

April 29, 2020

HEAD OF THE LAKES UNITED WAY
424 W Superior Street No. 402
Duluth, MN 55802-1590

HEAD OF THE LAKES UNITED WAY:

Enclosed are the original and one copy of the 2018 Exempt Organization returns, as follows...

2018 Form 990 Public Disclosure Copy

2018 Form 990-T

2018 Minnesota Form M4NP

2018 Minnesota Annual Report

2018 Wisconsin Form 1952

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

Regards,

Julie Boyer

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2019

Prepared For:

HEAD OF THE LAKES UNITED WAY
424 W Superior Street No. 402
Duluth, MN 55802-1590

Prepared By:

RSM US LLP
227 West First Street, Suite 700
Duluth, MN 55802-1926

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

OMB No. 1545-0047

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

2018

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning **JUL 1, 2018** and ending **JUN 30, 2019**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HEAD OF THE LAKES UNITED WAY 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 \$ 2,247,137. 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.HLUNITEDWAY.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

	1	Briefly describe the organization's mission or most significant activities: HEAD OF THE LAKES UNITED WAY 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.		
Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	3	22
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	22
	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	17
	6	Total number of volunteers (estimate if necessary)	6	763
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	7b	Net unrelated business taxable income from Form 990-T, line 38	7b	0.
	Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 2,181,070.
9		Program service revenue (Part VIII, line 2g)	115,897.	111,144.
10		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,046.	2,681.
11		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	23,994.	29,105.
12		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,324,007.	2,191,872.
13		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,341,416.	1,262,068.
14		Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	763,505.	827,676.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 339,429.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	276,044.	254,783.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,380,965.	2,344,527.
	19	Revenue less expenses. Subtract line 18 from line 12	-56,958.	-152,655.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 7,118,350.	End of Year 7,214,473.
	21	Total liabilities (Part X, line 26)	1,032,881.	1,018,424.
	22	Net assets or fund balances. Subtract line 21 from line 20	6,085,469.	6,196,049.

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 JULIE BOYER
	Date 04/29/20	Check if self-employed <input type="checkbox"/> PTIN P01278549
	Firm's name ▶ RSM US LLP	Firm's EIN ▶ 42-0714325
	Firm's address ▶ 227 WEST FIRST STREET, SUITE 700 DULUTH, MN 55802-1926	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: HEAD OF THE LAKES UNITED WAY'S MISSION IS TO UNITE CARING PEOPLE AND MOBILIZE RESOURCES TO EMPOWER INDIVIDUALS AND STRENGTHEN COMMUNITIES.

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 \$ 1,305,441. including grants of \$ 1,262,068.) (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 IN-DEPTH REVIEW OF PROGRAMS APPLYING FOR FUNDING. ALLOCATIONS ARE MADE TO PROGRAMS MEETING IDENTIFIED COMMUNITY NEEDS AND ACHIEVING MEASURABLE RESULTS. HEAD OF THE LAKES UNITED WAY WORKS TO LEVERAGE AND MAXIMIZE AVAILABLE RESOURCES TO ACHIEVE HIGH IMPACT RESULTS AND COMMUNITY CHANGE. TO ACCOMPLISH THIS, HEAD OF THE LAKES UNITED WAY IS COMMITTED TO ADDRESSING THE FOLLOWING COMMUNITY PRIORITIES:

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

4b (Code:) (Expenses \$ 208,339. including grants of \$) (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 \$ 204,306. including grants of \$) (Revenue \$ 111,144.) 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 \$ 98,181. including grants of \$) (Revenue \$)

4e Total program service expenses 1,816,267.

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?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals 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), 501(c)(4), and 501(c)(29) 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? <i>If "Yes," complete Schedule L, Part II</i>		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? Note. All Form 990 filers are required to complete Schedule O	X	

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

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 17		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b X	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a		X
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ... 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966? 9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? 13a		
Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year? 14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15		X
If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16		X
If "Yes," complete Form 4720, Schedule O.			

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 22		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 22		
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
b	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.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	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	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c			
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
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **MN, WI**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A 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.
 Own website Another's website 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, address, and telephone number of the person who possesses the organization's books and records **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) AMY HALLBACK DIRECTOR	1.00	X					0.	0.	0.	
(2) ANNIE LEPPER DIRECTOR	1.00	X					0.	0.	0.	
(3) CASSANDRA BEARDSLEY FORMER DIRECTOR	1.00	X					0.	0.	0.	
(4) CINDY THEIEN CHAIR	1.00	X		X			0.	0.	0.	
(5) DEANNA BENSON FORMER TREASURER	1.00	X		X			0.	0.	0.	
(6) DENISE HAMSHER FORMER DIRECTOR	1.00	X					0.	0.	0.	
(7) DUSTIN LETICA DIRECTOR	1.00	X					0.	0.	0.	
(8) ELIZABETH MCCUSKEY DIRECTOR	1.00	X					0.	0.	0.	
(9) ERIC SILJENDAHL SECRETARY	1.00	X		X			0.	0.	0.	
(10) JANET NELSON DIRECTOR	1.00	X					0.	0.	0.	
(11) JEN PATTERSON DIRECTOR	1.00	X					0.	0.	0.	
(12) JENICE MEYER FORMER DIRECTOR	1.00	X					0.	0.	0.	
(13) JILL PINKNEY PASTRANA DIRECTOR	1.00	X					0.	0.	0.	
(14) JOAN JEANETA DIRECTOR	1.00	X					0.	0.	0.	
(15) KALEE HERMANSON VICE CHAIR	1.00	X		X			0.	0.	0.	
(16) KATHRYN KOCH DIRECTOR	1.00	X					0.	0.	0.	
(17) LISA ERWIN FORMER DIRECTOR	1.00	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) LISA NEITZEL DIRECTOR	1.00	X						0.	0.	0.
(19) LOUISE ANDERSON DIRECTOR	1.00	X						0.	0.	0.
(20) MARK BRITTON DIRECTOR	1.00	X						0.	0.	0.
(21) MARK SITEK DIRECTOR	1.00	X						0.	0.	0.
(22) MARY ANDERSON-PETROSKE DIRECTOR	1.00	X						0.	0.	0.
(23) NEAL RONQUIST DIRECTOR	1.00	X						0.	0.	0.
(24) PHIL JENTS DIRECTOR	1.00	X						0.	0.	0.
(25) SCOTT STUDDEN DIRECTOR	1.00	X						0.	0.	0.
(26) STEVE MORRIS TREASURER	1.00	X		X				0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								160,577.	0.	37,221.
d Total (add lines 1b and 1c)								160,577.	0.	37,221.

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					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 2,048,942.					
	g Noncash contributions included in lines 1a-1f: \$	56,000.					
	h Total. Add lines 1a-1f		2,048,942.				
Program Service Revenue	2 a 2-1-1 PROGRAM	Business Code 624100	111,144.	111,144.			
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f		111,144.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,517.			2,517.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		b Less: rental expenses					
		c Rental income or (loss)					
		d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		55,429.					
		b Less: cost or other basis and sales expenses		55,265.			
		c Gain or (loss)		164.			
	d Net gain or (loss)		164.			164.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
		c Net income or (loss) from fundraising events					
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a OTHER EVENT REVENUE	900099	18,032.			18,032.		
b MISCELLANEOUS	900099	11,073.			11,073.		
c							
d All other revenue							
e Total. Add lines 11a-11d		29,105.					
12 Total revenue. See instructions		2,191,872.	111,144.	0.	31,786.		

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 domestic organizations and domestic governments. See Part IV, line 21 ...	1,262,068.	1,262,068.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	196,737.	67,725.	100,702.	28,310.
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	474,851.	265,175.	24,765.	184,911.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	110,343.	73,624.	3,436.	33,283.
10 Payroll taxes	45,745.	22,971.	8,024.	14,750.
11 Fees for services (non-employees):				
a Management				
b Legal	9,436.		9,436.	
c Accounting	21,311.	442.	20,415.	454.
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.)	352.	300.		52.
12 Advertising and promotion	8,015.	2,230.	706.	5,079.
13 Office expenses	19,671.	7,230.	2,136.	10,305.
14 Information technology				
15 Royalties				
16 Occupancy	39,337.	17,898.	5,978.	15,461.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings	25,815.	14,849.	2,988.	7,978.
20 Interest				
21 Payments to affiliates	20,717.	10,990.	2,712.	7,015.
22 Depreciation, depletion, and amortization	14,509.	3,418.	3,091.	8,000.
23 Insurance	5,812.	4,583.	343.	886.
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 UBIT	1,336.	1,336.		
b PROVISION FOR UNCOLLECT	35,180.	35,180.		
c EQUIPMENT RENTAL AND MA	26,577.	16,317.	2,810.	7,450.
d OTHER EVENT EXPENSES	13,023.	6,392.		6,631.
e All other expenses _____	13,692.	3,539.	1,289.	8,864.
25 Total functional expenses. Add lines 1 through 24e	2,344,527.	1,816,267.	188,831.	339,429.
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 <input type="checkbox"/> 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	715,014.	1	607,598.
	2 Savings and temporary cash investments	658,705.	2	674,866.
	3 Pledges and grants receivable, net	617,380.	3	569,315.
	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	8,444.	9	9,339.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 274,650.		
	b Less: accumulated depreciation	10b 232,659.	55,261.	10c 41,991.
	11 Investments - publicly traded securities		11	4,183.
	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	5,063,546.	15	5,307,181.
16 Total assets. Add lines 1 through 15 (must equal line 34)	7,118,350.	16	7,214,473.	
Liabilities	17 Accounts payable and accrued expenses	63,670.	17	54,371.
	18 Grants payable		18	
	19 Deferred revenue		19	55,450.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	5,445.	21	0.
	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	963,766.	25	908,603.
	26 Total liabilities. Add lines 17 through 25	1,032,881.	26	1,018,424.
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	1,605,872.	27	1,466,852.
	28 Temporarily restricted net assets	38,424.	28	46,831.
	29 Permanently restricted net assets	4,441,173.	29	4,682,366.
	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	6,085,469.	33	6,196,049.	
34 Total liabilities and net assets/fund balances	7,118,350.	34	7,214,473.	

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	2,191,872.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,344,527.
3	Revenue less expenses. Subtract line 2 from line 1	3	-152,655.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,085,469.
5	Net unrealized gains (losses) on investments	5	-6,269.
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	269,504.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,196,049.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
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:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
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:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

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.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization: **HEAD OF THE LAKES UNITED WAY** 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 12, 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 (Form 990 or 990-EZ).)
- 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 agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 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.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations: _____
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2140105.	2669927.	2418535.	2181070.	2048942.	11458579.
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	2140105.	2669927.	2418535.	2181070.	2048942.	11458579.
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)						722,382.
6 Public support. Subtract line 5 from line 4.						10736197.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	2140105.	2669927.	2418535.	2181070.	2048942.	11458579.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,069.	2,564.	2,298.	2,341.	2,517.	10,789.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	7,717.	2,924.				10,641.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	8,126.	20,355.	30,656.	23,994.	29,105.	112,236.
11 Total support. Add lines 7 through 10						11592245.
12 Gross receipts from related activities, etc. (see instructions)					12	406,192.
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 2018 (line 6, column (f) divided by line 11, column (f))	14	92.62 %
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	92.53 %
16a 33 1/3% support test - 2018. 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 - 2017. 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 - 2018. 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 VI 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 - 2017. 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 VI 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 10 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 VI.)						
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 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. 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 - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

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. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Name of the organization

HEAD OF THE LAKES UNITED WAY

Employer identification number

41-0857077

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

[X] 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, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[X] For an organization described in section 501(c)(3) 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), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions 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 an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled 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. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ... \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization HEAD OF THE LAKES UNITED WAY	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	<hr/> <hr/> <hr/>	\$ 55,891.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 132,085.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 72,929.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HEAD OF THE LAKES UNITED WAY	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 HEAD OF THE LAKES UNITED WAY	Employer identification number 41-0857077
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. 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 info. 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" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization HEAD OF THE LAKES UNITED WAY Employer identification number 41-0857077

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for public use, natural habitat, open space, historic area, historic structure). 2. Conservation contribution details (2a-2d table). 3-8. Monitoring and enforcement details (states, policy, hours, expenses, requirements). 9. Reporting requirements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Form with two main sections: 1a. Reporting requirements for works of art, historical treasures, etc. 1b. Amounts relating to these items (revenue, assets). 2. Reporting requirements for financial gain (revenue, assets).

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" on 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, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on 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	4,479,597.	4,195,746.	3,826,533.	3,873,728.	3,863,252.
b Contributions	42,385.	33,978.	38,470.	45,409.	51,660.
c Net investment earnings, gains, and losses	241,193.	288,343.	376,152.	-22,644.	-13,916.
d Grants or scholarships	33,978.	38,470.	45,409.	69,960.	27,268.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	4,729,197.	4,479,597.	4,195,746.	3,826,533.	3,873,728.

- 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 99.01 %
 - c Temporarily restricted endowment .99 %
- The percentages on 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" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | 3b | |
- 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" on 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		47,553.	47,553.	0.
d Equipment		227,097.	185,106.	41,991.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				41,991.

Part VII Investments - Other Securities.

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

(a) Description	(b) Book value
(1) PERPETUAL TRUST	4,682,366.
(2) ASSETS HELD BY OTHERS	624,815.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	5,307,181.

Part X Other Liabilities.

Complete if the organization answered "Yes" on 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	26,591.
(3) ALLOCATIONS PAYABLE	882,012.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	908,603.

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" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	2,340,597.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-6,269.
b	Donated services and use of facilities	2b	3,178.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	234,324.
e	Add lines 2a through 2d	2e	231,233.
3	Subtract line 2e from line 1	3	2,109,364.
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	82,508.
c	Add lines 4a and 4b	4c	82,508.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	2,191,872.

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

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

1	Total expenses and losses per audited financial statements	1	2,230,017.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	3,178.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	3,178.
3	Subtract line 2e from line 1	3	2,226,839.
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	117,688.
c	Add lines 4a and 4b	4c	117,688.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	2,344,527.

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:

HLUW WAS THE FISCAL AGENT FOR THESE FUNDS FOR A COLLABORATIVE OF YOUTH ORGANIZATIONS THAT ARE 501(C)3 ORGANIZATIONS.

PART V, LINE 4:

THE INVESTMENT INCOME FROM THE ENDOWMENT FUND IS UNRESTRICTED AND IS USED TO FURTHER THE ORGANIZATION'S 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 2015.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

GAIN IN PERPETUAL TRUST	241,193.
GAIN IN ASSETS HELD BY OTHERS	28,311.
PROVISION FOR UNCOLLECTIBLE ACCOUNTS	-35,180.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	234,324.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS	82,508.
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PART XII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS	82,508.
PROVISION FOR UNCOLLECTIBLE ACCOUNTS	35,180.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	117,688.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Name of the organization **HEAD OF THE LAKES UNITED WAY** 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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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 noncash assistance	(h) Purpose of grant or assistance
AMERICAN INDIAN COMMUNITY HOUSING ORGANIZATION - 202 WEST SECOND STREET - DULUTH, MN 55802	41-1782394	501(C)(3)	10,453.	0.			GIMAAJII HEALTHY FAMILY INITIATIVE, DESIGNATIONS
AMERICAN RED CROSS-NORTHERN MINNESOTA CHAPTER - 2524 MAPLE GROVE ROAD - DULUTH, MN 55811	41-0711602	501(C)(3)	12,001.	0.			DISASTER/EMERGENCY SERVICES, DESIGNATIONS
ARC NORTHLAND 424 WEST SUPERIOR STREET, SUITE 500 DULUTH, MN 55802	41-6042720	501(C)(3)	9,367.	0.			FASD INTERVENTION, FAMILY/CHILD MENTAL HEALTH
BOYS & GIRLS CLUBS OF THE NORTHLAND - 102 SOUTH 29TH AVE WEST, SUITE 200 - DULUTH, MN 55816	41-0969947	501(C)(3)	62,956.	0.			EDUCATION/AT-RISK YOUTH, DESIGNATIONS
CENTER AGAINST SEXUAL & DOMESTIC ABUSE, INC. - 318 21ST AVENUE EAST - SUPERIOR, WI 54880	39-1478768	501(C)(3)	20,954.	0.			EMERGENCY SHELTER, DESIGNATIONS
CENTER CITY HOUSING CORP 105 WEST FIRST STREET DULUTH, MN 55802	36-3485584	501(C)(3)	24,550.	0.			TRANSITIONAL HOUSING, EARLY CHILDHOOD

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **39.**

3 Enter total number of other organizations listed in the line 1 table ▶

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

Schedule I (Form 990) (2018)

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 STREET NE MINNEAPOLIS, MN 55413	41-0857929	501(C)(3)	6,892.	0.			SMILES PROGRAM, DESIGNATIONS
CHURCHES UNITED IN MINISTRY 102 WEST SECOND STREET DULUTH, MN 55802	41-1227969	501(C)(3)	47,170.	0.			DROP-IN CENTER, EMERGENCY SHELTER, HEALTH AND WELLNESS CLINIC, DESIGNATIONS
COMMUNITY ACTION DULUTH 2424 WEST 5TH STREET, SUITE 201 DULUTH, MN 55806	41-1410670	501(C)(3)	36,493.	0.			FAIM - ASSET DEVELOPMENT, JUMP START, TAX PREPARATION, DESIGNATIONS
COMMUNITY PARTNERS PO BOX 327 TWO HARBORS, MN 55616	41-1963127	501(C)(3)	8,190.	0.			VOLUNTEER SERVICES PROGRAM, SOCIALLY ACTIVE SENIORS
COURAGE KENNY FOUNDATION 424 WEST SUPERIOR STREET, SUITE 201 DULUTH, MN 55802	41-1952989	501(C)(3)	8,169.	0.			COURAGE CENTER DULUTH, DESIGNATIONS
DAMINAO OF DULUTH, INC. 206 WEST FOURTH STREET DULUTH, MN 55806	41-1453521	501(C)(3)	56,070.	0.			SOUP KITCHEN, KIDS CAFE, CLOTHING EXCHANGE PROGRAMS, DESIGNATIONS
DULUTH AREA FAMILY YMCA 302 WEST FIRST STREET DULUTH, MN 55802	41-0693931	501(C)(3)	18,038.	0.			OST PROGRAM AT TITLE 1 SCHOOLS, DESIGNATIONS
DULUTH COMMUNITY SCHOOL COLLABORATIVE - 1027 NORTH 8TH AVENUE EAST - DULUTH, MN 55805	41-2002724	501(C)(3)	28,874.	0.			ACADEMIC AND CULTURAL ENRICHMENT, DESIGNATIONS
FAITH UNITED METHODIST CHURCH DBA HARBOR HOUSE CRISIS SHELTERS - 1531 HUGHITT AVENUE - SUPERIOR, WI 54880	39-1840533	501(C)(3)	21,135.	0.			HOMELESS STABILIZATON PROJECT, CHILDREN'S LIFE SKILLS ENHANCEMENT, 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
GIRL SCOUTS OF MN AND WI LAKES AND PINES COUNCIL - 424 WEST SUPERIOR STREET, SUITE G-3 - DULUTH, MN 55802	41-0739103	501(C)(3)	16,260.	0.			AT-RISK OUTREACH, DESIGNATIONS
GOODWILL INDUSTRIES VOCATIONAL ENTERPRISES, INC. - 700 GARFIELD AVENUE - DULUTH, MN 55802	41-0919602	501(C)(3)	7,622.	0.			COMMUNITY EMPLOYMENT, DESIGNATIONS
HUMAN DEVELOPMENT CENTER 1401 EAST FIRST STREET DULUTH, MN 55805	41-0777937	501(C)(3)	40,354.	0.			FAMILY & INDIVIDUAL COUNSELING, DESIGNATIONS
JUST KIDS DENTAL PO BOX 146 TWO HARBORS, MN 54616	27-2311353	501(C)(3)	13,788.	0.			PREVENTIVE DENTAL CARE, DESIGNATIONS
LAKE SUPERIOR COMMUNITY HEALTH CENTER - 4325 GRAND AVENUE - DULUTH, MN 55807	23-7167576	501(C)(3)	55,156.	0.			HEALTH CARE ACCESS, DESIGNATIONS
LEGAL AID SERVICE OF NORTHEASTERN MINNESOTA - 424 WEST SUPERIOR ST., SUITE 302 - DULUTH, MN 55802	41-0958386	501(C)(3)	51,241.	0.			DULUTH LEGAL SERVICES, EXPUNGEMENT PROJECT, DESIGNATIONS
LIFE HOUSE 102 WEST FIRST STREET DULUTH, MN 55802	41-1704840	501(C)(3)	91,152.	0.			KIDS TO ADULTS KATS, BASIC NEEDS, FUTURES EDUCATION PROGRAM, FUTURES EMPLOYMENT
LUTHERAN SOCIAL SERVICE OF MINNESOTA - 424 WEST SUPERIOR ST., SUITE 600 - DULUTH, MN 55802	41-0872993	501(C)(3)	36,496.	0.			CONSUMER CREDIT COUNSELING, TOGETHER FOR YOUTH, TRUANCY ACTION PROJECT, FORECLOSURE
MEN AS PEACEMAKERS 205 WEST SECOND STREET, #15 DULUTH, MN 55802	41-1841689	501(C)(3)	26,969.	0.			BOYS RESTORATIVE PROGRAM, GIRLS RESTORATIVE PROGRAM, 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
MENTOR NORTH, INC. 206 WEST FOURTH STREET DULUTH, MN 55806	82-5321850	501(C)(3)	87,274.	0.			MENTOR SUPERIOR-DOUGLAS COUNTY, MENTOR DULUTH, DESIGNATIONS
NORTH SHORE AREA PARTNERS 99 EDISON BOULEVARD, ROOM #20 SILVER BAY, MN 55614	20-1156990	501(C)(3)	5,489.	0.			VOLUNTEER SERVICES PROGRAM
POSITIVE ENERGY OUTDOORS 4757 DATKA ROAD DULUTH, MN 55803	36-4560104	501(C)(3)	10,078.	0.			LOW INCOME YOUTH OUTREACH, DESIGNATIONS
SAFE HAVEN SHELTER AND RESOURCE CENTER - PO BOX 3558 - DULUTH, MN 55803	41-1317462	501(C)(3)	32,716.	0.			LEGAL ADVOCACY, DESIGNATIONS
SALVATION ARMY - GREATER DULUTH PO BOX 16052 DULUTH, MN 55806	41-0698597	501(C)(3)	51,983.	0.			FOOD SERVICES, EMERGENCY SERVICES, FAMILY TRANSITIONAL HOUSING, DESIGNATIONS
SCHOOL DISTRICT OF SUPERIOR 3025 TOWER AVENUE SUEPRIOR, WI 54880	39-6004736	GOVERNMENTAL	19,065.	0.			AT-RISK YOUTH AFTER SCHOOL PROGRAM SCHOLARSHIPS, DESIGNATIONS
SECOND HARVEST NORTHERN LAKES FOOD BANK - 4503 AIRPARK BOULEVARD - DULUTH, MN 55811	36-3479964	501(C)(3)	20,340.	0.			FOOD DISTRIBUTION SERVICES, DESIGNATIONS
SOAR CAREER SOLUTIONS 206 WEST 2ND STREET, SUITE 101 DULUTH, MN 55802	41-1449179	501(C)(3)	38,881.	0.			SUBSIDIZED EMPLOYMENT SERVICES, RE-ENTRY SERVICES, DESIGNATIONS
SUPERIOR DOUGLAS COUNTY FAMILY YMCA - 9 NORTH 21ST STREET - SUPERIOR, WI 54880	39-0813468	501(C)(3)	5,065.	0.			YMCA MEMBERSHIP SCHOLARSHIPS, 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
SUPERIOR VOCATION CENTER, INC. 2320 HILL AVENUE SUPERIOR, WI 54880	39-1077898	501(C)(3)	13,071.	0.			REPRESENTATIVE PAYEE PROGRAM, DESIGNATIONS
THE BRICK MINISTRIES, INC. 420 ELLIS AVENUE SOUTH ASHLAND, WI 54806	61-1536545	501(C)(3)	7,175.	0.			BASIC SERVICES PROGRAM, DESIGNATIONS
THE HILLS YOUTH AND FAMILY SERVICES - 4321 ALLENDALE AVENUE - DULUTH, MN 55806	41-0693848	501(C)(3)	50,926.	0.			NEIGHBORHOOD YOUTH SERVICES, CAMBIA HILLS, DESIGNATIONS
TWO HARBORS AREA FOOD SHELF PO BOX 601 TWO HARBORS, MN 55616	47-1321541	501(C)(3)	5,607.	0.			FOOD SHELF PROGRAM, DESIGNATIONS
WELCH CENTER, INC., DBA VALLEY YOUTH CENTER - 720 NORTH CENTRAL AVENUE W - DULUTH, MN 55807	36-3488171	501(C)(3)	66,187.	0.			YOUTH DEVELOPMENT AND SUPPORTIVE SERVICES, DESIGNATIONS
YWCA OF DULUTH 32 EAST FIRST STREET, SUITE 202 DULUTH, MN 55802	41-0696493	501(C)(3)	46,520.	0.			GIRLS & YOUTH PROGRAMS, EARLY CHILDHOOD CENTER, DESIGNATIONS

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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 noncash 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 PROGRAM DEMONSTRATING HOW FUNDS ARE UTILIZED AND WHAT IS BEING ACCOMPLISHED; B) SITE VISIT CONDUCTED BY BOARD AND STAFF MEMBERS IN YEAR TWO OF THE TWO-YEAR FUNDING CYCLE TO ENSURE ONGOING FINANCIAL STEWARDSHIP; C) PANEL REVIEW EVERY TWO YEARS WITH BOTH A WRITTEN APPLICATION AND A PRESENTATION OR INTERVIEW. VOLUNTEER REVIEWERS CONDUCT AN IN-DEPTH PROCESS BY REVIEWING GRANT APPLICATIONS AND PARTICIPATING IN PRESENTATIONS AND

Part IV Supplemental Information

INTERVIEWS THAT MONITOR ACTIVITY OF THE FUNDED AGENCY PROGRAMS AND HOW UNITED WAY FUNDS SUPPORT THOSE ACTIVITIES. IN ADDITION, AS PART OF THE APPLICATION, THE AGENCY MUST DESCRIBE WHY FUNDS ARE NEEDED, WHAT THEY WILL BE USED FOR, AND WHAT WILL BE ACHIEVED THROUGH INTENTIONAL, OUTCOME-BASED METRICS; D) QUARTERLY AGENCY LEADERSHIP EVENTS (MEETINGS, TRAININGS, AND NETWORKING ACTIVITIES) 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: LIFE HOUSE

(H) PURPOSE OF GRANT OR ASSISTANCE: KIDS TO ADULTS KATS, BASIC NEEDS, FUTURES EDUCATION PROGRAM, FUTURES EMPLOYMENT PROGRAM, DESIGNATIONS

NAME OF ORGANIZATION OR GOVERNMENT: LUTHERAN SOCIAL SERVICE OF MINNESOTA

(H) PURPOSE OF GRANT OR ASSISTANCE: CONSUMER CREDIT COUNSELING, TOGETHER FOR YOUTH, TRUANCY ACTION PROJECT, FORECLOSURE PREVENTION, BETHANY CRISIS NURSERY, DESIGNATIONS

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

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.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **HEAD OF THE LAKES UNITED WAY** 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	7	55,460.	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 ▶ (<u>DONATED GOODS</u>)	X	1	540.	FMV AS DETERMINED BY
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II.		X
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? b If "Yes," describe in Part II.	X	
33 If the organization didn't 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 HEAD OF THE LAKES UNITED WAY BROKER ACCOUNT, USUALLY US BANCORP. THE BROKER SELLS THE STOCK, UPON INSTRUCTIONS FROM THE HLUW PRESIDENT, AND SENDS HLUW THE PROCEEDS LESS ANY COMMISSIONS AND/OR EXPENSES ON THE SALE. THIRD PARTIES ARE NOT USED TO SOLICIT NON-CASH 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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

HEAD OF THE LAKES UNITED WAY

Employer identification number

41-0857077

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

THE HEAD OF THE LAKES REGION. 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 HEAD OF THE LAKES UNITED WAY	Employer identification number 41-0857077
--	--

AND INDEPENDENCE.

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

UNITED WAY 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 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 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

AND NORTHWESTERN WISCONSIN, A MONTHLY VOLUNTEER NEWSLETTER, AND A

PERIODIC VOLUNTEER COLUMN IN THE DULUTH NEWS TRIBUNE AND SUPERIOR

TELEGRAM. 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

Name of the organization HEAD OF THE LAKES UNITED WAY	Employer identification number 41-0857077
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BETWEEN UNITED WAY AND ORGANIZED LABOR. THIS PROGRAM IS FOCUSED ON HEALTH AND WELFARE SERVICES OF THE COMMUNITY AND INVOLVING ORGANIZED LABOR IN THE ONGOING ACTIVITIES OF UNITED WAY. THE AFL-CIO COMMUNITY SERVICES PROGRAM SUPPORTS PROJECTS THAT HAVE A CONTINUING IMPACT IN THE HEAD OF THE LAKES REGION 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 \$ 98,181. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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

THE ORGANIZATION MADE THE FOLLOWING CHANGES TO ITS BYLAWS DURING THE TAX YEAR:

1. THE BOARD OF DIRECTORS MAY EXTEND TERMS OF DIRECTORS, UNDER CIRCUMSTANCES IT DEEMS NEEDED TO CONDUCT BUSINESS, OR COMPLETE SPECIFIC INITIATIVES.

2. DIRECTORS ARE EXPECTED TO ATTEND AT LEAST SIX (6) REGULAR BOARD MEETINGS, UNLESS EXCUSED. DIRECTORS THAT FAIL TO ATTEND SIX MEETINGS DURING A CALENDAR YEAR OF THEIR TERM WILL BE SUBJECT TO REVIEW BY THE GOVERNANCE COMMITTEE, FOR APPROPRIATE ACTION, UP TO AND INCLUDING REMOVAL BY ACTION OF THE BOARD.

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

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.

Name of the organization

HEAD OF THE LAKES UNITED WAY

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41-0857077

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 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.

Name of the organization HEAD OF THE LAKES UNITED WAY	Employer identification number 41-0857077
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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 HEAD OF THE LAKES UNITED WAY 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 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

Name of the organization HEAD OF THE LAKES UNITED WAY	Employer identification number 41-0857077
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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.

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

Name of the organization

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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 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

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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.

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

Name of the organization HEAD OF THE LAKES UNITED WAY	Employer identification number 41-0857077
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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 HLUW 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	28,311.
GAIN ON PERPETUAL TRUST	241,193.
TOTAL TO FORM 990, PART XI, LINE 9	269,504.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization

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Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
HEAD OF THE LAKES UNITED WAY TRUST - 41-6025520, 130 WEST SUPERIOR ST - SUITE 1000, DULUTH, MN 55802-2094	PROVIDE FINANCIAL SUPPORT TO HLUW	MINNESOTA	501(C)(3)	LINE 12D, III-O	N/A		X

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

Schedule R (Form 990) 2018

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) <small>Are all partners sec. 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request 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/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (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. HEAD OF THE LAKES UNITED WAY	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) 0 | 1

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 6-month extension of time until **MAY 15, 2020** , 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, 2018** , and ending **JUN 30, 2019** .

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, 2019

Prepared For:

HEAD OF THE LAKES UNITED WAY
424 W Superior Street No. 402
Duluth, MN 55802-1590

Prepared By:

RSM US LLP
227 West First Street, Suite 700
Duluth, MN 55802-1926

Amount Due or Refund:

No amount is due. The organization will receive a refund in the amount of \$2,380

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:

July 15, 2020

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 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 2019

2018

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

Department of the Treasury Internal Revenue Service

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 7,214,473; D Employer identification number 41-0857077; E Unrelated business activity code; F Group exemption number; G Check organization type 501(c) corporation; H Enter the number of the organization's unrelated trades or businesses; I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? No; J The books are in care of CHARLES FAUSE Telephone number 218-726-4770

Form header section containing: Name of organization HEAD OF THE LAKES UNITED WAY; Number, street, and room or suite no. 424 W SUPERIOR STREET, NO. 402; City or town, state or province, country, and ZIP or foreign postal code DULUTH, MN 55802-1590; F Group exemption number; G Check organization type 501(c) corporation; H Enter the number of the organization's unrelated trades or businesses; I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? No; J The books are in care of CHARLES FAUSE Telephone number 218-726-4770

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include: 1a Gross receipts or sales; 1b Less returns and allowances; 1c Balance; 2 Cost of goods sold; 3 Gross profit; 4a Capital gain net income; 4b Net gain (loss); 4c Capital loss deduction for trusts; 5 Income (loss) from a partnership or an S corporation; 6 Rent income; 7 Unrelated debt-financed income; 8 Interest, annuities, royalties, and rents from a controlled organization; 9 Investment income of a section 501(c)(7), (9), or (17) organization; 10 Exploited exempt activity income; 11 Advertising income; 12 Other income; 13 Total. Combine lines 3 through 12. Total income 0.

Table with 4 columns: (A) Income, (B) Expenses, (C) Net. Rows include: 14 Compensation of officers, directors, and trustees; 15 Salaries and wages; 16 Repairs and maintenance; 17 Bad debts; 18 Interest (attach schedule) (see instructions); 19 Taxes and licenses; 20 Charitable contributions (See instructions for limitation rules); 21 Depreciation (attach Form 4562); 22 Less depreciation claimed on Schedule A and elsewhere on return; 23 Depletion; 24 Contributions to deferred compensation plans; 25 Employee benefit programs; 26 Excess exempt expenses (Schedule I); 27 Excess readership costs (Schedule J); 28 Other deductions (attach schedule); 29 Total deductions. Add lines 14 through 28; 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13; 31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions); 32 Unrelated business taxable income. Subtract line 31 from line 30.

Part III Total Unrelated Business Taxable Income			
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	0.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	38	0.

Part IV Tax Computation			
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0.

Part V Tax and Payments					
45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a			
b	Other credits (see instructions)	45b			
c	General business credit. Attach Form 3800	45c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d			
e	Total credits. Add lines 45a through 45d	45e			
46	Subtract line 45e from line 44	46			0.
47	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	47			
48	Total tax. Add lines 46 and 47 (see instructions)	48			0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49			0.
50a	Payments: A 2017 overpayment credited to 2018	50a			
b	2018 estimated tax payments	50b		680.	
c	Tax deposited with Form 8868	50c		1,700.	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d			
e	Backup withholding (see instructions)	50e			
f	Credit for small employer health insurance premiums (attach Form 8941)	50f			
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	50g			
51	Total payments. Add lines 50a through 50g	51			2,380.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	52			
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53			
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54			2,380.
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	55			2,380.

Part VI Statements Regarding Certain Activities and Other Information (see instructions)		Yes	No
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$		

Sign Here 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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: _____ Date: _____ Title: **PRESIDENT**

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

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	JULIE BOYER	JULIE BOYER	04/29/20		P01278549
	Firm's name RSM US LLP	Firm's address 227 WEST FIRST STREET, SUITE 700 DULUTH, MN 55802-1926		Firm's EIN 42-0714325	Phone no. 218-727-5025

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

1	Inventory at beginning of year	1		6	Inventory at end of year	6			
2	Purchases	2			7	Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2	7		
3	Cost of labor	3			8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		Yes	No
4a	Additional section 263A costs (attach schedule)	4a							
b	Other costs (attach schedule)	4b							
5	Total. Add lines 1 through 4b	5							

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ... 0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A). 0.	Enter here and on page 1, Part I, line 7, column (B). 0.
Total dividends-received deductions included in column 8			0.	0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
Totals			0.	0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
Totals		0.		0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.
Totals		0.	0.			0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))		0.	0.			0.

Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A). 0.	Enter here and on page 1, Part I, line 11, col. (B). 0.				Enter here and on page 1, Part II, line 27. 0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request 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/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (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. HEAD OF THE LAKES UNITED WAY	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) 0 | 7

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 6-month extension of time until **MAY 15, 2020** , 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, 2018** , and ending **JUN 30, 2019** .

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	\$	1,700.
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	\$	1,700.

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.