(e) 2013	(f) Total
	in) ►	(a) 2009	(b) 2010	(c) 2011	(4) 2012	(-,	(-,
9	in) ► A mounts from line 6	(a) 2009	(B) 2010	(6) 2011	(4) 2012	(5, 2222	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	in) ► A mounts from line 6 Gross income from interest,	(a) 2009	(B) 2010	(6) 2011	(4) 2012	(0, 2000	(7,7,5,5,1)
9	in) ► A mounts from line 6	(a) 2009	(b) 2010	(6) 2011	(4) 2012	(5,232	
9	in) A mounts from line 6 Gross income from interest, dividends, payments received on	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable	(a) 2009	(b) 2010	(6) 2011	(4) 2012		
9 10a	in) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a	in) A mounts from line 6 Gross income from interest, 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	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a b	in) A mounts from line 6 Gross income from interest, 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	(a) 2009	(b) 2010	(6) 2011	(4) 2012		
9 10a b	in) A mounts from line 6 Gross income from interest, 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 Net income from unrelated	(a) 2009	(b) 2010	(6) 2011	(1) 2012		
9 10a b	in) A mounts from line 6 Gross income from interest, 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	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a b c 11	in) A mounts from line 6 Gross income from interest, 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 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	(a) 2009	(b) 2010	(6) 2011	(4) 2322		
9 10a b	A mounts from line 6 Gross income from interest, 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 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include	(a) 2009	(b) 2010	(6) 2011			
9 10a b c 11	in) A mounts from line 6 Gross income from interest, 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 Net income from unrelated 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	(a) 2009	(b) 2010	(c) 2011			
9 10a b c 11	In) A mounts from line 6 Gross income from interest, 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 Net income from unrelated 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)	(a) 2009	(b) 2010	(6) 2011			
9 10a b c 11	A mounts from line 6 Gross income from interest, 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 Net income from unrelated 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,	(a) 2009	(b) 2010	(c) 2011			
9 10a b c 11	In) A mounts from line 6 Gross income from interest, 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 Net income from unrelated 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)						
9 10a b c 11 12	A mounts from line 6 Gross income from interest, 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 Net income from unrelated 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, 11, and 12) First five years. If the Form 990 is f check this box and stop here	or the organizati	on's first, second				
9 10a b c 11 12 13 14	in) A mounts from line 6 Gross income from interest, 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 Net income from unrelated 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, 11, and 12) First five years. If the Form 990 is f check this box and stop here	or the organizati	on's first, second	, thırd, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15	A mounts from line 6 Gross income from interest, 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 Net income from unrelated 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, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage for 2013	or the organizati ic Support Pe (line 8, column (on's first, second ercentage f) divided by line	, thırd, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15 16	A mounts from line 6 Gross income from interest, 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 Net income from unrelated 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, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201	or the organization of the	on's first, second ercentage f) divided by line art III, line 15	, third, fourth, or		a 501(c)(3) orga	nization,
9 10a b c 11 12 13 14 Se 15 16 Se	A mounts from line 6 Gross income from interest, 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 Net income from unrelated 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, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization of the	on's first, second ercentage f) divided by line art III, line 15 me Percenta	, third, fourth, or 13, column (f))	fifth tax year as a	a 501(c)(3) orga 15 16	nization,
9 10a b c 11 12 13 14 Se 15 16 Se 17	A mounts from line 6 Gross income from interest, 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 Net income from unrelated 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, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization ic Support Performance (line 8, column (2 Schedule A, Paragraphic Performance) colors (line 10c, colors)	on's first, second ercentage f) divided by line art III, line 15 me Percentagolumn (f) divided	, third, fourth, or 13, column (f)) ge by line 13, colum	fifth tax year as a	15 16	nization,
9 10a b c 11 12 13 14 Se 15 16 Se 17 18	A mounts from line 6 Gross income from interest, 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 Net income from unrelated 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, 11, and 12) First five years. If the Form 990 is f check this box and stop here ction C. Computation of Publ Public support percentage from 201 ction D. Computation of Inve	or the organization of the organization of the organization of the second of the secon	on's first, second ercentage f) divided by line art III, line 15 me Percentago olumn (f) divided A, Part III, line 1	, third, fourth, or 13, column (f)) ge by line 13, column	fifth tax year as a	15 16	nization,

33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18

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

Part IV Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a (17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).										
	Facts And Circumstances Test									
Retu	ırn Reference	Explanation								
		Schodulo A / Form 000 o	000 E7) 201							

Schedule A (Form 990 or 990-EZ) 2013

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DLN: 93493028007335

OMB No 1545-0047

SCHEDULE D (Form 990)

Department of the Treasury

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Supplemental Financial Statements

Open to Public

itema	Revenue Service			Inspection	J11
	me of the organization ITED WAY OF GREATER DULUTH INC			oloyer identification number	
Pa	rt I Organizations Maintaining Donor Adv	vised Funds or Other Similar Fu	_	0857077 or Accounts. Complete	ıf the
	organization answered "Yes" to Form 990	, Part IV, line 6.			
		(a) Donor advised funds		(b) Funds and other accoun	ts
L	Total number at end of year				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				
1	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisor funds are the organization's property, subject to the or		or advi	rsed T Yes	┌ No
5	Did the organization inform all grantees, donors, and dused only for charitable purposes and not for the benef			er purpose	⊏ No
Da	conferring impermissible private benefit?	the erganization answered "Ves" to	. Forn	<u> </u>) NO
126 1	rt II Conservation Easements. Complete If Purpose(s) of conservation easements held by the org		FOIL	n 990, Part IV, line 7.	
L	Protection of natural habitat	or education) $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$		ically important land area d historic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year	a qualified conservation contribution in th	ne form	n of a conservation	
				Held at the End of the Y	ear
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easements		2b		
C	Number of conservation easements on a certified history	oric structure included in (a)	2c		
d	Number of conservation easements included in (c) accomistoric structure listed in the National Register	quired after 8/17/06, and not on a	2d		
3	Number of conservation easements modified, transferr	red, released, extinguished, or terminated	d by th	ne organization during	
	the tax year 🗠				
4	Number of states where property subject to conservat	ion easement is located 🛌			
5	Does the organization have a written policy regarding tenforcement of the conservation easements it holds?	the periodic monitoring, inspection, hand	ling of	violations, and	┌ No
5	Staff and volunteer hours devoted to monitoring, inspe	cting, and enforcing conservation easem	ents d	during the year	
	A mount of expenses incurred in monitoring, inspecting	and enforcing conservation easements	durina	g the year	
7	► \$,, and emoreing conservation casements	aariiiş	g the year	
3	Does each conservation easement reported on line 2(a and section 170(h)(4)(B)(ii)?	d) above satisfy the requirements of sect	tion 17	70(h)(4)(B)(ı) Yes	┌ No
9	In Part XIII, describe how the organization reports coincided balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easemed	e footnote to the organization's financial			
ar	t III Organizations Maintaining Collection Complete if the organization answered "Y		or Otl	her Similar Assets.	
La	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asseservice, provide, in Part XIII, the text of the footnote to	ts held for public exhibition, education, c	r rese	arch in furtherance of public	:
b	If the organization elected, as permitted under SFAS 1 works of art, historical treasures, or other similar asse service, provide the following amounts relating to thes	ts held for public exhibition, education, c			:
	(i) Revenues included in Form 990, Part VIII, line 1			► \$	
	(ii) Assets included in Form 990, Part X			► \$	
2	If the organization received or held works of art, histor following amounts required to be reported under SFAS		r finan		
а	Revenues included in Form 990, Part VIII, line 1			▶ \$	

b Assets included in Form 990, Part X

Par	Organizations Maintaining Co	llections of Art,	. His	tori	<u>cal Tı</u>	reasur	<u>es, or O</u>	<u>ther</u>	Similar As	sets (continued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other record	ds, ch	necka	any of	the follo	wing that a	ire a s	significant use	of its	
а	Public exhibition		d	Γ	Loan	or exch	ange progr	ams			
b	Scholarly research		e	\sqcap	Othe	r					
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n hov	w the	y furth	er the oi	rganızatıon	's exe	mpt purpose i	n	
5	During the year, did the organization solicit									_	_
Do	assets to be sold to raise funds rather than t		_							Yes	│ No
Par	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an an						answere	u re	S to Form S	990,	
1a	Is the organization an agent, trustee, custoc included on Form 990, Part X?						r other ass	ets no		┌ Yes	✓ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follov	vıng t	able						
									An	nount	
С	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 Fo	orm 990, Part X, line	21?							✓ Yes	☐ No
b	If "Yes," explain the arrangement in Part XII	I Check here if the	expla	anatı	on has	been pr	ovided in F	art X	III		Ī✓
Pa	rt V Endowment Funds. Complete										
		(a)Current year	(b)	Prior y		b (c) Tw			ree years back	(e)Four	years back
1a	Beginning of year balance	3,387,064		3,.	128,420		3,203,522 49,500		2,753,144		2,600,017
b	Contributions	25,235			39,552		49,500		81,447		20,040
С	Net investment earnings, gains, and losses	505,787		2	287,487		-51,965		414,572		167,879
d	Grants or scholarships	54,834			68,395		72,637		45,641		34,792
е	Other expenditures for facilities										
f	and programs										
g	End of year balance	3,863,252		3,3	387,064		3,128,420		3,203,522		2,753,144
2	Provide the estimated percentage of the cur		a (lın		-	n (a)) h					
2 a	Board designated or quasi-endowment	rent year end baranc	e (IIII	ie iy,	, coruir	III (a)) II	eiu as				
_											
b	r entitatient endowment P	00 %									
С	Temporarily restricted endowment • 1 3 The percentages in lines 2a, 2b, and 2c sho										
За	Are there endowment funds not in the posse		ition :	that a	are hel	d and ac	dministered	l for t	he		
	organization by	ssion of the organiza				a ana a				Yes	No
	(i) unrelated organizations								3a(No
	(ii) related organizations								3a(No
ь 4	If "Yes" to 3a(II), are the related organization Describe in Part XIII the intended uses of the second organization org	•						•	31)	<u> </u>
	t VI Land, Buildings, and Equipme					n answ	ered 'Yes	' to F	orm 990. Pa	rt IV.	ine
	11a. See Form 990, Part X, line				124110						
	Description of property				a) Cost o sıs (ınve	or other estment)	(b)Cost or basis (oth		(c) Accumulate depreciation	ed (d)	Book value
1a	Land										
b	Buildings										
С	Leasehold improvements						5:	1,539	51,!	539	0
d	Equipment						17:	3,301	146,8	883	26,418
	Other										
Tota	I. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part X	, colu	ımn (l	B), line	10(c).)					26,418
									Schedule D	(Form	990) 2013

provided in Part XIII

See Form 990, Part X, line 12. (a) Description of security or category (including name of security)	(b) Book value	(c) Method of v Cost or end-of-year	
(1)Financial derivatives		Cost of end-of-year	market value
(2)Closely-held equity interests			
Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	p		
Part VIII Investments—Program Related. (on answered 'Yes' to Fo	orm 990, Part IV, line 110
See Form 990, Part X, line 13. (a) Description of investment	(b) Book value	(c) Method of v	aluation
(a) Description of investment	(b) Book value	Cost or end-of-year	
		+	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	P		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) Part IX Other Assets. Complete if the organizati	on answered 'Yes' to Form 9'	90, Part IV, line 11d See	
Part IX Other Assets. Complete if the organization (a) Description	on answered 'Yes' to Form 9'	90, Part IV, line 11d See	(b) Book value
Part IX Other Assets. Complete if the organization (a) Description (1) PERPETUAL TRUST	on answered 'Yes' to Form 9'	90, Part IV, line 11d See	(b) Book value 3,813,238
Part IX Other Assets. Complete if the organization (a) Description (1) PERPETUAL TRUST	on answered 'Yes' to Form 9'	90, Part IV, line 11d See	(b) Book value 3,813,238
Part IX Other Assets. Complete if the organization (a) Description	on answered 'Yes' to Form 9'	90, Part IV, line 11d See	(b) Book value 3,813,238
Part IX Other Assets. Complete if the organization (a) Description (1) PERPETUAL TRUST	on answered 'Yes' to Form 9'	90, Part IV, line 11d See	(b) Book value 3,813,238
Part IX Other Assets. Complete if the organization (a) Description (1) PERPETUAL TRUST	on answered 'Yes' to Form 9'	90, Part IV, line 11d See	(b) Book value 3,813,238
Part IX Other Assets. Complete if the organization (a) Description (1) PERPETUAL TRUST	on answered 'Yes' to Form 9'	90, Part IV, line 11d See	(b) Book value 3,813,238
Part IX Other Assets. Complete if the organization (a) Description (1) PERPETUAL TRUST	on answered 'Yes' to Form 9'	90, Part IV, line 11d See	(b) Book value 3,813,238
Part IX Other Assets. Complete if the organization (a) Description (1) PERPETUAL TRUST	on answered 'Yes' to Form 9'	90, Part IV, line 11d See	(b) Book value 3,813,238
Part IX Other Assets. Complete if the organization (a) Description (1) PERPETUAL TRUST	on answered 'Yes' to Form 9'	90, Part IV, line 11d See	(b) Book value 3,813,238
Part IX Other Assets. Complete if the organization (a) Description (1) PERPETUAL TRUST	on answered 'Yes' to Form 9'	90, Part IV, line 11d See	(b) Book value 3,813,238
Part IX Other Assets. Complete if the organization (a) Description (1) PERPETUAL TRUST	on answered 'Yes' to Form 9	90, Part IV, line 11d See	(b) Book value 3,813,238 644,700
Part IX Other Assets. Complete if the organization (a) Description (a) Description (b) PERPETUAL TRUST (2) ASSETS HELD BY OTHERS Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the organization (a) Description (b) Description (b) Description (c) Desc	on answered 'Yes' to Form 9'sription		(b) Book value 3,813,238 644,700
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the organization of the building series of the	on answered 'Yes' to Form 9' ription 15.) Janization answered 'Yes'		(b) Book value 3,813,238 644,700
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the organization of liability (a) Description of liability	on answered 'Yes' to Form 9'sription		(b) Book value 3,813,238 644,700
(a) Description of liability Part IX Other Assets. Complete if the organization (a) Description of liability Federal income taxes	on answered 'Yes' to Form 9' ription 15.) Janization answered 'Yes' (b) Book value		(b) Book value 3,813,238 644,700
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the organization of liability Federal income taxes DESIGNATED PLEDGES	on answered 'Yes' to Form 9' ription 15.) Janization answered 'Yes'	to Form 990, Part IV,	(b) Book value 3,813,238 644,700
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the organization of liability Federal income taxes DESIGNATED PLEDGES	15.) Janization answered 'Yes' (b) Book value	to Form 990, Part IV,	(b) Book value 3,813,238 644,700
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the organization of liability Federal income taxes DESIGNATED PLEDGES	15.) Janization answered 'Yes' (b) Book value	to Form 990, Part IV,	(b) Book value 3,813,238 644,700
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the organization of liability Federal income taxes DESIGNATED PLEDGES	15.) Janization answered 'Yes' (b) Book value	to Form 990, Part IV,	(b) Book value 3,813,238 644,700
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the organization (a) Description. (a) Description (a) Description (b) Column (c) Description (a) Description (b) Part X, col.(b) line Part X Other Liabilities. Complete if the organization (b) Part X, line 25.	15.) Janization answered 'Yes' (b) Book value	to Form 990, Part IV,	(b) Book value 3,813,238 644,700
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the organization of liability Federal income taxes DESIGNATED PLEDGES	15.) Janization answered 'Yes' (b) Book value	to Form 990, Part IV,	(b) Book value 3,813,238 644,700
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the organization of liability Federal income taxes DESIGNATED PLEDGES	15.) Janization answered 'Yes' (b) Book value	to Form 990, Part IV,	(b) Book value 3,813,238 644,700
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the organization of liability Federal income taxes DESIGNATED PLEDGES	15.) Janization answered 'Yes' (b) Book value	to Form 990, Part IV,	(b) Book value 3,813,238 644,700
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the organization of liability Federal income taxes DESIGNATED PLEDGES	15.) Janization answered 'Yes' (b) Book value	to Form 990, Part IV,	(b) Book value 3,813,238 644,700
Total. (Column (b) must equal Form 990, Part X, col.(B) line Part X Other Liabilities. Complete if the organization of liability Federal income taxes DESIGNATED PLEDGES	15.) Janization answered 'Yes' (b) Book value	to Form 990, Part IV,	(b) Book value 3,813,238 644,700

PART XI, LINE 2D - OTHER

PART XI, LINE 4B - OTHER

PART XII, LINE 2D - OTHER

PART XII, LINE 4B - OTHER

ADJUSTMENTS

ADJUSTMENTS

ADJUSTMENTS

ADJUSTMENTS

	ule D (Form 990) 2013					Page 4
Par		evenue per Audited Financial State vered 'Yes' to Form 990, Part IV, line 1:		ts With Revenue p	er R	eturn Complete If
1	Total revenue, gains, and othe	r support per audited financial statements			1	2,880,104
2	Amounts included on line 1 bu	it not on Form 990, Part VIII, line 12				
а	Net unrealized gains on invest	ments	2a			
b	Donated services and use of f	acılıtıes	2b	3,017		
c	Recoveries of prior year grant	s	2c			
d	Other (Describe in Part XIII)		2d	600,557		
e	Add lines 2a through 2d .				2e	603,574
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	2,276,530
4	Amounts included on Form 99	0, Part VIII, line 12, but not on line 1				
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII)		4b	78,719		
c	Add lines 4a and 4b				4 c	78,719
5	Total revenue Add lines 3 and	d 4c. (This must equal Form 990, Part I, line	12).		5	2,355,249
Part		xpenses per Audited Financial Sta		nts With Expenses	per	Return. Complete
		swered 'Yes' to Form 990, Part IV, line			_	
1		r audited financial statements			1	2,300,243
2		t not on Form 990, Part IX, line 25	ı	I		
а		acilities	2a	3,017		
b	, -		2b			
С			2c			
d	Other (Describe in Part XIII)		2d	14,736		
е	Add lines 2a through 2d				2e	17,753
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	2,282,490
4	Amounts included on Form 99	0, Part IX, line 25, but not on line 1:				
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)		4b	93,455		
c	Add lines 4a and 4b				4 c	93,455
5		nd 4c. (This must equal Form 990, Part I, line	18)		5	2,375,945
Part	XIII Supplemental Inf	ormation				
Part		Part II, lines 3, 5, and 9, Part III, lines 1a a, lines 2d and 4b, and Part XII, lines 2d and				de any additional
	Return Reference	Explanation				
PART	IV, LINE 2B	UWGD IS THE FISCAL AGENT FOR THES ORGANIZATIONS THAT ARE 501(C)3 ORECOVERY FUND				
PART	V, LINE 4	THE INVESTMENT INCOME FROM THE E TO FURTHER THE ORGANIZATIONS MIS		MENT FUND IS UNRE	STRIC	CTED AND IS USED
PART	X, LINE 2	THE ORGANIZATION IS EXEMPT FROM INTERNAL REVENUE CODE NOT-FOR-PINCOME TAXES IF QUALIFICATION AS BUSINESS INCOME IS GENERATED, ANI	ROFIT A TAX	ORGANIZATIONS MA -EXEMPT ENTITY CHA	AY BE ANGE:	COMÈ ŚUBJECT TO S, IF UNRELATED

LOCAL TAX AUTHORITIES FOR THE YEARS BEFORE 2010

DESIGNATIONS 93,455

DONOR DESINGATIONS 93,455

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 U S FEDERAL, STATE OR

SPECIAL EVENT EXPENSES TAKEN AGAINST SPECIAL EVENT REVENUE -14,736 DONOR

LOSS IN PERPETUAL TRUST 505,787 LOSS IN ASSETS HELD BY OTHERS 94,770

SPECIAL EVENT EXPENSES TAKEN AGAINST SPECIAL EVENT REVENUE 14,736

Sched	ule D	(Form	990)	2013

•	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2013

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DLN: 93493028007335

OMB No 1545-0047

Open to Public Inspection

SCHEDULE G (Form 990 or 990-EZ)

Internal Revenue Service

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities 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.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No (ii) Activity (iii) Did fundraiser have custody or control of contributions? Yes No 1 Yes No 9 No 1 No No 9 No 9 No 9 No 9 No 9 No 1 No No 9 No 1 No No 9 No 1 No
Torm 990-EZ filers are not required to complete this part. It indicate whether the organization raised funds through any of the following activities. Check all that apply a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations d In-person solicitations d In-person solicitations If Solicitation of government grants b Internet and email solicitations g Solicitation of government grants c Phone solicitations d In-person solicitations d In-person solicitations If Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser) (iii) Activity (iii) Did fundraiser) (iv) Amount paid to (or retained by) fundraiser listed in control of contr
Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations
to be compensated at least \$5,000 by the organization (i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser have custody or control of
Individual or entity (fundraiser) Secondary Fundraiser have custody or entity (fundraiser) Fundraiser listed in col (i)
1 2 3 4 5 6 7 8
3 4 5 6 7 8
4 5 6 7 8
5 6 7 8
6 7 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
7 8
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1.0
otal
List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Sche	edule	G (Form 990 or 990-EZ) 2013				Page :
Pa	rt II	Fundraising Events. Commore than \$15,000 of fundrevents with gross receipts g	aising event contributi			
			(a) Event #1 POWER OF THE	(b) Event #2 CHILI CAMPAIGN	(c) O ther events	(d) Total events (add col (a) through col (c))
			PURSE (event type)	KICK-OFF COOK-OFF (event type)	(total number)	(3)
Đ.	1	Gross receipts	18,877			32,544
Revenue	2	Less Contributions	6,875	3,800		10,675
<u>~</u>	3	Gross income (line 1 minus line 2)	12,002	9,867		21,869
	4	Cash prizes				
ဟ	5	Noncash prizes		67		67
Expenses	6	Rent/facility costs	725	2,431		3,156
ă	7	Food and beverages .	3,253	1,494		4,747
Direct	8	Entertainment	500)		500
à	9	Other direct expenses .	1,430	1,514		2,944
	10	Direct expense summary Add lin	nes 4 through 9 ın column	(d)		(11,414
	11	Net income summary Subtract li	ne 10 from line 3, column	(d)	•	10,455
Par	t II	Gaming. Complete if the oi \$15,000 on Form 990-EZ, lii		"Yes" to Form 990, Pa	rt IV, line 19, or repo	·
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<u>~</u>	1	Gross revenue				
enses	2	Cash prizes				
pe -	3	Non-cash prizes				
Direct Exp	4	Rent/facility costs				
<u>5</u>	5	Other direct expenses				
	6	Volunteer labor	Г Yes% Г No	┌ Yes%	Г Yes %	
	7	Direct expense summary Add line	s 2 through 5 in column (d)		
	8	Net gaming income summary Subt	tract line 7 from line 1, co	lumn (d)		
_						•
9 a b	Ist	er the state(s) in which the organiza the organization licensed to operate No," explain	gaming activities in each	n of these states?		. Fyes Fno
10a b		re any of the organization's gaming Yes," explain	licenses revoked, suspen	ded or terminated during	the tax year?	
U	11	165, expiaiii				

						1:
Does	s the organization operate gaming activi	ties with nonmember	rs?		T Yes T No	
12	Is the organization a grantor, beneficia					
	formed to administer charitable gaming	g [,]			· Fyes [– No
13	Indicate the percentage of gaming act	ıvıty operated ın				
а	The organization's facility					%
b	An outside facility			13b		%
14	Enter the name and address of the per	son who prepares the	e organization's gaming/special e	vents books and reco	ords	
	Name ▶					
	Address 🟲					
15a b	Does the organization have a contract revenue?	evenue received by t	the organization 🟲 \$		· · 「Yes「	– No
	amount of gaming revenue retained by	the third party 🟲 \$ _				
C	If "Yes," enter name and address of th	e thırd party				
	Name ▶					
	Address ►					
16	Gaming manager information					
	Name 🕨					
	Gaming manager compensation ► \$					
	Description of services provided					
	Director/officer	T Employee	☐ Independent cor	ntractor		
17	Mandatory distributions					
а	Is the organization required under stat	e law to make charit	able distributions from the gaming	g proceeds to		
	retain the state gaming license?				┌ Yes 「	— No
b	Enter the amount of distributions requi	red under state law (distributed to other exempt organi	ızatıons or spent		
	ın the organızatıon's own exempt actıv	ities during the tax y	∕ear ⊳ \$			
Pai		5b, 15c, 16, and 1	xplanations required by Part I 7b, as applicable. Also compl			and
	Return Reference		Explanat	ıon		
		<u> </u>	<u> </u>		rm 990 or 990-	7) 2012

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -Schedule I

(Form 990)

DLN: 93493028007335

OMB No 1545-0047

2013

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

Department of the Treasury Internal Revenue Service	•	_	Attach to Form 990	ions is at <u>www.irs.gov/</u> i			en to Public Inspection
Name of the organization UNITED WAY OF GREATER DULUT	HINC					Employer identification	on number
	II INC					41-0857077	
Part I General Information							
 Does the organization maintain the selection criteria used to a Describe in Part IV the organization 	ward the grants or as: zation's procedures fo	r monitoring the use o	f grant funds in the Unite	d States			F Yes □
Form 990, Part IV, lin				rt II can be duplicated			es" to
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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 gra or assistance
See Addıtıonal Data Table							
2 Enter total number of section 5		-	ed in the line 1 table .			· · • <u> </u>	44

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.
	Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c) 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 Inform	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.								
Poturn Poforonce Evaluation									

Return Reference

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

Additional Data

Software ID:

Software Version:

EIN: 41-0857077

Name: UNITED WAY OF GREATER DULUTH INC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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
AEOATWO HARBORS AREA FOOD SHELF 702 THIRD AVE S VIRGINIA, MN 55792	41-6052144	501(C)(3)	7,000				TWO HARBORS FOOD SHELF

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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		
AMERICAN RED CROSS - NORTHLAND CHAPTER 2524 MAPLE GROVE RD DULUTH,MN 55811	41-0711602	501(C)(3)	13,959				DISASTER / EMERGENCY SERVICES, DONOR DESIGNATIONS, FEDERAL CAMPAIGN DESIGNATIONS		

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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		
ARC NORTHLAND 424 W SUPERIOR ST 201 DULUTH,MN 55802	41-6042720	501(C)(3)	9,926				FASD INTERVENTION, FAMILY SERVICES & CHILDREN'S MENTAL HEALTH, DONOR DESIGNATIONS, FEDERAL CAMPAIGN DESIGNATIONS		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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		
BOY SCOUTS VOYAGEURS COUNCIL 3877 STEBNER RD HERMANTOWN,MN 55811	41-0695583	501(C)(3)	2,429				BOY SCOUT PROGRAMS FOR AT RISK YOUTH, DONOR DESIGNATIONS, FEDERAL CAMPAIGN DESIGNATIONS		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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 & GIRLS CLUB OF THE NORTHLAND 2623 W 2ND ST DULUTH, MN 55806	41-0969947	501(C)(3)	74,005				YOUTH DEVELOPMENT, DONOR DESIGNATIONS, FEDERAL CAMPAIGN DESIGNATIONS		

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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		
CENTER CITY HOUSING 105 W 1ST ST DULUTH,MN 55802	36-3485584	501(C)(3)	30,653				WOMEN'S TRANSITIONAL HOUSING, EARLY CHILDHOOD, DONOR DESIGNATIONS, FEDERAL CAMPAIGN DESIGNATIONS		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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)	10,096				SMILES ACROSS MINNESOTA, DONOR DESIGNATIONS, FEDERAL CAMPAIGN DESIGNATIONS		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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			
CHUM 102 W 2ND ST DULUTH,MN 55802	41-1227969	501(C)(3)	54,712				DROP-IN CENTER, EMERGENCY SHELTER, HEADSTART TRANSPORTATION FUND, DONOR DESIGNATIONS, FEDERAL CAMPAIGN DESIGNATIONS			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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			
COMMUNITY ACTION DULUTH 19 N 21ST AVE W DULUTH,MN 55806	41-1410670	501(C)(3)	56,955				FAIM ASSET DEV , JUMP START, EITC TAX SITE, DONOR DESIGNATIONS			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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			
COMMUNITY PARTNERS PO BOX 327 TWO HARBORS,MN 55616	41-1963127	501(C)(3)	5,000				VOLUNTEER SERVICES FOR SENIOR, INDEPENDENT LIVING			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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			
COURAGE KENNEY 3915 GOLDEN VALLEY RD GOLDEN VALLEY, MN 55422	41-0706118	501(C)(3)	9,844				COURAGE CENTER DULUTH PROGRAM, DONOR DESIGNATIONS, FEDERAL CAMPAIGN DESIGNATIONS			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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			
DAMIANO CENTER 206 W 4TH ST DULUTH, MN 55806	41-1453521	501(C)(3)	65,688				SOUP KITCHEN, KIDS CAF??, CLOTHING PROGRAMS, DONOR DESIGNATIONS, FEDERAL CAMPAIGN DESIGNATIONS			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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			
DOMESTIC ABUSE INTERVENTION PROGRAM 202 E SUPERIOR ST DULUTH, MN 55802	41-1382134	501(C)(3)	6,242				DOMESTIC ABUSE INTERVENTION, DONOR DESIGNATIONS, FEDERAL CAMPAIGN DESIGNATIONS			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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 YMCA 302 W 1ST ST DULUTH, MN 55802	41-0693931	501(C)(3)	115,710				COMMUNITY SERVICES, OST PROG AT TITLE 1 SCHOOLS, LITTLE TREASURES CHILDCARE, DONOR DESIGNATIONS			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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		
GIRL SCOUTS - MN & WI LAKES & PINES 424 W SUPERIOR ST G-3 DULUTH, MN 55802	41-0739103	501(C)(3)	6,931				SCOUTING FOR YOUTH AT RISK, NORTH SHORE YOUTH AT RISK, DONOR DESIGNATIONS, FEDERAL CAMPAIGN DESIGNATIONS		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
GOODWILL INDUSTRIES VOCATIONAL ENTERPRISES INC 700 GARFIELD AVE DULUTH,MN 55802	41-0919602	501(C)(3)	32,269				EXTENDED EMPLOYMENT, DONOR DESIGNATIONS, FEDERAL CAMPAIGN DESIGNATIONS			

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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 CENTER 1401 E 1ST ST DULUTH,MN 55805	41-0777937	501(C)(3)	57,166				FAMILY & INDIVIDUAL COUNSELING, DONOR DESIGNATIONS, FEDERAL CAMPAIGN DESIGNATIONS			

form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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		
ISD 704PROCTOR PUBLIC SCHOOLS 131 NINTH AVE PROCTOR,MN 55810	41-6003748	501(C)(3)	4,972				EARLY CHILDHOOD		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
LAKE SUPERIOR COMMUNITY HEALTH CENTER 4825 GRAND AVE DULUTH,MN 55807	23-7167576	501(C)(3)	60,806				HEALTH CARE ACCESS, FEDERAL CAMPAIGN DESIGNATIONS			

Form 990,Schedule 1, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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 SERVICE OF NE MN 424 W SUPERIOR ST 302 DULUTH,MN 55802	41-0958386	501(C)(3)	54,006				DULUTH LEGAL SERVICES, DONOR DESIGNATIONS, FEDERAL CAMPAIGN DESIGNATIONS		

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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			
LIFE HOUSE 102 W 1ST ST DULUTH, MN 55802	41-1704840	501(C)(3)	47,485				KIDS TO ADULTS TRANSITION, BASIC NEEDS, EDUCATION PROGRAMS, DONOR DESIGNATIONS, FEDERAL CAMPAIGN DESIGNATIONS			

Form 990,Schedule 1, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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			
LITTLE TREASURES CENTER 4002 LONDON RD DULUTH,MN 55804	41-1942142	501(C)(3)	799				CHILDCARE & FAMILY CENTER, DONOR DESIGNATIONS, FEDERAL CAMPAIGN DESIGNATIONS			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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				
LUTHERAN SOCIAL SERVICE 424 W SUPERIOR ST 500 DULUTH, MN 55802	41-0872993	501(C)(3)	62,131				CONSUMER CREDIT COUNSELING, TOGETHER FOR YOUTH, FIRST YEAR / YOUNG PARENT PROGRAM, FORECLOSURE PREVENTION, BETHANY CRISIS NURSERY, TRUANCY ACTION PROJECT, DONOR DESIGNATIONS, FEDERAL CAMPAIGN DESIGNATIONS				

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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		
MEN AS PEACEMAKERS 205 W SECOND ST DULUTH, MN 55802	41-1841689	501(C)(3)	27,842				BOYS RESTORATIVE PROGRAM, GIRLS RESTORATIVE PROGRAM		

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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		
MYERS-WILKINS COMMUNITY SCHOOL 1027 N 8TH AVE E DULUTH,MN 55805	41-2002724	501(C)(3)	33,877				COLLABORATIVE YOUTH & DEVELOPMENT PROJECT, DONOR DESIGNATIONS		

Form 990,Schedule 1, Pa	rt 11, Grants al	<u>na Otner Assistanc</u>	<u>e to Governments</u>	and Organization	s in the United Sta	ites	
(a) Name and address of organization or government	(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 RIDE PO BOX 312 ESKO,MN 55733	41-1423936	501(C)(3)	5,584				THERAPEUTIC HORSEBACK RIDING, DONOR DESIGNATIONS

Form 990,Schedule I, Pai	Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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 SHORE COLLABORATIVE 616 3RD AVE TWO HARBORS,MN 55616	41-1852613	501(C)(3)	2,000				LEARNING OPPORTUNITIES THROUGH STORIES			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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 SHORE HORIZONS 127 7TH ST TWO HARBORS,MN 55616		501(C)(3)	7,000				24 HOUR CRISIS INTERVENTION		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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 PARTNERS 99 EDISON BLVD RM 21 SILVER BAY,MN 55614	20-1156990	501(C)(3)	5,000				V O LU NTEER PRO GRAM		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance		
ONE ROOF COMMUNITY HOUSING 224 E 4TH ST DULUTH,MN 55805	41-1465688	501(C)(3)	6,364				HOMEBUYER EDUCATION PROGRAM, DONOR DESIGNATIONS, FEDERAL CAMPAIGN DESIGNATIONS		

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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		
POSITIVE ENERGY OUTDOORS 4757 DATKA RD DULUTH,MN 55803	36-4560104	501(C)(3)	11,932				LOW INCOME YOUTH OUTREACH		

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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				
SAFE HAVEN SHELTER FOR BATTERED WOMEN PO BOX 3558 DULUTH,MN 55803	41-1317462	501(C)(3)	38,148				LEGAL ADVOCACY, DONOR DESIGNATIONS, FEDERAL CAMPAIGN DESIGNATIONS				

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) 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 215 S 27TH AVE W DULUTH,MN 55806	41-0698597	501(C)(3)	100,167				FOOD SERVICES, EMERGENCY SERVICES, FAMILY TRANSITIONAL HOUSING, DONOR DESIGNATIONS, FEDERAL CAMPAIGN DESIGNATIONS			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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)	5,000				EMERGENCY SERVICES			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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			
SECOND HARVEST NORTHERN LAKES FOOD BANK 4503 AIRPARK BLVD DULUTH,MN 55811	36-3479964	501(C)(3)	33,543				DULUTH FOOD BANK, BACKPACK PROGRAM, DONOR DESIGNATIONS, FEDERAL CAMPAIGN DESIGNATIONS			

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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			
SOAR CAREER SOLUTIONS 205 W 2ND ST 101 DULUTH, MN 55802	41-1449179	501(C)(3)	39,376				CAREER DEVELOPMENT PROGRAM, COMMUNITY OFFENDER RE- ENTRY, DONOR DESIGNATIONS			

Form 990, Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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		
SOCIALLY ACTIVE SENIORS PO BOX 607 TWO HARBORS,MN 55616	41-0960674	501(C)(3)	2,520				SOCIALLY ACTIVE SENIORS		

Form 990,Schedule 1, Part 11, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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			
UNITED WAY OF CARLTON COUNTY 807 CLOQUET AVE STE 8 CLOQUET,MN 55720	41-1358283	501(C)(3)	1,530				DONOR DESIGNATIONS			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	cash	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
UNITED WAY OF NORTHEASTERN MN 229 W LAKE ST CHISHOLM,MN 55719	41-0908454	501(C)(3)	647				DONOR DESIGNATIONS			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States									
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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		
UNITED WAY OF SUPERIOR - DOUGLAS COUNTY 1507 TOWER AVE STE 215 SUPERIOR, WI 54880	39-6084805	501(C)(3)	4,852				DONOR DESIGNATIONS		

Form 990, Schedule 1, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) 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			
VALLEY YOUTH CENTER 720 N CENTRAL AVE DULUTH, MN 55807	36-3488171	501(C)(3)	78,341				YOUTH DEV / SUPPORTIVE SERVICES, DONOR DESIGNATIONS, FEDERAL CAMPAIGN DESIGNATIONS			

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) 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)	38,098				NEIGHBORHOOD YOUTH SERVICES, DONOR DESIGNATIONS, FEDERAL CAMPAIGN DESIGNATIONS				

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) 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			
VOLUNTEER ATTORNEY PROGRAM ARROWHEAD LAWYERS CARE 314 W SUPERIOR ST STE 1000 DULUTH,MN 55802	41-1443184	501(C)(3)	9,944				VOLUNTEER ATTORNEY			

Form 990,Schedule 1, Pa	irt II, Grants ar	<u>id Otner Assistanc</u>	<u>e to Governments</u>	and Organization	s in the United Sta	ites	
(a) Name and address of organization or government	(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
YWCA 32 E 1ST ST 200 DULUTH,MN 55802	41-0696493	501(C)(3)	55,400				GIRLS & YOUTH PROGRAMS, EARLY CHILDHOOD CENTER, DONOR DESIGNATIONS

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DLN: 93493028007335

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

SCHEDULE M

(Form 990)

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Noncash Contributions

► Attach to Form 990.

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

<u>Inspection</u>

	e of the organization ED WAY OF GREATER DULUTH INC				Employer identificat	ion nu	mber	
					41-0857077			
Pa	rt I Types of Property			_	_			
		(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d Method of d noncash contrib	etermı		ts
	Art—Works of art							
	Art—Historical treasures .							
_	Art—Fractional Interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
9	Securities—Publicly traded .	X	9	42.047	AVG ON DATE OF	GIFT		
10	Securities—Closely held stock .			,				
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
	O ther ► ()							
26	O ther ►()							
27	O ther ►()							
28	O ther ▶ ()				<u> </u>			
29	Number of Forms 8283 received for which the organization comple				29			
20-	D				. 4		Yes	No
30a	During the year, did the organiza							
	it must hold for at least three ye				ired to be used			
	for exempt purposes for the enti					30a		No
b	If "Yes," describe the arrangement							1
31	Does the organization have a gif	ft acceptan	ce policy that requires the	review of any non-standard	contributions?	31		No
32a	Does the organization hire or us contributions?	•	=			32a	Yes	
b	If "Yes," describe in Part II							

describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

number of items re	ceived, or a combination of both. Also complete this part for any additional information.
Return Reference	Explanation
,	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

32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the

Schedule M (Form 990) (2013)

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As Filed Data -

DLN: 93493028007335

SCHEDULE 0 (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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2013 Open to Public Inspection

Employer identification number Name of the organization UNITED WAY OF GREATER DULUTH INC 41-0857077

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 4	ARTICLE VII EMPLOYEES THE BOARD OF DIRECTORS SHALL EMPLOY A PRESIDENT WHOSE TERMS AND CONDITIONS OF EMPLOY MENT SHALL BE SPECIFIED BY THE BOARD THE PRESIDENT SHALL BE CHARGED WITH THE ADMINISTRATIVE MANAGEMENT OF THE AFFAIRS OF THIS CORPORATION, SUBJECT TO THE APPROVAL OF AND THE DIRECTIONS OF THE BOARD OF DIRECTORS THE PRESIDENT SHALL BE RESPONSIBLE FOR ALL THE DAY-TO-DAY MANAGEMENT FUNCTIONS OF THE CORPORATION HE OR SHE SHALL MANAGE AND DIRECT ALL ACTIVITIES OF THE CORPORATION IN ACCORDANCE WITH POLICIES ESTABLISHED BY THE BOARD OF DIRECTORS AND SHALL BE RESPONSIBLE TO THE BOARD HE OR SHE SHALL ATTEND ALL MEETINGS OF THE BOARD OF DIRECTORS, THE EXECUTIVE COMMITTEE AND ALL OTHER COMMITTEES, SERVING AS AN EX-OFFICIO MEMBER, WITHOUT A VOTE HE OR SHE MAY BE EXCUSED AT MEETINGS CALLED TO REVIEW HIS OR HER PERFORMANCE AND/OR COMPENSATION THE EXECUTIVE COMMITTEE WILL ADMINISTER AND CONDUCT AN ANNUAL PERFORMANCE EVALUATION AS WELL AS PROPOSE ANY RECOMMENDATIONS FOR ACTION THE EXECUTIVE COMMITTEE SHALL PRESENT THE EVALUATION AND RECOMMENDATIONS TO THE BOARD OF DIRECTORS ON A CONFIDENTIAL BASIS THE BOARD OF DIRECTORS SHALL REVIEW AND APPROVE THE EVALUATION AND RECOMMENDATIONS THE BOARD OF DIRECTORS SHALL BE AUTHORIZED TO TERMINATE THE EMPLOY MENT OF THE PRESIDENT CONCLUSIVE VOTE ON TERMINATION CAN BE UNDERTAKEN AT EITHER A REGULAR OR SPECIAL MEETING OF THE BOARD OF DIRECTORS PROVIDED THERE IS A QUORUM AT SAID MEETING, TERMINATION SHALL RESULT IF SUPPORTED BY A VOTE OF TWO-THIRDS (2/3) OF THOSE PRESENT

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

Return Explanation Reference	
FORM 990, PART VI, ROCARD HAS ESTABLISHED THE FOLLOWING CONFLICT OF INTEREST POLICY AND PART VI, SCRION, B., AND DUALLITY OF INVOLVE MEMBERTS AS POLICY. 1 NO EMPLOYEE OF THE UNITED W. SCRION, B., AND DUALLITY OF INVOLVE MEMBERTS AS POLICY. 1 NO EMPLOYEE OF THE UNITED W. WHEN SUCH ORGANIZATION IS A UNITED WAY A FILLATED AGENCY. 2 A CONFLICT C. A RESCONS DUAL, POSITIONS COMPROMISE HIS OR HER OBJECTIVITY IN PETFORISMS LOYALTY TO ETHER FORGANIZATION IS A UNITED WAY A FILLATED AGENCY. 2 A CONFLICT C. A RESCONS DUAL, POSITIONS COMPROMISE HIS OR HER OBJECTIVITY IN PETFORISMS LOYALTY TO ETHER FORGANIZATION BOARD DIRECTORS, EMPLOYEES, VOLUNTEERS BIBBERS WHO BELIEVE THEY HAVE A CONFLICT OF INTERESTS SHALL FULLY DESCLOSS RESIDENT SUCH CONFLICT DURING THE CONSIDERATION OF A PROPOSED ALLOCATION FOR OTHER PROPOSED MATTER SI ON THE BOARD OR HAS A PROFESSIONAL OF OTHER PROPAGALE REAL TORSHIP WITH CORPORATION AGENCY. OR OTHER PROPOSED MATTER SI ON DECISIONS OR ACTIONS THAT WILL AFFECT ALL AGENCIES OR FUND DISTIBUTION FIRSON SHALL NOT USE HIS OR HER PRISONAL INFLUENCE IN THE DISCUSSION OF THE MEMBERS KNOWLEDGE WILL ASSIST THE BOARD AND OFFICE AND AUTHOR HAS A PROPOSED MATTER SI ON DECISIONS OR ACTIONS THAT WILL AFFECT ALL AGENCIES OR FUND DISTIBUTION FIRSON SHALL NOT USE HIS OR HER PRISONAL INFLUENCE IN THE BOARD AGENCY ON THE START SIGNAFICANT FRANCIAL INFERENCE OF THE MEMBERS AND ASSISTANCE AND THE START SIGNAFICANT FRANCIAL SIGNAFILE PROPOSED ALLOCATION OF THE START SIGNAFILE AND ASSISTANCE AND THE START SIGNAFILE AND ASSISTANCE AND THE START SIGNAFICANT FRANCIAL SIGNAFILE AND SECOLULOR OF THE START SIGNAFILE AND ASSISTANCE AND ASSISTANCE AND ASSISTANCE AND ASSISTANCE AND ASSISTANCE AND	NFLICTS OF INTEREST AY SHALL SERVE AS A NY ORGANIZATI ON AN ALSO EXIST WHERE OBLIGATION S OF S OR COMMITTEE M E TO THE CHAIR OR P IN GRANT TO ANY SPEC N AFFECTING A SPE CIFIC UCH PERSO N SERVES I ANY PERSO N, N A BOARD DECISI ON, UCH PERSON MAV VOTE N POLICIES SUCH HE MATTER WHEN THE ARD OR COMMIT TEE ST MAY BRIEFLY THE BOARD OR HIS OR ORTER OR ACTIVE H A RELATIONSHIP, W ER SHALL DISCLOSE AL L ED WAY OF GREATER ARTY TO THE CONT RACT OR TRANSACTION S ARE SATISFIED A THE TO THE DIRECT OR'S ARD OR COMMIT TEE OMPETITIVE BID OR CT OR TRANSACTION EYING THE CONTRA CT OVOTE THAT THE I N DETERMINING THE ER TRANSACTIONS TION IN OR OF WHICH OR LEGAL F BOARD PROCEEDINGS ETINGS, INCLUDING BUT SUES AFFECTING AN AG ONATION AMOUNTS, SERS WITHOUT REGARD T S A DUTY TO MORE TH NG, IN ANY MANNER, TH ANIZATION AND/OR AV BY THE UNITED WA Y HICH THE BOARD MEMB SHALL NOT DIVULGE T N TO DO SO 6 WHE OR A BOARD MEMBER, D MEMBER IN QUESTION, PRESENT A T THE THE BOARD CH AIR OR NITY TO SP EAK BUT

Return Explanation	
FORM 990, PART VI, SECTION B, LINE 12C	ETATION OF TERMS AND POLICY THE AREAS OF CONFLICTING INTEREST LISTED IN THE "DEFINITIONS" SECTION BELOW, AS WELL AS GENERALLY DESCRIBED IN THE PRECEDING PARAGRAPHS, ARE NOT EXHAUST IVE CONFLICTS MIGHT ARISE IN OTHER AREAS OR THROUGH OTHER RELATIONS. IT IS ASSUMED THAT THE DIRECTORS, OFFICERS, AND EMPLOYES WILL RECOGNIZE SUCH AREAS AND RELATIONS BY ANALOGY THE FACT THAT ONE OF THE INTERESTS DEFINED IN THIS POLICY EXISTS DOES NOT INECESSARILY MEAN THAT A CONFLICT EXISTS, OR THAT THE CONFLICT, IF IT EXISTS, IS MATERIAL ENOUGH TO BE OF PRACTICAL IMPORTANCE, OR IF MATERIAL, THAT UPON FULL DISCLOSURE OF ALL RELEVANT FACTS AND C IRCUMSTANCES IT IS NECESSARILY ADVERSE TO THE INTERESTS OF THE UNITED WAY HOWEVER, IT IS THE POLICY OF THE BOARD THAT THE EXISTENCE OF ANY OF THE CONFLICTS OF INTEREST DEFINED IN THIS POLICY SHALL BE DISCLOSED BEFORE ANY TRANSACTION IS CONSUMMATED IT SHALL BE THE CONT INJUNG RESPONSIBILITY OF THE BOARD, OFFICERS, AND MANAGEMENT EMPLOYEES TO SCRUTINIZE THEIR TRANSACTIONS AND OUTSIDE BUSINESS INTERESTS AND RELATIONSHIPS FOR POTENTIAL CONFLICTS AND TO INMEDIATELY MAKE SUCH DISCLOSURES DISCLOSURES DISCLOSURED FOR THE PURPOSE OF THE BOARD, THE ALLOCATION COMMITTEES AND STAFF, A QUESTIONNAIRE CONCERNING SUCH ORGANIZATIONS WITH WHICH EACH PER SON ANDOOR FAMILY MEMBERS IS, OR HAS BEEN WITHIN THE PURPOR TO YEARS, A TRUSTEE, DIRECTOR, SIGNIFICANT FINANCIAL SUPPORTERS IS, OR HAS BEEN WITHIN THE CURRENT CONSUMER OR OTHER MATTER. THIS, HOWEVER, DOES NOT RELEASE A BOARD MEMBER, FUND DISTRIBUTION COMMITTEE MEMBER AND EMPLOYEE OF THE RESPONSIBILITY TO INFORM THE PRESIDENT, CHAIR OF FUND DISTRIBUTION COMMITTEE OF ANY CONFLICTING ROLES OR DUAL ROLES THEY MAY HAVE IF NOT OTHERWISE DISCLOSED DIRECTORS, COMMITTEE MEMBER AND EMPLOYEES. SCHILL RELATIONSHIP WITH BOTH THE UNITED WAY AND ITS AFFILIATED A GENCIES THE QUALITY OF THIS RELATIONSHIP WITH BOTH THE UNITED WAY AND ITS AFFILIATED A GENCIES THE QUALITY OF THIS RELATIONSHIP WITH BOTH THE UNITED WAY AND ITS AFFILIATED A GENCIES. THE QUALITY OF THIS RELATIONSHIP WI

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

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	MULTIPLE YEARS OF THE ORGANIZATION'S ANNUAL REPORTS AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE UWGD WEBSITE. THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST. FINANCIAL STATEMENTS, CONFLICT OF INTEREST AND GOVERNING DOCUMENTS ARE AVAILABLE FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH IN SECTION 6104(D)

Return Reference	Explanation
FORM 990, PART XI, LINE 9	GAIN ON ASSETS HELD BY OTHERS 94,770 GAIN ON PERPETUAL TRUST 505,787