

United Way of Greater Duluth, Inc
424 W Superior Street No. 402
Duluth, MN 55802-1590

Enclosed are the original and one copy of the 2013 Exempt
Organization returns, as follows...

2013 Form 990

2013 Form 990-T

2013 Minnesota Form M4NP

2013 Minnesota Annual Report

Each original should be dated, signed and filed in accordance
with the filing instructions. The copy should be retained
for your files.

Yours truly,

Julie Boyer

TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING

June 30, 2014

Prepared for	United Way of Greater Duluth, Inc 424 W Superior Street No. 402 Duluth, MN 55802-1590
Prepared by	McGladrey LLP 227 W First St, Ste 700 Duluth, MN 55802-1926 (218) 727-5025
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This copy of the return is provided ONLY for Public Disclosure purposes. Any confidential information regarding large donors has been removed.

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

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

A For the 2013 calendar year, or tax year beginning JUL 1, 2013 and ending JUN 30, 2014

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization UNITED WAY OF GREATER DULUTH, INC Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 424 W SUPERIOR STREET 402 City or town, state or province, country, and ZIP or foreign postal code DULUTH, MN 55802-1590 F Name and address of principal officer: MATT HUNTER SAME AS C ABOVE	D Employer identification number 41-0857077 E Telephone number 218-726-4770 G Gross receipts \$ 2,369,985. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.UNITEDWAYDULUTH.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1922 M State of legal domicile: MN

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: UNITED WAY OF GREATER DULUTH WORKS TO ADVANCE THE COMMON GOOD BY FOCUSING ON CRITICAL NEEDS IN 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 26 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 26 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 24 6 Total number of volunteers (estimate if necessary) 6 216 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. b Net unrelated business taxable income from Form 990-T, line 34 7b 0.																									
Revenue		<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>Prior Year</th> <th>Current Year</th> </tr> </thead> <tbody> <tr> <td>8 Contributions and grants (Part VIII, line 1h)</td> <td align="right">2,334,371.</td> <td align="right">2,327,383.</td> </tr> <tr> <td>9 Program service revenue (Part VIII, line 2g)</td> <td align="right">0.</td> <td align="right">0.</td> </tr> <tr> <td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)</td> <td align="right">448.</td> <td align="right">3,441.</td> </tr> <tr> <td>11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td> <td align="right">38,433.</td> <td align="right">24,425.</td> </tr> <tr> <td>12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td> <td align="right">2,373,252.</td> <td align="right">2,355,249.</td> </tr> </tbody> </table>		Prior Year	Current Year	8 Contributions and grants (Part VIII, line 1h)	2,334,371.	2,327,383.	9 Program service revenue (Part VIII, line 2g)	0.	0.	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	448.	3,441.	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	38,433.	24,425.	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,373,252.	2,355,249.						
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Part II Signature Block

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

Sign Here	Signature of officer MATT HUNTER, PRESIDENT Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name JULIE BOYER	Preparer's signature Date Check <input type="checkbox"/> if self-employed PTIN P01278549
	Firm's name ▶ MCGLADREY LLP Firm's address ▶ 227 W FIRST ST, STE 700 DULUTH, MN 55802-1926	Firm's EIN ▶ 42-0714325 Phone no. (218) 727-5025

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: UNITED WAY OF GREATER DULUTH'S MISSION IS TO LEAD A UNITED EFFORT TO STRENGTHEN OUR COMMUNITY BY MOBILIZING RESOURCES TO IMPROVE PEOPLE'S LIVES.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

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

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

4a (Code:) (Expenses \$ 1,354,832. including grants of \$ 1,323,331.) (Revenue \$) COMMUNITY INVESTMENT - UNITED WAY STRATEGICALLY INVESTS IN LOCAL PROGRAMS AND INITIATIVES THAT IMPROVE PEOPLE'S LIVES AND STRENGTHEN THE COMMUNITY. EACH YEAR UNITED WAY VOLUNTEERS, WITH THE SUPPORT OF STAFF, PERFORM AN INDEPTH REVIEW OF PROGRAMS APPLYING FOR FUNDING. ALLOCATIONS ARE MADE TO PROGRAMS MEETING IDENTIFIED COMMUNITY NEEDS AND ACHIEVING MEASURABLE RESULTS. UNITED WAY OF GREATER DULUTH WORKS TO LEVERAGE AND MAXIMIZE AVAILABLE RESOURCES TO ACHIEVE HIGH IMPACT RESULTS AND COMMUNITY CHANGE. TO ACCOMPLISH THIS, UNITED WAY OF GREATER DULUTH IS COMMITTED TO ADDRESSING THE FOLLOWING COMMUNITY PRIORITIES:

1) EDUCATION - FOSTERING SUCCESSFUL CHILDREN AND YOUTH. UNITED WAY

4b (Code:) (Expenses \$ 172,769. including grants of \$ 19,525.) (Revenue \$) COMMUNITY IMPACT - COMMUNITY IMPACT REPRESENTS UNITED WAY'S COMMITMENT TO MAKING A MEASURABLE IMPACT ON CRITICAL COMMUNITY ISSUES. WITH A FOCUS ON OUTCOMES THAT INCREASE THE QUALITY OF LIFE FOR PROGRAM PARTICIPANTS, UNITED WAY IS ABLE TO DEMONSTRATE HOW CONTRIBUTIONS MAKE A MEASURABLE IMPACT UPON THE WELL-BEING OF THE COMMUNITY. A FOCUS ON COMMUNITY IMPACT INVOLVES IDENTIFYING HEALTH AND HUMAN SERVICES PRIORITIES, UNDERSTANDING WHAT RESOURCES EXIST TO ADDRESS THOSE PRIORITIES AND WHAT RESOURCES MAY BE MISSING, AND UNITES NECESSARY RESOURCES AND PEOPLE TO ADDRESS THOSE IDENTIFIED NEEDS.

4c (Code:) (Expenses \$ 158,711. including grants of \$) (Revenue \$) UNITED WAY 2-1-1 (INFORMATION AND REFERRAL): UNITED WAY 2-1-1 MAKES IT POSSIBLE FOR PEOPLE TO NAVIGATE THE COMPLEX AND EVER-GROWING MAZE OF HUMAN SERVICE AGENCIES AND PROGRAMS. EACH DAY, HUNDREDS OF PEOPLE IN OUR REGION SEARCH FOR ORGANIZATIONS THAT WILL PROVIDE ESSENTIAL SERVICES SUCH AS FOOD, SHELTER, HEALTH CARE, LEGAL ASSISTANCE, FINANCIAL AID, AND OTHER SUPPORTIVE SERVICES. THE 2-1-1 PROGRAM OFFERS RELIABLE CONCRETE ASSISTANCE TO THOSE IN NEED BY GUIDING CALLERS THROUGH THE BROAD ARRAY OF SERVICES AVAILABLE IN THIS REGION. PARTICULARLY IMPORTANT TO A LOW DENSITY RURAL AREA, THIS SERVICE LINKS PEOPLE FROM AREAS WHICH MAY NOT HAVE SPECIFIC SERVICE PROVIDERS LOCALLY TO AGENCIES AND RESOURCES IN THE LARGER REGION WHICH CAN PROVIDE THE NEEDED SERVICE. THE PROGRAM STRENGTHENS THE NONPROFIT COMMUNITY BY

4d Other program services (Describe in Schedule O.) (Expenses \$ 186,496. including grants of \$ 89,738.) (Revenue \$)

4e Total program service expenses 1,872,808.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	X	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

		Yes	No
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3) 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>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O

Main table with columns for question number, description, sub-questions (1a-14b), Yes, and No. Includes rows for Form 1096, Form W-2G, backup withholding, Form W-3, unrelated business income, foreign accounts, prohibited tax shelter transactions, and 501(c)(7), (12), and (29) organizations.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (26); 1b 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 business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed MN
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: CHARLES FAUSE - 218-726-4770
424 WEST SUPERIOR ST, #402, DULUTH, MN 55802

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DAN LESLIE SECRETARY	2.00	X		X				0.	0.	0.
(2) CASSANDRA BEARDSLEY DIRECTOR	2.00	X						0.	0.	0.
(3) GARY ECKENBERG DIRECTOR	2.00	X						0.	0.	0.
(4) DEANNA BENSON TREASURER	2.00	X		X				0.	0.	0.
(5) MARIANNE BOHREN DIRECTOR	2.00	X						0.	0.	0.
(6) STEVE DECATUR DIRECTOR	2.00	X						0.	0.	0.
(7) PETER HEDSTROM CHAIR	2.00	X		X				0.	0.	0.
(8) DAN O'NEILL DIRECTOR	2.00	X						0.	0.	0.
(9) REBECCA MEYER DIRECTOR	2.00	X						0.	0.	0.
(10) LISA NEITZEL DIRECTOR	2.00	X						0.	0.	0.
(11) BRYCE NIXON DIRECTOR	2.00	X						0.	0.	0.
(12) LAURA SCHAUER DIRECTOR	2.00	X						0.	0.	0.
(13) BARBARA REYELTS DIRECTOR	2.00	X						0.	0.	0.
(14) STEVE PATRONAS DIRECTOR	2.00	X						0.	0.	0.
(15) LISA BARTLETT DIRECTOR	2.00	X						0.	0.	0.
(16) KEN BROWALL DIRECTOR	2.00	X						0.	0.	0.
(17) STEVE RISACHER DIRECTOR	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) STEPHANIE BALMER DIRECTOR	2.00	X						0.	0.	0.
(19) WILLIAM CRANDALL DIRECTOR	2.00	X						0.	0.	0.
(20) LISA ERWIN VICE CHAIR	2.00	X		X				0.	0.	0.
(21) DENISE HAMSHER DIRECTOR	2.00	X						0.	0.	0.
(22) JOANNE DAHL JOKELA DIRECTOR	2.00	X						0.	0.	0.
(23) KATHRYN KOCH DIRECTOR	2.00	X						0.	0.	0.
(24) CINDI SORENSEN DIRECTOR	2.00	X						0.	0.	0.
(25) MARK BRITTON DIRECTOR	2.00	X						0.	0.	0.
(26) BILL GRONSETH DIRECTOR	2.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								133,761.	0.	20,604.
d Total (add lines 1b and 1c)								133,761.	0.	20,604.

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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 **0**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a 14,632.				
	b	Membership dues	1b				
	c	Fundraising events	1c 10,675.				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 2,302,076.				
	g	Noncash contributions included in lines 1a-1f: \$	42,047.				
	h	Total. Add lines 1a-1f	▶ 2,327,383.				
	Program Service Revenue	2 a	_____ Business Code				
		b	_____				
c		_____					
d		_____					
e		_____					
f		All other program service revenue					
g		Total. Add lines 2a-2f	▶				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	▶ 3,441.			3,441.	
	4	Income from investment of tax-exempt bond proceeds	▶				
	5	Royalties	▶				
	6 a	Gross rents	(i) Real (ii) Personal				
		Less: rental expenses					
		Rental income or (loss)					
		Net rental income or (loss)	▶				
	7 a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
		Less: cost or other basis and sales expenses					
		Gain or (loss)					
		Net gain or (loss)	▶				
	8 a	Gross income from fundraising events (not including \$ 10,675. of contributions reported on line 1c). See Part IV, line 18	a 27,771.				
		Less: direct expenses	b 14,736.				
		Net income or (loss) from fundraising events	▶ 13,035.				13,035.
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
Less: direct expenses		b					
Net income or (loss) from gaming activities		▶					
10 a	Gross sales of inventory, less returns and allowances	a					
	Less: cost of goods sold	b					
	Net income or (loss) from sales of inventory	▶					
Miscellaneous Revenue		Business Code					
11 a	MISCELLANEOUS	900099	11,390.	11,390.			
b	_____						
c	_____						
d	All other revenue						
e	Total. Add lines 11a-11d	▶	11,390.				
12	Total revenue. See instructions.	▶	2,355,249.	11,390.	0.	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 complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to 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):				
a 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 Sch O.)	56,413.	27,847.	18,761.	9,805.
12 Advertising and promotion	11,295.	2,505.	1,073.	7,717.
13 Office expenses	19,347.	9,287.	2,224.	7,836.
14 Information technology				
15 Royalties				
16 Occupancy	43,114.	17,308.	7,687.	18,119.
17 Travel				
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.)				
a EQUIPMENT RENTAL AND MA	34,152.	22,350.	3,401.	8,401.
b FEES ON DONOR DESIGNATE	12,649.	12,649.		
c OTHER	6,004.	278.	78.	5,648.
d OUTREACH	4,262.	4,262.		
e 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 this Part X

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	95,414.	1	296,861.	
	2 Savings and temporary cash investments	726,808.	2	515,420.	
	3 Pledges and grants receivable, net	722,825.	3	761,040.	
	4 Accounts receivable, net		4		
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	17,557.	9	6,262.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 224,840.			
	b Less: accumulated depreciation	10b 198,422.	26,564.	10c 26,418.	
	11 Investments - publicly traded securities		11		
	12 Investments - other securities. See Part IV, line 11		12		
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	4,004,543.	15	4,457,938.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	5,593,711.	16	6,063,939.		
Liabilities	17 Accounts payable and accrued expenses	76,327.	17	54,800.	
	18 Grants payable		18		
	19 Deferred revenue		19		
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	14,455.	21	8,708.	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,089,327.	25	1,006,968.	
	26 Total liabilities. Add lines 17 through 25	1,180,109.	26	1,070,476.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	1,026,538.	27	1,130,211.	
	28 Temporarily restricted net assets	79,613.	28	50,014.	
	29 Permanently restricted net assets	3,307,451.	29	3,813,238.	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	4,413,602.	33	4,993,463.		
34 Total liabilities and net assets/fund balances	5,593,711.	34	6,063,939.		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,355,249.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,375,945.
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	4,413,602.
5	Net unrealized gains (losses) on investments	5	
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	600,557.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,993,463.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

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.

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

OMB No. 1545-0047

2013

Open to Public Inspection

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

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

- The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)
- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
 - 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
 - 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
 - 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
 - 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
 - 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
 - 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
 - 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
 - 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
 - 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
 - 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
 - e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
 - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
 - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
 - h Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2568722.	2646879.	2489602.	2334371.	2327383.	12366957.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2568722.	2646879.	2489602.	2334371.	2327383.	12366957.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						820,908.
6 Public support. Subtract line 5 from line 4.						11546049.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	2568722.	2646879.	2489602.	2334371.	2327383.	12366957.
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						12573589.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	91.83	%
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	92.30	%
16a 33 1/3% support test - 2013. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 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

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

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Name of the organization

UNITED WAY OF GREATER DULUTH, INC

Employer identification number

41-0857077

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization UNITED WAY OF GREATER DULUTH, INC	Employer identification number 41-0857077
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 183,655.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 101,168.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization UNITED WAY OF GREATER DULUTH, INC	Employer identification number 41-0857077
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

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

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

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization

UNITED WAY OF GREATER DULUTH, INC

Employer identification number

41-0857077

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

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

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

Yes No

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

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

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

Yes No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- (ii) Assets included in Form 990, Part X ▶ \$ _____
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____
- b Assets included in Form 990, Part X ▶ \$ _____

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	3,387,064.	3,128,420.	3,203,522.	2,753,144.	2,600,017.
b Contributions	25,235.	39,552.	49,500.	81,447.	20,040.
c Net investment earnings, gains, and losses	505,787.	287,487.	-51,965.	414,572.	167,879.
d Grants or scholarships	54,834.	68,395.	72,637.	45,641.	34,792.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	3,863,252.	3,387,064.	3,128,420.	3,203,522.	2,753,144.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____ %
 - b Permanent endowment 98.70 %
 - c Temporarily restricted endowment 1.30 %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|-----|-------------------------------------|
| (i) unrelated organizations | | <input checked="" type="checkbox"/> |
| (ii) related organizations | | <input checked="" type="checkbox"/> |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | | <input checked="" type="checkbox"/> |

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		51,539.	51,539.	0.
d Equipment		173,301.	146,883.	26,418.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				26,418.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) PERPETUAL TRUST	3,813,238.
(2) ASSETS HELD BY OTHERS	644,700.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	4,457,938.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) DESIGNATED PLEDGES	74,336.
(3) ALLOCATION PAYABLE	932,632.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,006,968.

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

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

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

1	Total revenue, gains, and other support per audited financial statements	1	2,880,104.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	3,017.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	600,557.
e	Add lines 2a through 2d	2e	603,574.
3	Subtract line 2e from line 1	3	2,276,530.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	78,719.
c	Add lines 4a and 4b	4c	78,719.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	2,355,249.

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

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

1	Total expenses and losses per audited financial statements	1	2,300,243.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	3,017.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	14,736.
e	Add lines 2a through 2d	2e	17,753.
3	Subtract line 2e from line 1	3	2,282,490.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	93,455.
c	Add lines 4a and 4b	4c	93,455.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	2,375,945.

Part XIII Supplemental Information.

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

PART IV, LINE 2B:

UWGD IS THE FISCAL AGENT FOR THESE FUNDS FOR A COLLABORATIVE
OF YOUTH ORGANIZATIONS THAT ARE 501(C)3 ORGANIZATIONS AND FOR THE
LONG-TERM FLOOD RECOVERY FUND.

PART V, LINE 4:

THE INVESTMENT INCOME FROM THE ENDOWMENT FUND IS UNRESTRICTED
AND IS USED TO FURTHER THE ORGANIZATIONS MISSION.

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM INCOME TAXES UNDER SECTION
501(C)(3) OF THE INTERNAL REVENUE CODE.

Part XIII Supplemental Information (continued)

NOT-FOR-PROFIT ORGANIZATIONS MAY BECOME SUBJECT TO INCOME TAXES IF QUALIFICATION AS A TAX-EXEMPT ENTITY CHANGES, IF UNRELATED BUSINESS INCOME IS GENERATED, AND IN CERTAIN OTHER INSTANCES. NOT-FOR-PROFIT ORGANIZATIONS ARE REQUIRED TO ASSESS THE CERTAINTY OF THEIR TAX POSITIONS RELATED TO THESE MATTERS AND, IN SOME CASES, RECORD LIABILITIES FOR POTENTIAL TAXES, INTEREST AND PENALTIES ACCOMPANIED BY FOOTNOTE DISCLOSURES. THE ORGANIZATION HAS NOT IDENTIFIED ANY UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE THE ACCRUAL OF AN INCOME TAX PROVISION.

GENERALLY, THE ORGANIZATION IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S. FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR THE YEARS BEFORE 2010.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

LOSS IN PERPETUAL TRUST	505,787.
LOSS IN ASSETS HELD BY OTHERS	94,770.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	600,557.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES TAKEN AGAINST SPECIAL EVENT REVENUE	-14,736.
DONOR DESIGNATIONS	93,455.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	78,719.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

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

PART XII, LINE 4B - OTHER ADJUSTMENTS:

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		POWER OF THE PURSE (event type)	CHILI CAMPAIGN KIC (event type)	NONE (total number)	
Revenue	1 Gross receipts	18,877.	13,667.		32,544.
	2 Less: Contributions	6,875.	3,800.		10,675.
	3 Gross income (line 1 minus line 2)	12,002.	9,867.		21,869.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes		67.		67.
	6 Rent/facility costs	725.	2,431.		3,156.
	7 Food and beverages	3,253.	1,494.		4,747.
	8 Entertainment	500.			500.
	9 Other direct expenses	1,430.	1,514.		2,944.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				11,414.
	11 Net income summary. Subtract line 10 from line 3, column (d)				10,455.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization operates gaming activities: _____
a Is the organization licensed to operate gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

UNITED WAY OF GREATER DULUTH, INC

Employer identification number

41-0857077

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AEOA/TWO HARBORS AREA FOOD SHELF 702 THIRD AVE S VIRGINIA, MN 55792	41-6052144	501(C)(3)	7,000.	0.			TWO HARBORS FOOD SHELF
AMERICAN RED CROSS - NORTHLAND CHAPTER - 2524 MAPLE GROVE RD. - DULUTH, MN 55811	41-0711602	501(C)(3)	13,959.	0.			DISASTER / EMERGENCY SERVICES, DONOR DESIGNATIONS, FEDERAL CAMPAIGN DESIGNATIONS
ARC NORTHLAND 424 W SUPERIOR ST #201 DULUTH, MN 55802	41-6042720	501(C)(3)	9,926.	0.			FASD INTERVENTION, FAMILY SERVICES & CHILDREN'S MENTAL HEALTH, DONOR DESIGNATIONS, FEDERAL
BOY SCOUTS VOYAGEURS COUNCIL 3877 STEBNER RD. HERMANTOWN, MN 55811	41-0695583	501(C)(3)	2,429.	0.			BOY SCOUT PROGRAMS FOR AT RISK YOUTH, DONOR DESIGNATIONS, FEDERAL CAMPAIGN DESIGNATIONS
BOYS & GIRLS CLUB OF THE NORTHLAND 2623 W. 2ND ST. DULUTH, MN 55806	41-0969947	501(C)(3)	74,005.	0.			YOUTH DEVELOPMENT, DONOR DESIGNATIONS, FEDERAL CAMPAIGN DESIGNATIONS
CENTER CITY HOUSING 105 W 1ST ST DULUTH, MN 55802	36-3485584	501(C)(3)	30,653.	0.			WOMEN'S TRANSITIONAL HOUSING, EARLY CHILDHOOD, DONOR DESIGNATIONS, FEDERAL CAMPAIGN

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **44.**
- 3** Enter total number of other organizations listed in the line 1 table ▶ **0.**

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

Schedule I (Form 990) (2013)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S DENTAL SERVICES 636 BROADWAY ST. NE MINNEAPOLIS, MN 55413	41-0857929	501(C)(3)	10,096.	0.			SMILES ACROSS MINNESOTA, DONOR DESIGNATIONS, FEDERAL CAMPAIGN DESIGNATIONS
CHUM 102 W. 2ND ST. DULUTH, MN 55802	41-1227969	501(C)(3)	54,712.	0.			DROP-IN CENTER, EMERGENCY SHELTER, HEADSTART TRANSPORTATION FUND, DONOR DESIGNATIONS,
COMMUNITY ACTION DULUTH 19 N. 21ST AVE. W. DULUTH, MN 55806	41-1410670	501(C)(3)	56,955.	0.			FAIM ASSET DEV., JUMP START, EITC TAX SITE, DONOR DESIGNATIONS
COMMUNITY PARTNERS PO BOX 327 TWO HARBORS, MN 55616	41-1963127	501(C)(3)	5,000.	0.			VOLUNTEER SERVICES FOR SENIOR, INDEPENDENT LIVING
COURAGE KENNEY 3915 GOLDEN VALLEY RD. GOLDEN VALLEY, MN 55422	41-0706118	501(C)(3)	9,844.	0.			COURAGE CENTER DULUTH PROGRAM, DONOR DESIGNATIONS, FEDERAL CAMPAIGN DESIGNATIONS
DAMIANO CENTER 206 W. 4TH ST. DULUTH, MN 55806	41-1453521	501(C)(3)	65,688.	0.			SOUP KITCHEN, KIDS CAF ⁰ , CLOTHING PROGRAMS, DONOR DESIGNATIONS, FEDERAL CAMPAIGN DESIGNATIONS
DOMESTIC ABUSE INTERVENTION PROGRAM - 202 E. SUPERIOR ST. - DULUTH, MN 55802	41-1382134	501(C)(3)	6,242.	0.			DOMESTIC ABUSE INTERVENTION, DONOR DESIGNATIONS, FEDERAL CAMPAIGN DESIGNATIONS
DULUTH AREA FAMILY YMCA 302 W. 1ST ST. DULUTH, MN 55802	41-0693931	501(C)(3)	115,710.	0.			COMMUNITY SERVICES, OST PROG AT TITLE 1 SCHOOLS, LITTLE TREASURES CHILDCARE, DONOR
GIRL SCOUTS - MN & WI LAKES & PINES - 424 W SUPERIOR ST #G-3 - DULUTH, MN 55802	41-0739103	501(C)(3)	6,931.	0.			SCOUTING FOR YOUTH AT RISK, NORTH SHORE YOUTH AT RISK, DONOR DESIGNATIONS, FEDERAL

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOODWILL INDUSTRIES VOCATIONAL ENTERPRISES, INC. - 700 GARFIELD AVE. - DULUTH, MN 55802	41-0919602	501(C)(3)	32,269.	0.			EXTENDED EMPLOYMENT, DONOR DESIGNATIONS, FEDERAL CAMPAIGN DESIGNATIONS
HUMAN DEVELOPMENT CENTER 1401 E 1ST ST. DULUTH, MN 55805	41-0777937	501(C)(3)	57,166.	0.			FAMILY & INDIVIDUAL COUNSELING, DONOR DESIGNATIONS, FEDERAL CAMPAIGN DESIGNATIONS
ISD 704/PROCTOR PUBLIC SCHOOLS 131 NINTH AVE PROCTOR, MN 55810	41-6003748	501(C)(3)	4,972.	0.			EARLY CHILDHOOD
LAKE SUPERIOR COMMUNITY HEALTH CENTER - 4825 GRAND AVE. - DULUTH, MN 55807	23-7167576	501(C)(3)	60,806.	0.			HEALTH CARE ACCESS, FEDERAL CAMPAIGN DESIGNATIONS
LEGAL AID SERVICE OF NE MN 424 W. SUPERIOR ST., #302 DULUTH, MN 55802	41-0958386	501(C)(3)	54,006.	0.			DULUTH LEGAL SERVICES, DONOR DESIGNATIONS, FEDERAL CAMPAIGN DESIGNATIONS
LIFE HOUSE 102 W. 1ST ST. DULUTH, MN 55802	41-1704840	501(C)(3)	47,485.	0.			KIDS TO ADULTS TRANSITION, BASIC NEEDS, EDUCATION PROGRAMS, DONOR DESIGNATIONS, FEDERAL
LITTLE TREASURES CENTER 4002 LONDON RD. DULUTH, MN 55804	41-1942142	501(C)(3)	799.	0.			CHILDCARE & FAMILY CENTER, DONOR DESIGNATIONS, FEDERAL CAMPAIGN DESIGNATIONS
LUTHERAN SOCIAL SERVICE 424 W. SUPERIOR ST., #500 DULUTH, MN 55802	41-0872993	501(C)(3)	62,131.	0.			CONSUMER CREDIT COUNSELING, TOGETHER FOR YOUTH, FIRST YEAR / YOUNG PARENT PROGRAM,
MEN AS PEACEMAKERS 205 W SECOND ST DULUTH, MN 55802	41-1841689	501(C)(3)	27,842.	0.			BOYS RESTORATIVE PROGRAM, GIRLS RESTORATIVE PROGRAM

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MYERS-WILKINS COMMUNITY SCHOOL 1027 N. 8TH AVE. E. DULUTH, MN 55805	41-2002724	501(C)(3)	33,877.	0.			COLLABORATIVE YOUTH & DEVELOPMENT PROJECT, DONOR DESIGNATIONS
NORTH COUNTRY R.I.D.E. PO BOX 312 ESKO, MN 55733	41-1423936	501(C)(3)	5,584.	0.			THERAPEUTIC HORSEBACK RIDING, DONOR DESIGNATIONS
NORTH SHORE COLLABORATIVE 616 3RD AVE. TWO HARBORS, MN 55616	41-1852613	501(C)(3)	2,000.	0.			LEARNING OPPORTUNITIES THROUGH STORIES
NORTH SHORE HORIZONS 127 7TH ST. TWO HARBORS, MN 55616	41-1451736	501(C)(3)	7,000.	0.			24 HOUR CRISIS INTERVENTION
NORTHSHORE AREA PARTNERS 99 EDISON BLVD., RM. 21 SILVER BAY, MN 55614	20-1156990	501(C)(3)	5,000.	0.			VOLUNTEER PROGRAM
ONE ROOF COMMUNITY HOUSING 224 E. 4TH ST. DULUTH, MN 55805	41-1465688	501(C)(3)	6,364.	0.			HOMEBUYER EDUCATION PROGRAM, DONOR DESIGNATIONS, FEDERAL CAMPAIGN DESIGNATIONS
POSITIVE ENERGY OUTDOORS 4757 DATKA RD DULUTH, MN 55803	36-4560104	501(C)(3)	11,932.	0.			LOW INCOME YOUTH OUTREACH
SAFE HAVEN SHELTER FOR BATTERED WOMEN - PO BOX 3558 - DULUTH, MN 55803	41-1317462	501(C)(3)	38,148.	0.			LEGAL ADVOCACY, DONOR DESIGNATIONS, FEDERAL CAMPAIGN DESIGNATIONS
SALVATION ARMY 215 S. 27TH AVE. W. DULUTH, MN 55806	41-0698597	501(C)(3)	100,167.	0.			FOOD SERVICES, EMERGENCY SERVICES, FAMILY TRANSITIONAL HOUSING, DONOR DESIGNATIONS,

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY LAKE COUNTY 2445 PRIOR AVE. ROSEVILLE, MN 55113	41-0698597	501(C)(3)	5,000.	0.			EMERGENCY SERVICES
SECOND HARVEST NORTHERN LAKES FOOD BANK - 4503 AIRPARK BLVD. - DULUTH, MN 55811	36-3479964	501(C)(3)	33,543.	0.			DULUTH FOOD BANK, BACKPACK PROGRAM, DONOR DESIGNATIONS, FEDERAL CAMPAIGN DESIGNATIONS
SOAR CAREER SOLUTIONS 205 W. 2ND ST., #101 DULUTH, MN 55802	41-1449179	501(C)(3)	39,376.	0.			CAREER DEVELOPMENT PROGRAM, COMMUNITY OFFENDER RE-ENTRY, DONOR DESIGNATIONS
SOCIALLY ACTIVE SENIORS PO BOX 607 TWO HARBORS, MN 55616	41-0960674	501(C)(3)	2,520.	0.			SOCIALLY ACTIVE SENIORS
UNITED WAY OF CARLTON COUNTY 807 CLOQUET AVE STE 8 CLOQUET, MN 55720	41-1358283	501(C)(3)	1,530.	0.			DONOR DESIGNATIONS
UNITED WAY OF NORTHEASTERN MN 229 W LAKE ST CHISHOLM, MN 55719	41-0908454	501(C)(3)	647.	0.			DONOR DESIGNATIONS
UNITED WAY OF SUPERIOR - DOUGLAS COUNTY - 1507 TOWER AVE., STE. 215 - SUPERIOR, WI 54880	39-6084805	501(C)(3)	4,852.	0.			DONOR DESIGNATIONS
VALLEY YOUTH CENTER 720 N. CENTRAL AVE. DULUTH, MN 55807	36-3488171	501(C)(3)	78,341.	0.			YOUTH DEV / SUPPORTIVE SERVICES, DONOR DESIGNATIONS, FEDERAL CAMPAIGN DESIGNATIONS
WOODLAND HILLS 4321 ALLENDALE AVE. DULUTH, MN 55803	41-0693848	501(C)(3)	38,098.	0.			NEIGHBORHOOD YOUTH SERVICES, DONOR DESIGNATIONS, FEDERAL CAMPAIGN DESIGNATIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VOLUNTEER ATTORNEY PROGRAM ARROWHEAD LAWYERS CARE - 314 W SUPERIOR ST STE 1000 - DULUTH, MN 55802	41-1443184	501(C)(3)	9,944.	0.			VOLUNTEER ATTORNEY
YWCA 32 E. 1ST ST., #200 DULUTH, MN 55802	41-0696493	501(C)(3)	55,400.	0.			GIRLS & YOUTH PROGRAMS, EARLY CHILDHOOD CENTER, DONOR DESIGNATIONS

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) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

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

Part IV Supplemental Information

BE USED FOR, AND WHAT WILL BE ACHIEVED. C) ONCE EVERY FIVE YEARS, ALL RECIPIENTS 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.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: ARC NORTHLAND

(H) PURPOSE OF GRANT OR ASSISTANCE: FASD INTERVENTION, FAMILY SERVICES & CHILDREN'S MENTAL HEALTH, DONOR DESIGNATIONS, FEDERAL CAMPAIGN DESIGNATIONS

NAME OF ORGANIZATION OR GOVERNMENT: CENTER CITY HOUSING

(H) PURPOSE OF GRANT OR ASSISTANCE: WOMEN'S TRANSITIONAL HOUSING, EARLY CHILDHOOD, DONOR DESIGNATIONS, FEDERAL CAMPAIGN DESIGNATIONS

NAME OF ORGANIZATION OR GOVERNMENT: CHUM

(H) PURPOSE OF GRANT OR ASSISTANCE: DROP-IN CENTER, EMERGENCY SHELTER, HEADSTART TRANSPORTATION FUND, DONOR DESIGNATIONS, FEDERAL CAMPAIGN DESIGNATIONS

NAME OF ORGANIZATION OR GOVERNMENT: DULUTH AREA FAMILY YMCA

(H) PURPOSE OF GRANT OR ASSISTANCE: COMMUNITY SERVICES, OST PROG AT TITLE 1 SCHOOLS, LITTLE TREASURES CHILDCARE, DONOR DESIGNATIONS

Part IV Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: GIRL SCOUTS - MN & WI LAKES & PINES

(H) PURPOSE OF GRANT OR ASSISTANCE: SCOUTING FOR YOUTH AT RISK, NORTH

SHORE YOUTH AT RISK, DONOR DESIGNATIONS, FEDERAL CAMPAIGN DESIGNATIONS

NAME OF ORGANIZATION OR GOVERNMENT: LIFE HOUSE

(H) PURPOSE OF GRANT OR ASSISTANCE: KIDS TO ADULTS TRANSITION, BASIC

NEEDS, EDUCATION PROGRAMS, DONOR DESIGNATIONS, FEDERAL CAMPAIGN

DESIGNATIONS

NAME OF ORGANIZATION OR GOVERNMENT: LUTHERAN SOCIAL SERVICE

(H) PURPOSE OF GRANT OR ASSISTANCE: CONSUMER CREDIT COUNSELING, TOGETHER

FOR YOUTH, FIRST YEAR / YOUNG PARENT PROGRAM, FORECLOSURE PREVENTION,

BETHANY CRISIS NURSERY, TRUANCY ACTION PROJECT, DONOR DESIGNATIONS,

FEDERAL CAMPAIGN DESIGNATIONS

NAME OF ORGANIZATION OR GOVERNMENT: SALVATION ARMY

(H) PURPOSE OF GRANT OR ASSISTANCE: FOOD SERVICES, EMERGENCY SERVICES,

FAMILY TRANSITIONAL HOUSING, DONOR DESIGNATIONS, FEDERAL CAMPAIGN

DESIGNATIONS

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2013

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	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				
25 Other ▶ (_____)				
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

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

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ 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

Name of the organization

UNITED WAY OF GREATER DULUTH, INC

Employer identification number

41-0857077

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

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

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

HELPS ENSURE THAT CHILDREN ARE READY TO SUCCEED IN SCHOOL AND LIFE BY STRATEGICALLY INVESTING IN PROGRAMS AND INITIATIVES THAT INCREASE SCHOOL READINESS AND PROVIDE YOUTH WITH THE PERSONAL, SOCIAL, AND ACADEMIC SKILLS NECESSARY TO SUCCEED IN SCHOOL.

2) HEALTH - IMPROVING PEOPLE'S HEALTH. UNITED WAY INCREASES ACCESS TO HEALTHCARE SERVICES AND BENEFITS FOR UNINSURED AND UNDERINSURED PEOPLE BY STRATEGICALLY INVESTING IN PROGRAMS AND INITIATIVES THAT PROVIDE PHYSICAL, MENTAL AND DENTAL SERVICES TO THOSE WHO WOULD NOT OTHERWISE RECEIVE THE CARE THEY NEED.

3) INCOME - PROMOTING FINANCIAL STABILITY AND INDEPENDENCE. UNITED WAY ASSISTS INDIVIDUALS AND FAMILIES IN THE TRANSITION OUT OF POVERTY BY STRATEGICALLY INVESTING IN PROGRAMS AND INITIATIVES THAT INCREASE INCOME, SAVINGS AND ASSETS - LEADING TO INCREASED FINANCIAL STABILITY

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

4) BASIC NEEDS - ENSURING A STRONG NETWORK OF BASIC HUMAN SERVICES.

UNITED WAY OF GREATER DULUTH PROVIDES VITAL ONGOING OPERATING SUPPORT TO ORGANIZATIONS AND PROGRAMS THAT ENSURE A STRONG NETWORK OF BASIC HUMAN SERVICES. UNITED WAY SUPPORTS PROGRAMS THAT MEET PEOPLE'S EMERGENCY AND TRANSITIONAL NEEDS FOR FOOD, SHELTER, HOUSING, SAFETY AND CLOTHING.

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

ENSURING THAT GOOD USE IS MADE OF THE RESOURCES AVAILABLE. THERE ARE MORE THAN 900 COMMUNITY, HEALTH AND HUMAN SERVICE ORGANIZATIONS SERVING OUR REGION. SOMETIMES UNCERTAINTY ABOUT WHERE TO TURN IS THE ONLY BARRIER SEPARATING PEOPLE FROM THE SERVICES THEY NEED. WITH A DATABASE OF MORE THAN 1900 AVAILABLE SERVICES, UNITED WAY 2-1-1 IN DULUTH IS ABLE TO EFFECTIVELY CONNECT INDIVIDUALS WITH THE SERVICES AND RESOURCES THEY NEED. UNITED WAY 2-1-1 ENCOURAGES PARTICIPATION AND FOSTERS SELF-SUFFICIENCY.

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

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

Name of the organization UNITED WAY OF GREATER DULUTH, INC	Employer identification number 41-0857077
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EARLY CHILDHOOD DEVELOPMENT, AND FUNDS PROGRAMS THAT PROVIDE STRONG SERVICES FOR YOUNG CHILDREN AND THEIR FAMILIES. OUR SUCCESS BY 6 INITIATIVE INCLUDES THE FOLLOWING UNITED WAY OF GREATER DULUTH EARLY CHILDHOOD EFFORTS: IMAGINATION LIBRARY, BIG RED BOOKSHELF, BORN LEARNING TRAIL, AND EARLY CHILDHOOD SCREENING AWARENESS. SUCCESS BY 6 IS A COMMUNITY COMMITMENT TO ENSURE THAT ALL OF OUR CHILDREN ENTER SCHOOL READY TO SUCCEED. IMAGINATION LIBRARY - UNITED WAY OF GREATER DULUTH LAUNCHED DOLLY PARTON'S IMAGINATION LIBRARY IN SEPTEMBER 2008. IMAGINATION LIBRARY IS AN EARLY LITERACY PROGRAM THAT DELIVERS TO CHILDREN AGE BIRTH TO FIVE A NEW, HIGH QUALITY, AGE-APPROPRIATE BOOK IN THE MAIL EACH MONTH. IMAGINATION LIBRARY PROMOTES LOVE OF READING AND LEARNING, ENCOURAGING FAMILIES TO ENJOY BOOKS TOGETHER WITH THEIR CHILDREN. THE PROGRAM IS OFFERED TO FAMILIES AT NO COST. BOOKS ARE SENT DIRECTLY TO FAMILIES' HOMES. ALL FAMILIES IN GREATER DULUTH WITH CHILDREN UNDER THE AGE OF FIVE ARE ELIGIBLE TO ENROLL IN THE PROGRAM, AS LONG AS THEY LIVE AT AN ADDRESS WITH ONE OF THE FOLLOWING ZIP CODES: 55802, 55803, 55804, 55805, 55806, 55807, 55808, 55810, 55811, AND 55812 OR ANYWHERE IN LAKE AND COOK COUNTIES IN MINNESOTA. UNITED WAY VOLUNTEER CENTER - THE MISSION OF THE VOLUNTEER CENTER IS TO BUILD COMMUNITY BY PROMOTING EFFECTIVE VOLUNTEERISM AND CONNECTING PEOPLE WITH THE OPPORTUNITY TO SERVE. WE ACCOMPLISH THIS BY PROVIDING AN ONLINE DATABASE OF VOLUNTEER OPPORTUNITIES IN NORTHEASTERN MINNESOTA, A MONTHLY VOLUNTEER NEWSLETTER, AND A WEEKLY VOLUNTEER COLUMN IN THE DULUTH NEWS TRIBUNE. THE VOLUNTEER CENTER CONNECTS LOCAL VOLUNTEERS WITH OPPORTUNITIES THAT MATCH THEIR SKILLS AND INTERESTS. AFL-CIO COMMUNITY SERVICES PROGRAM - THE COMMUNITY SERVICES PROGRAM IS A PARTNERSHIP BETWEEN UNITED WAY OF GREATER DULUTH AND ORGANIZED LABOR. THIS PROGRAM IS FOCUSED ON HEALTH AND WELFARE SERVICES OF THE COMMUNITY

Name of the organization UNITED WAY OF GREATER DULUTH, INC	Employer identification number 41-0857077
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AND INVOLVING ORGANIZED LABOR IN THE ONGOING ACTIVITIES OF UNITED WAY.
 THE AFL-CIO COMMUNITY SERVICES PROGRAM SUPPORTS PROJECTS THAT HAVE A
 CONTINUING IMPACT IN THE GREATER DULUTH AREA INCLUDING, BUT NOT LIMITED
 TO: ADVOCACY AND INTERVENTION SERVICES, SERVICES TO THE UNEMPLOYED,
 SHOES FOR TOTS, UCAN TRAINING, DAY OF CARING, AND HOLIDAY PROGRAMS.
 EXPENSES \$ 186,496. INCLUDING GRANTS OF \$ 89,738. REVENUE \$ 0.

FORM 990, PART VI, SECTION A, LINE 4:

ARTICLE VII: EMPLOYEES

THE BOARD OF DIRECTORS SHALL EMPLOY A PRESIDENT WHOSE TERMS AND CONDITIONS
 OF EMPLOYMENT 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

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

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

THE FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE AND, SUBSEQUENTLY, PRESENTED TO THE BOARD OF DIRECTORS FOR REVIEW AND APPROVAL PRIOR TO ITS FILING.

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

THE BOARD HAS ESTABLISHED THE FOLLOWING CONFLICT OF INTEREST POLICY AND HAS ESTABLISHED APPROPRIATE PROCEDURES FOR IMPLEMENTATION. THE BOARD POLICY REGARDING CONFLICTS OF INTEREST AND DUALITY OF INVOLVEMENT IS AS FOLLOWS:

1. NO EMPLOYEE OF THE UNITED WAY SHALL SERVE AS A TRUSTEE, DIRECTOR, OR OFFICER OF, OR IN ANY OTHER OFFICIAL CAPACITY WITH, ANY ORGANIZATION WHEN SUCH ORGANIZATION IS A UNITED WAY AFFILIATED AGENCY.

2. A CONFLICT CAN ALSO EXIST WHERE A PERSON'S DUAL POSITIONS COMPROMISE HIS OR HER OBJECTIVITY IN PERFORMING OBLIGATIONS OF LOYALTY TO EITHER

Name of the organization UNITED WAY OF GREATER DULUTH, INC	Employer identification number 41-0857077
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ORGANIZATION. BOARD DIRECTORS, EMPLOYEES, VOLUNTEERS OR COMMITTEE MEMBERS WHO BELIEVE THEY HAVE A CONFLICT OF INTEREST SHALL FULLY DISCLOSE TO THE CHAIR OR PRESIDENT SUCH CONFLICT DURING THE CONSIDERATION OF A PROPOSED ALLOCATION GRANT TO ANY SPECIFIC OR TO A SELECT NUMBER OF UNITED WAY AGENCIES, ANY MEMBERSHIP DECISION AFFECTING A SPECIFIC AGENCY, OR OTHER MATTER IMPLICATING A POTENTIAL CONFLICT OF INTEREST., IF SUCH PERSON SERVES ON THE BOARD OR HAS A PROFESSIONAL OR OTHER FINANCIAL RELATIONSHIP WITH ANY PERSON, CORPORATION, AGENCY OR OTHER ORGANIZATION HAVING A FINANCIAL INTEREST IN A BOARD DECISION, SUCH PERSON SHALL BE DISQUALIFIED FROM VOTING ON THE PROPOSED MATTER. SUCH PERSON MAY VOTE ON DECISIONS OR ACTIONS THAT WILL AFFECT ALL AGENCIES OR FUND DISTRIBUTION POLICIES. SUCH PERSON SHALL NOT USE HIS OR HER PERSONAL INFLUENCE IN THE DISCUSSION OF THE MATTER. WHEN THE MEMBER'S KNOWLEDGE WILL ASSIST THE BOARD OR COMMITTEE AND WHEN THE BOARD OR COMMITTEE REQUESTS SUCH INFORMATION, A PERSON WITH A CONFLICT OR DUALITY OF INTEREST MAY BRIEFLY ANSWER PERTINENT QUESTIONS.

3. NO ORGANIZATION WITH WHICH ANY MEMBER OF THE BOARD OR HIS OR HER FAMILY MEMBERS ARE A BOARD MEMBER, STAFF, SIGNIFICANT FINANCIAL SUPPORTER OR ACTIVE VOLUNTEER SHALL RECEIVE ANY SPECIAL CONSIDERATION, ATTRIBUTABLE TO SUCH A RELATIONSHIP, WHATSOEVER BY THE BOARD, OR BY THE STAFF, IN ANY MATTER. THE BOARD MEMBER SHALL DISCLOSE ALL SUCH RELATIONSHIPS.

4. A CONTRACT OR OTHER TRANSACTION BETWEEN THE UNITED WAY OF GREATER DULUTH AND A DIRECTOR IS NOT VOID OR VOIDABLE BECAUSE THE DIRECTOR IS A PARTY TO THE CONTRACT OR BECAUSE THE DIRECTOR IS PRESENT AT THE MEETING AT WHICH THE CONTRACT OR TRANSACTION IS AUTHORIZED, APPROVED, OR RATIFIED, SO LONG AS THE FOLLOWING CONDITIONS ARE SATISFIED:

A. THE MATERIAL FACTS CONCERNING THE CONTRACT OR TRANSACTION AS THEY RELATE TO THE DIRECTOR'S CONFLICT OF INTEREST MUST BE FULLY DISCLOSED, OR MUST BE

Name of the organization UNITED WAY OF GREATER DULUTH, INC	Employer identification number 41-0857077
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KNOWN TO THE BOARD OR COMMITTEE AUTHORIZING, APPROVING OR RATIFYING THE CONTRACT OR TRANSACTION;

B. A COMPETITIVE BID OR COMPARABLE VALUATION EXISTS, IF APPROPRIATE AND RELEVANT TO THE CONTRACT OR TRANSACTION IMPLICATED; AND

C. THE BOARD OR COMMITTEE AUTHORIZING, APPROVING, OR RATIFYING THE CONTRACT OR TRANSACTION MUST DO SO IN GOOD FAITH BY A MAJORITY, NOT COUNTING ANY VOTE THAT THE INTERESTED DIRECTOR MIGHT OTHERWISE HAVE, AND NOT COUNTING THE DIRECTOR IN DETERMINING THE PRESENCE OF A QUORUM.

THESE CONDITIONS ALSO APPLY TO CONTRACTS OR OTHER TRANSACTIONS BETWEEN UNITED WAY AND A MEMBER OF A DIRECTOR'S FAMILY OR AN ORGANIZATION IN OR OF WHICH THE DIRECTOR OR A MEMBER OF THE DIRECTOR'S FAMILY IS A DIRECTOR, OFFICER, OR LEGAL REPRESENTATIVE, OR HAS A MATERIAL FINANCIAL INTEREST.

5. CONFIDENTIALITY OF BOARD PROCEEDINGS ARE OF THE UTMOST IMPORTANCE, AND DISCUSSIONS WHICH OCCUR AT BOARD MEETINGS, INCLUDING BUT NOT LIMITED TO: (1) FUND DISTRIBUTION POLICIES, FUNDING DECISIONS, OR OTHER ISSUES AFFECTING AN AGENCY'S RELATIONSHIP WITH UNITED WAY, (2) CONTRACTS, (3) DONOR NAMES AND DONATION AMOUNTS, AND (4) PERSONNEL MATTERS, ARE TO STAY WITHIN AND AMONG THE BOARD MEMBERS WITHOUT REGARD TO THEIR RELATIONSHIP WITH SUCH AGENCY OR THIRD PERSON. A PERSON WHO OWES A DUTY TO MORE THAN ONE ORGANIZATION SHOULD ABSENT THEMSELVES FROM DISCUSSIONS INVOLVING, IN ANY MANNER, THE OTHER ORGANIZATION TO AVOID THE POSSIBILITY OF DISADVANTAGING ONE ORGANIZATION AND/OR AVOIDING INAPPROPRIATE DISCLOSURE. IF DECISIONS ARE MADE OR DISCUSSIONS HAD BY THE UNITED WAY BOARD WHICH POTENTIALLY AFFECT THE AGENCY OR OTHER THIRD PARTY WITH WHICH THE BOARD MEMBER, COMMITTEE MEMBER, VOLUNTEER OR EMPLOYEE IS ASSOCIATED, THAT PERSON SHALL NOT DIVULGE THAT INFORMATION TO THE AGENCY PRIOR TO THE UNITED WAY MAKING THE DECISION TO DO SO.

Name of the organization UNITED WAY OF GREATER DULUTH, INC	Employer identification number 41-0857077
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6. WHENEVER A QUESTION OR DISPUTE AS TO WHETHER A CONFLICT OF INTEREST EXISTS FOR A BOARD MEMBER, AT THE DISCRETION OF THE BOARD CHAIR, OR VICE CHAIR IF THE CHAIR IS THE BOARD MEMBER IN QUESTION, THE BOARD SHALL EITHER DETERMINE THE QUESTION BY A VOTE OF THE MEMBERS PRESENT AT THE MEETING OR SHALL REFER THE QUESTION TO AN AD HOC COMMITTEE APPOINTED BY THE BOARD CHAIR OR VICE CHAIR. THE MEMBER WHOSE INTEREST IS BEING DETERMINED HAS THE OPPORTUNITY TO SPEAK BUT SHALL NOT PARTICIPATE IN EITHER THE VOTE OR THE COMMITTEE.

7. EACH DIRECTOR'S CONFLICTS OF INTEREST WILL BE DISCLOSED AND UPDATED ANNUALLY. A LIST OF THESE CONFLICTS OF INTEREST WILL BE DISTRIBUTED TO ALL DIRECTORS

INTERPRETATION 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 EXHAUSTIVE. CONFLICTS MIGHT ARISE IN OTHER AREAS OR THROUGH OTHER RELATIONS. IT IS ASSUMED THAT THE DIRECTORS, OFFICERS, AND EMPLOYEES WILL RECOGNIZE SUCH AREAS AND RELATIONS BY ANALOGY.

THE FACT THAT ONE OF THE INTERESTS DEFINED IN THIS POLICY EXISTS DOES NOT NECESSARILY 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 CIRCUMSTANCES 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 CONTINUING RESPONSIBILITY OF

Name of the organization UNITED WAY OF GREATER DULUTH, INC	Employer identification number 41-0857077
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THE BOARD, OFFICERS, AND MANAGEMENT EMPLOYEES TO SCRUTINIZE THEIR TRANSACTIONS AND OUTSIDE BUSINESS INTERESTS AND RELATIONSHIPS FOR POTENTIAL CONFLICTS AND TO IMMEDIATELY MAKE SUCH DISCLOSURES.

DISCLOSURE

FOR THE PURPOSE OF CARRYING OUT THIS POLICY, THE UNITED WAY WILL PERIODICALLY DISTRIBUTE TO ALL MEMBERS OF THE BOARD, THE ALLOCATION COMMITTEES AND STAFF, A QUESTIONNAIRE CONCERNING SUCH ORGANIZATIONS WITH WHICH EACH PERSON AND/OR FAMILY MEMBERS IS, OR HAS BEEN WITHIN THE PRIOR TWO YEARS, A TRUSTEE, DIRECTOR, SIGNIFICANT FINANCIAL SUPPORTER, ACTIVE VOLUNTEER, CURRENT CONSUMER OF ITS SERVICES OR STAFF MEMBER. ON THE BASIS OF THESE QUESTIONNAIRES, STAFF WILL IDENTIFY ANY AFFILIATION WHENEVER SUCH ORGANIZATIONS ARE CONSIDERED FOR A POSSIBLE ALLOCATION GRANT 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 OR FUND DISTRIBUTION COMMITTEE OF ANY CONFLICTING ROLES OR DUAL ROLES THEY MAY HAVE IF NOT OTHERWISE DISCLOSED.

DIRECTORS, COMMITTEE MEMBERS AND VOLUNTEERS, AS WELL AS EMPLOYEES, ENTER INTO A SPECIAL RELATIONSHIP WITH BOTH THE UNITED WAY AND ITS AFFILIATED AGENCIES. THE QUALITY OF THIS RELATIONSHIP REQUIRES PROTECTION AGAINST POSSIBLE CONFLICTS AND DUALITIES OF INTEREST, OR THE APPEARANCE OF CONFLICT OF INTEREST OR DUALITIES.

DIRECTORS, COMMITTEE MEMBERS AND VOLUNTEERS, AS WELL AS EMPLOYEES, ARE REQUIRED TO DISCLOSE ANY UNITED WAY AGENCY AFFILIATIONS AND OTHER POTENTIAL CONFLICTS OF INTEREST ANNUALLY, OR AS THE POTENTIAL CONFLICT BECOMES KNOWN. THIS DISCLOSURE IS TO INCLUDE CURRENT CONFLICTS AS WELL AS THOSE WITHIN THE PRIOR TWO YEARS.

Name of the organization UNITED WAY OF GREATER DULUTH, INC	Employer identification number 41-0857077
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FORM 990, PART VI, SECTION B, LINE 15:

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

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

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

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

GAIN ON ASSETS HELD BY OTHERS	94,770.
GAIN ON PERPETUAL TRUST	505,787.
TOTAL TO FORM 990, PART XI, LINE 9	600,557.

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

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

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

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

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	UNITED WAY OF GREATER DULUTH, INC	41-0857077
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions.	Social security number (SSN)
	424 W SUPERIOR STREET, NO. 402	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	DULUTH, MN 55802-1590	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

CHARLES FAUSE

• The books are in the care of ▶ **424 WEST SUPERIOR ST, #402 - DULUTH, MN 55802**
Telephone No. ▶ **218-726-4770** Fax No. ▶ _____

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 16, 2015**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year _____ or
▶ tax year beginning **JUL 1, 2013**, and ending **JUN 30, 2014**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

June 30, 2014

Prepared for	United Way of Greater Duluth, Inc 424 W Superior Street No. 402 Duluth, MN 55802-1590
Prepared by	McGladrey LLP 227 W First St, Ste 700 Duluth, MN 55802-1926 (218) 727-5025
Amount due or refund	No amount is due.
Make check payable to	No amount is due.
Mail tax return and check (if applicable) to	Department of the Treasury Internal Revenue Service Center Ogden, UT 84201-0027
Return must be mailed on or before	May 15, 2015
Special Instructions	The return should be signed and dated.

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

For calendar year 2013 or other tax year beginning JUL 1, 2013, and ending JUN 30, 2014

2013

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

Department of the Treasury Internal Revenue Service

Information about Form 990-T and its instructions is available at www.irs.gov/form990t. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Form header section containing: A Check box if address changed; B Exempt under section 501(c)(3); C Book value of all assets at end of year 6,063,939; D Employer identification number 41-0857077; E Unrelated business activity codes; F Group exemption number; G Check organization type 501(c) corporation; H Describe the organization's primary unrelated business activity; I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?; J The books are in care of CHARLES FAUSE Telephone number 218-726-4770

Part I Unrelated Trade or Business Income table header with columns (A) Income, (B) Expenses, (C) Net

Table for Part I Unrelated Trade or Business Income with rows 1a through 13. Total income is 0.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

Table for Part II Deductions Not Taken Elsewhere with rows 14 through 34. Total deductions are 1,000. Unrelated business taxable income is 0.

Part III Tax Computation

Table with 3 columns: Description, Line Number, Amount. Includes rows for Organizations Taxable as Corporations (35), Trusts Taxable at Trust Rates (36), Proxy tax (37), Alternative minimum tax (38), and Total (39).

Part IV Tax and Payments

Table with 3 columns: Description, Line Number, Amount. Includes rows for Foreign tax credit (40a-40e), Other taxes (42), Total tax (43), Payments (44a-44g), Total payments (45), Estimated tax penalty (46), Tax due (47), Overpayment (48), and Credited to 2014 estimated tax (49).

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

Table with 3 columns: Question, Yes, No. Includes questions about foreign accounts, foreign trusts, and tax-exempt interest.

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

Table with 3 columns: Description, Line Number, Amount. Includes rows for Inventory at beginning/end of year, Purchases, Cost of labor, Additional section 263A costs, and Total.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here: Signature of officer, Date, Title (PRESIDENT), and a box for 'May the IRS discuss this return with the preparer shown below?' with Yes/No options.

Paid Preparer Use Only: Print/Type preparer's name (JULIE BOYER), Preparer's signature, Date, Check self-employed, PTIN (P01278549), Firm's name (MCGLADREY LLP), Firm's address (227 W FIRST ST, STE 700, DULUTH, MN 55802-1926), Firm's EIN (42-0714325), and Phone no. ((218) 727-5025).

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

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

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file) - You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

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

		Enter filer's identifying number
Type or print	Name of exempt organization or other filer, see instructions. UNITED WAY OF GREATER DULUTH, INC	Employer identification number (EIN) or 41-0857077
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 424 W SUPERIOR STREET, NO. 402	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. DULUTH, MN 55802-1590	

Enter the Return code for the return that this application is for (file a separate application for each return) 07

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

CHARLES FAUSE

• The books are in the care of ▶ **424 WEST SUPERIOR ST, #402 - DULUTH, MN 55802**
Telephone No. ▶ **218-726-4770** Fax No. ▶ _____

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **MAY 15, 2015**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2013**, and ending **JUN 30, 2014**.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

TAX RETURN FILING INSTRUCTIONS

MINNESOTA ANNUAL REPORT

FOR THE YEAR ENDING

June 30, 2014

Prepared for	United Way of Greater Duluth, Inc 424 W Superior Street No. 402 Duluth, MN 55802-1590
Prepared by	McGladrey LLP 227 W First St, Ste 700 Duluth, MN 55802-1926 (218) 727-5025
Mail tax return to	Office of the Attorney General Suite 1200, Bremer Tower 445 Minnesota Street St. Paul, MN 55101-2130
Return must be mailed on or before	May 15, 2015
Special Instructions	<p>The report should be signed and dated by the authorized individual(s).</p> <p>Enclose a check for \$25 made payable to State of Minnesota. Include the organization's Minnesota charitable organization number and Annual Report on the remittance.</p>

STATE OF MINNESOTA

CHARITABLE ORGANIZATION INITIAL REGISTRATION & ANNUAL REPORT FORM

ATTORNEY GENERAL LORI SWANSON

SUITE 1200, BREMER TOWER

445 MINNESOTA STREET

ST. PAUL, MN 55101-2130

(651) 757-1311

(651) 296-1410 (TTY)

www.ag.state.mn.us

Annual Reporting

Initial Registration

FEDERAL EIN NUMBER: 41-0857077

FOR YEAR ENDING: 06/30/2014

SECTION A: REQUIRED INFORMATION FOR INITIAL REGISTRATION & ANNUAL REPORTING

1. *Legal Name of Organization:* UNITED WAY OF GREATER DULUTH, INC

If annual reporting, is this a new name since the organization's last filing?

Yes

No

If so, please state former name: _____

2. List all names under which the organization solicits contributions:

UNITED WAY OF GREATER DULUTH, INC.

3. *Mailing Address of Organization (required)*

424 W SUPERIOR STREET
DULUTH, MN 55802-1590

Physical Address of Organization (required)

424 W SUPERIOR STREET
DULUTH, MN 55802-1590

4. *Contact Person* MATT HUNTER

Tel. No. 218-726-4790

E-mail _____

Fax No. _____

5. Does the organization use the services of a professional fund-raiser (outside solicitor or consultant)?

Yes

No

If so, provide name and address of any outside professional fund-raiser employed by the organization and state the total amount of compensation each outside fund-raiser received from the filing organization during the year. *Attach schedule if more than one.*

Name _____

Address _____

City _____

State _____

ZIP _____

Compensation _____

6. a) Does this professional fund-raiser solicit or consult in Minnesota?

Yes

No

b) Is this professional fund-raiser registered to solicit or consult in Minnesota?

Yes

No

7. Month and day accounting year ends: 06/30

8. Has the organization included the filing fee, late fee (if any) and all attachments required by the instructions?

Yes

No

Office Use Only: ARF \$25 \$50 N (e-Postcard) 990 EZ PF FES SIG BD SAL Audit

9. This Section A(9) must be completed by organizations filing a 990-N (e-Postcard) or organizations whose filing does not contain the information requested below. This includes organizations that: 1) do not file an IRS Form 990, 2) file an IRS Form 990-EZ or 990-PF, or 3) organizations that file a group return that does not include the filing organization's individual financial information.

INCOME

Contributions from the public	\$	<u>2,327,383.</u>
Government Grants	\$	<u>0.</u>
Other revenue	\$	<u>27,866.</u>
TOTAL REVENUE	\$	<u>2,355,249.</u>

EXCESS or DEFICIT	\$	<u>-20,696.</u>
TOTAL Assets	\$	<u>6,063,939.</u>
TOTAL Liabilities	\$	<u>1,070,476.</u>

END OF YEAR FUND BALANCE/NET WORTH (Assets minus Liabilities) \$ 4,993,463.

SECTION C: REQUIRED FOR ANNUAL REPORTING ONLY

ALL Annual Report filers MUST complete questions 1-6

1. Has the organization's accounting year changed since the last report was filed? Yes No
 If yes, provide the new year-end date: _____

2. **Attach** an explanation if there has been any change in the organization's tax status with the Internal Revenue Service; a significant change in the purposes of the organization; or if the organization's right to solicit funds has been denied, suspended, revoked or enjoined by any state agency or court in any state, or if there are proceedings pending. None Attached

3. List of the five highest paid directors, officers, and employees of the organization and its related organizations, as that term is defined by section 317A.011, subdivision 18, that receive total compensation of more than \$100,000, together with the compensation paid to each. For purposes of this subdivision, "compensation" is defined as the total amount reported on Form W-2 (Box 5) or Form 1099-MISC (Box 7) issued by the organization and its related organizations to the individual. The value of fringe benefits and deferred compensation paid by the charitable organization and all related organizations as that term is defined by section 317A.011, subdivision 18, shall also be reported as a separate item for each person whose compensation is required to be reported pursuant to this subdivision.

	Name/Title	Compensation	Deferred Compensation	Fringe Benefits
1				
2				
3				
4				
5				

4. **Attach** a list of organization's board of directors. Attached Included in IRS return

5. **Attach a GAAP audit** if total revenue exceeds \$750,000. Attached
 Audit not included under the Food Shelf Exemption (excluding from total revenue the value of food donated to a nonprofit food shelf for redistribution at no cost). Audit not required

6. Minnesota law requires that an organization file a copy of all tax or informational returns filed with the IRS, including IRS Form 990-N (e-Postcard), 990, 990-EZ, or 990-PF, including all schedules and amendments. Has the organization included with this annual report a copy of all tax or informational returns, including IRS Form 990-N (e-Postcard), 990, 990-EZ or 990-PF that it filed with the IRS (excluding Schedule B or any other donor list)? Yes No (Not required to file a return with IRS or files a group return).

NOTE: By answering YES to the above question, you are attesting that the IRS informational return filed with this office is an exact copy, including all schedules and attachments, of the IRS informational return filed with the IRS (excluding Schedule B or any other donor list the IRS may require).

7. This Section C(7) must be completed by organizations that: 1) do not file an informational return with the IRS; 2) file a 990-N (e-Postcard), 990-EZ, or 990-PF; 3) file a group return that does not include the filing organization's functional expense information; or 4) file an IRS Form 990 that does not contain a completed functional expenses statement within the IRS Form 990.

Statement of Functional Expenses				
	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S.	1,432,594.	1,432,594.		
2 Grants and other assistance to individuals in the U.S.				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S.				
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 contributions (include section 401(k) and section 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):				
a Management				
b Legal	11,584.		11,584.	
c Accounting	12,285.	426.	11,389.	470.
d Lobbying				
e Professional fundraising services				
f Investment management fees				
g Other	56,413.	27,847.	18,761.	9,805.
12 Advertising and promotion	11,295.	2,505.	1,073.	7,717.
13 Office expenses	19,347.	9,287.	2,224.	7,836.
14 Information technology				
15 Royalties				
16 Occupancy	43,114.	17,308.	7,687.	18,119.
17 Travel				
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. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a EQUIPMENT RENTAL AND MA	34,152.	22,350.	3,401.	8,401.
b FEES ON DONOR DESIGNATE	12,649.	12,649.		
c OTHER	6,004.	278.	78.	5,648.
d All other expenses STMT 1	7,398.	5,682.	511.	1,205.
25 Total functional expenses. Add lines 1 through 24d	2,375,945.	1,872,808.	190,823.	312,314.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Must be prepared in accordance with generally accepted accounting principles.
For 990-EZ filers: Column A, Line 25 should equal line 17 IRS Form 990-EZ
For 990-PF filers: Column A, Line 25 should equal line 26 IRS Form 990-PF
The total of Column A, lines 1 through 24d should equal line 25a.
The total of lines 25b, 25c and 25d, should equal line 25a

SECTION D: REQUIRED FOR INITIAL REGISTRATION & ANNUAL REPORTING

BOARD OF DIRECTORS
SIGNATURES AND ACKNOWLEDGMENT

We, the undersigned, state and acknowledge that we are duly constituted officers of this organization, being the

PRESIDENT _____ (Title) and _____ (Title) respectively, and

that we execute this document on behalf of the organization pursuant to the resolution of the

BOARD OF DIRECTORS _____ (Board of Directors, Trustees, or Managing Group) adopted on the _____

day of _____, 20___, approving the contents of the document, and do hereby certify that the

BOARD OF DIRECTORS _____ (Board of Directors, Trustees, or Managing Group) has assumed, and will continue

to assume, responsibility for determining matters of policy, and have supervised, and will continue to supervise, the finances of the organization. We

further state that the information supplied is true, correct and complete to the best of our knowledge.

MATT HUNTER _____

Name (Print)

Name (Print)

Signature

Signature

PRESIDENT _____

Title

Title

Date

Date

*** NOTICE ***

Documents required to be filed are public records. Please do not include social security numbers, driver's license numbers or bank account numbers on the documents filed with this Office as they are not required, but could become part of the public records. A charitable organization is not required to file a list of its donors. If it is included, it may become part of the public file.

AG: #3124563-v1

ANNUAL REPORT	OTHER EXPENSES			STATEMENT	1
DESCRIPTION	TOTAL EXPENSE	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING	
EQUIPMENT RENTAL AND MAINTENANCE	34,152.	22,350.	3,401.	8,401.	
FEEES ON DONOR DESIGNATED FUNDS	12,649.	12,649.	0.	0.	
OTHER	6,004.	278.	78.	5,648.	
OUTREACH	4,262.	4,262.	0.	0.	
MEMBERSHIP DUES	3,136.	1,420.	511.	1,205.	
TOTALS INCLUDED ON LN 25	60,203.	40,959.	3,990.	15,254.	

TAX RETURN FILING INSTRUCTIONS

MINNESOTA FORM M4NP

FOR THE YEAR ENDING

June 30, 2014

Prepared for	United Way of Greater Duluth, Inc 424 W Superior Street No. 402 Duluth, MN 55802-1590
Prepared by	McGladrey LLP 227 W First St, Ste 700 Duluth, MN 55802-1926 (218) 727-5025
Amount due or refund	No payment required
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Minnesota Revenue Mail Station 1257 St. Paul, MN 55146-1257
Return must be mailed on or before	May 15, 2015
Special Instructions	The return should be signed and dated by an authorized individual.

2013 Unrelated Business Income Tax (UBIT) Return

For tax-exempt organizations, cooperatives, homeowners associations and political organizations with unrelated business income.

Tax year beginning 07012013, 2013, and ending 06302014 (required)

Please print or type	Name of organization UNITED WAY OF GREATER DULUTH, INC		FEIN 410857077	Minnesota tax ID (required)	
	Current address 424 W SUPERIOR STREET		This organization files federal Form (check one) <input checked="" type="checkbox"/> 990-T <input type="checkbox"/> 1120-C <input type="checkbox"/> 1120-H <input type="checkbox"/> 1120-POL		
	City DULUTH	County	State MN	ZIP code 55802-1590	Exempt under IRS section (check one) <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 528 <input type="checkbox"/> Other:
	Check all that apply: <input type="checkbox"/> Amended return <input checked="" type="checkbox"/> Filing under an extension <input type="checkbox"/> Final return (see inst., pg. 3)		Enter your NAICS codes (see instructions, pg. 3) /		
	Are you filing a combined income return? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Was 100% of the business conducted in Minnesota for this tax year? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (complete and attach Schedule M4NPA)		

You must round amounts to nearest whole dollar.

Determining tax	1	Federal taxable income before net operating loss and specific deduction (from federal Form 990-T, line 30; 1120-C, line 25a; 1120-H, line 17; or 1120-POL, line 17c)	1	_____
	2	Total subtractions from federal taxable income (from M4NPI, line 1)	2	_____
	3	Federal taxable income or (loss) after subtractions (see instructions)	3	_____
	If you conducted business both within and outside Minnesota, complete M4NPA (see instructions, pg. 6). If 100% of your activities were conducted in Minnesota, do not complete M4NPA. Enter line 3 on line 4.			
	4	Minnesota taxable net income or (loss) (from M4NPA, line 14, or if 100% of your activities were conducted in Minnesota, enter amount from line 3 above)	4	_____ 0
	5	Minnesota net operating loss deduction (from NOL)	5	_____ 0
	6	Subtract line 5 from line 4 (if zero or less, enter zero)	6	_____ 0
	7	Total deductions from taxable net income (from M4NPI, line 2)	7	_____
	8	Taxable income (subtract line 7 from line 6; if zero or less, enter zero)	8	_____ 0
	9	Regular tax (multiply line 8 by 9.8% [0.098]; if zero or less, enter zero)	9	_____ 0
10	Proxy tax (see instructions, pg. 3)	10	_____	
11	Tax before credits (add lines 9 and 10)	11	_____	
12	Total credits against tax (from M4NPI, line 3)	12	_____	
13	Minnesota tax liability (subtract line 12 from line 11; if zero or less, enter zero)	13	_____ 0	
14	Minnesota Nongame Wildlife Fund donation (see instructions, pg. 3)	14	_____	
15	Add lines 13 and 14	15	_____	
Credits and payments	16	Total refundable credits (from M4NPI, line 4)	16	_____
	17	Amount credited from your 2012 Form M4NP, line 30	17	_____
	18	2013 estimated tax payments	18	_____
	19	2013 extension payment	19	_____
	20	Total refundable credits and payments (add lines 16, 17, 18 and 19)	20	_____
Tax, donation, penalty, interest, charges	21	Subtract line 20 from line 15	21	_____
	22	Penalty (determine from worksheet in the instructions, pg. 4)	22	_____
	23	Interest (determine from worksheet in the instructions, pg. 4)	23	_____
	24	Additional charge for underpayment of estimated tax (from M15NP, line 17)	24	_____
	25	Tax, Nongame Wildlife Fund donation, penalty, interest and additional charge for underpayment of estimated tax (add lines 15, 22, 23 and 24)	25	_____

2013 Unrelated Business Income Tax (UBIT) Return (continued)

Name of organization UNITED WAY OF GREATER DULUTH, INC	FEIN 410857077	Minnesota tax ID
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Amount due or overpaid	26 Amount from line 25 on the front of this form	26 _____
	27 Amount from line 20 on the front of this form	27 _____
	28 AMOUNT DUE. If line 26 is more than or equal to line 27, subtract line 27 from 26	28 _____ 0
	Payment method: <input type="checkbox"/> Electronic (see inst., pg. 2) <input checked="" type="checkbox"/> Check (attach PV56 voucher) <input type="checkbox"/> Amended return payment by check (attach PV66 voucher)	
	29 OVERPAYMENT. If line 27 is more than line 26, subtract line 26 from line 27	29 _____
	30 Amount of line 29 to be credited to your 2014 estimated tax.....	30 _____
31 Refund (subtract line 30 from line 29)	31 _____	

To have your refund direct deposited, enter your banking information below.

Account type:	Routing number	Account number (use an account not associated with any foreign banks)
<input type="checkbox"/> Checking <input type="checkbox"/> Savings	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>

I declare that this return is correct and complete to the best of my knowledge and belief.

Sign here	Authorized signature	Title	Date	Daytime phone	<input checked="" type="checkbox"/> I authorize the Minnesota Department of Revenue to discuss this tax return with the paid preparer listed here.
		PRESIDENT			
	Paid preparer's signature	PTIN	Date	Daytime phone	
		P01278549		(218) 727-5025	
Email address for correspondence, if desired			This email address belongs to (check one):		
			<input type="checkbox"/> Employee <input type="checkbox"/> Paid preparer		

Attach a complete copy of your federal Form 990-T, 1120-C, 1120-H or 1120-POL and all supporting schedules.

Mail to: Minnesota Revenue, Mail Station 1257, St. Paul, MN 55146-1257