

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

**A** For the 2010 calendar year, or tax year beginning **JUL 1, 2010** and ending **JUN 30, 2011**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>UNITED WAY OF GREATER DULUTH, INC</b> Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>424 W SUPERIOR STREET 402</b> City or town, state or country, and ZIP + 4 <b>DULUTH, MN 55802-1590</b> <b>F</b> Name and address of principal officer: <b>PAULA REED</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>41-0857077</b> <b>E</b> Telephone number <b>218-726-4770</b> <b>G</b> Gross receipts \$ <b>2,714,372.</b> <b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> 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		
<b>J</b> Website: ▶ <b>WWW.UNITEDWAYDULUTH.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>1922</b> <b>M</b> State of legal domicile: <b>MN</b>

**Part I Summary**

<b>Part I</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>UNITED WAY OF GREATER DULUTH'S MISSION IS TO LEAD A UNITED EFFORT TO STRENGTHEN OUR COMMUNITY.</b>		
<b>Activities &amp; Governance</b>	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>29</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>29</b>
	<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a)	<b>5</b>	<b>21</b>
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	<b>125</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	<b>0.</b>
<b>Revenue</b>		<b>Prior Year</b>	<b>Current Year</b>
	<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>2,568,722.</b>	<b>2,646,879.</b>
	<b>9</b> Program service revenue (Part VIII, line 2g)	<b>0.</b>	<b>0.</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>2,073.</b>	<b>2,170.</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>39,444.</b>	<b>42,676.</b>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>2,610,239.</b>	<b>2,691,725.</b>
<b>Expenses</b>			
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>1,594,209.</b>	<b>1,577,995.</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	<b>0.</b>	<b>0.</b>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>732,536.</b>	<b>698,289.</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	<b>0.</b>	<b>0.</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>288,494.</b>		
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>302,607.</b>	<b>332,876.</b>
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>2,629,352.</b>	<b>2,609,160.</b>
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>-19,113.</b>	<b>82,565.</b>
<b>Net Assets or Fund Balances</b>		<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>20</b> Total assets (Part X, line 16)	<b>4,912,831.</b>	<b>5,477,282.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>1,181,424.</b>	<b>1,157,787.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>3,731,407.</b>	<b>4,319,495.</b>

**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.

<b>Sign Here</b>	Signature of officer <b>PAULA REED, PRESIDENT</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>JENNIFER MILLER</b>	Preparer's signature Date Check <input type="checkbox"/> if self-employed PTIN
	Firm's name ▶ <b>RSM MCGLADREY, INC.</b> Firm's address ▶ <b>700 MISSABE BUILDING DULUTH, MN 55802</b>	Firm's EIN ▶ Phone no. <b>(218) 727-8253</b>

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 to any question in this Part III [X]

1 Briefly describe the organization's mission: UNITED WAY OF GREATER DULUTH'S MISSION IS TO LEAD A UNITED EFFORT TO STRENGTHEN OUR COMMUNITY BY MOBILIZING RESOURCES TO IMPROVE PEOPLE'S LIVES. WE ARE WORKING TO ADVANCE THE COMMON GOOD BY FOCUSING ON CRITICAL NEEDS IN THE GREATER DULUTH AREA. OUR GOAL IS TO CREATE

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 exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 1,473,089. including grants of \$ 1,464,620. ) (Revenue \$ 17,652. ) COMMUNITY INVESTMENT - UNITED WAY STRATEGICALLY INVESTS IN LOCAL PROGRAMS AND INITIATIVES THAT IMPROVE PEOPLE'S LIVES AND STRENGTHEN THE COMMUNITY. EACH YEAR UNITED WAY VOLUNTEERS, WITH THE SUPPORT OF STAFF, PERFORM AN INDEPTH REVIEW OF PROGRAMS APPLYING FOR FUNDING. ALLOCATIONS ARE MADE TO PROGRAMS MEETING IDENTIFIED COMMUNITY NEEDS AND ACHIEVING MEASURABLE RESULTS. UNITED WAY OF GREATER DULUTH WORKS TO LEVERAGE AND MAXIMIZE AVAILABLE RESOURCES TO ACHIEVE HIGH IMPACT RESULTS AND COMMUNITY CHANGE. TO ACCOMPLISH THIS, UNITED WAY OF GREATER DULUTH IS COMMITTED TO ADDRESSING THE FOLLOWING COMMUNITY PRIORITIES: 1) EDUCATION - FOSTERING SUCCESSFUL CHILDREN AND YOUTH. UNITED WAY HELPS ENSURE THAT CHILDREN ARE READY TO SUCCEED IN SCHOOL AND LIFE BY STRATEGICALLY INVESTING IN PROGRAMS AND INITIATIVES THAT

4b (Code: ) (Expenses \$ 436,272. including grants of \$ 31,110. ) (Revenue \$ ) COMMUNITY IMPACT - COMMUNITY IMPACT REPRESENTS UNITED WAY'S COMMITMENT TO MAKING A MEASURABLE IMPACT ON CRITICAL COMMUNITY ISSUES. WITH A FOCUS ON RESULTS - INDICATORS OF PROGRESS ON SPECIFIC OUTCOMES FOR THE PROGRAMS AND INITIATIVES THAT ITS FUNDRAISING SUPPORTS - UNITED WAY IS ABLE TO DEMONSTRATE HOW CONTRIBUTIONS MAKE A MEASURABLE IMPACT UPON THE WELL-BEING OF THE COMMUNITY. A FOCUS ON COMMUNITY IMPACT INVOLVES IDENTIFYING HEALTH AND HUMAN SERVICES PRIORITIES, UNDERSTANDING WHAT RESOURCES EXIST TO ADDRESS THOSE PRIORITIES AND WHAT RESOURCES MAY BE MISSING, AND TO UNITE NECESSARY RESOURCES AND PEOPLE TO ADDRESS THOSE IDENTIFIED NEEDS.

4c (Code: ) (Expenses \$ 118,699. including grants of \$ ) (Revenue \$ ) UNITED WAY 2-1-1 (INFORMATION AND REFERRAL): UNITED WAY 2-1-1 MAKES IT POSSIBLE FOR PEOPLE TO NAVIGATE THE COMPLEX AND EVER-GROWING MAZE OF HUMAN SERVICE AGENCIES AND PROGRAMS. EACH DAY, HUNDREDS OF PEOPLE IN OUR REGION SEARCH FOR ORGANIZATIONS THAT WILL PROVIDE ESSENTIAL SERVICES SUCH AS FOOD, SHELTER, HEALTH CARE, LEGAL ASSISTANCE, FINANCIAL AID, AND OTHER SUPPORTIVE SERVICES. THE 2-1-1 PROGRAM OFFERS RELIABLE CONCRETE ASSISTANCE TO THOSE IN NEED BY GUIDING CALLERS THROUGH THE BROAD ARRAY OF SERVICES AVAILABLE IN THIS REGION. PARTICULARLY IMPORTANT TO A LOW DENSITY RURAL AREA, THIS SERVICE LINKS PEOPLE FROM AREAS WHICH MAY NOT HAVE SPECIFIC SERVICE PROVIDERS LOCALLY TO AGENCIES AND RESOURCES IN THE LARGER REGION WHICH CAN PROVIDE THE NEEDED SERVICE. THE PROGRAM STRENGTHENS THE NONPROFIT COMMUNITY BY

4d Other program services. (Describe in Schedule O.) (Expenses \$ 163,990. including grants of \$ 82,265. ) (Revenue \$ )

4e Total program service expenses 2,192,050.

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		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>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		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; 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 term, permanent, 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, XII, and XIII</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, XII, and XIII 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, and program service activities outside the United States? <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 assistance to any organization or entity located outside the United States? <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 assistance to individuals located outside the United States? <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 hospitals? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> 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
<b>24a</b> 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 25</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</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
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</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
<b>c</b> 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
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> 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
<b>33</b> 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
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....		X
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>a</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O .....	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O response

Main table with columns for question number, description, sub-questions (1a-14b), Yes, and No. Includes questions about Form 1096, Form W-2G, Form W-3, and various tax compliance issues.

**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 to any question in this Part VI

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year		
	<b>1a</b>		29
<b>b</b>	Enter the number of voting members included in line 1a, above, who are independent		
	<b>1b</b>		29
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b>	Does the organization have members or stockholders?		X
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
<b>b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
<b>7b</b>			
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body?	X	
<b>8a</b>			
<b>b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>8b</b>			
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **MN**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **REBECCA BALLOU-BUCK - 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 to any question 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 (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ROCKLON CHAPIN VICE CHAIR	2.00	X		X				0.	0.	0.
JENNY PETERSON CHAIR	2.00	X		X				0.	0.	0.
DAN LESLIE SECRETARY	2.00	X		X				0.	0.	0.
KAREN ALWORTH DIRECTOR	2.00	X						0.	0.	0.
CASSANDRA BEARDSLEY DIRECTOR	2.00	X						0.	0.	0.
GARY ECKENBERG DIRECTOR	2.00	X						0.	0.	0.
DEANNA BENSON TREASURER	2.00	X		X				0.	0.	0.
MARIANNE BOHREN DIRECTOR	2.00	X						0.	0.	0.
MARLENE DAVID DIRECTOR	2.00	X						0.	0.	0.
STEVE DECATUR DIRECTOR	2.00	X						0.	0.	0.
LARRY GOODWIN DIRECTOR	2.00	X						0.	0.	0.
PETER HEDSTROM DIRECTOR	2.00	X						0.	0.	0.
DON HOAG DIRECTOR	2.00	X						0.	0.	0.
JOHN KELLY DIRECTOR	2.00	X						0.	0.	0.
DIANE LAABS DIRECTOR	2.00	X						0.	0.	0.
DAN O'NEILL DIRECTOR	2.00	X						0.	0.	0.
REBECCA MEYER DIRECTOR	2.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
LISA NEITZEL DIRECTOR	2.00	X						0.	0.	0.
BRYCE NIXON DIRECTOR	2.00	X						0.	0.	0.
LAURA SCHAUER DIRECTOR	2.00	X						0.	0.	0.
JAMES WUELLNER DIRECTOR	2.00	X						0.	0.	0.
ROZ RANDORF DIRECTOR	2.00	X						0.	0.	0.
DIANE RAUSCHENFELS DIRECTOR	2.00	X						0.	0.	0.
BARBARA REYELTS DIRECTOR	2.00	X						0.	0.	0.
LAURA SIEGER DIRECTOR	2.00	X						0.	0.	0.
STEVE PATRONAS DIRECTOR	2.00	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								115,894.	0.	21,862.
<b>d Total (add lines 1b and 1c)</b>								115,894.	0.	21,862.

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

	Yes	No
3 Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		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. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

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

SEE PART VII, SECTION A CONTINUATION SHEETS



**Part VIII Statement of Revenue**

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a	2,646,879.				
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f					
	g	Noncash contributions included in lines 1a-1f: \$		63,301.				
	h	<b>Total.</b> Add lines 1a-1f		2,646,879.				
	Program Service Revenue	2 a		Business Code				
b								
c								
d								
e								
f		All other program service revenue						
g		<b>Total.</b> Add lines 2a-2f						
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		3,558.			3,558.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross Rents	(i) Real	(ii) Personal				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses						
		Gain or (loss)						
		Net gain or (loss)						
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a		46,283.			
		Less: direct expenses	b		21,259.			
		Net income or (loss) from fundraising events			25,024.			25,024.
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
Less: direct expenses		b						
Net income or (loss) from gaming activities								
10 a	Gross sales of inventory, less returns and allowances	a						
	Less: cost of goods sold	b						
	Net income or (loss) from sales of inventory							
Miscellaneous Revenue			Business Code					
11 a	MISCELLANEOUS		900099	17,652.	17,652.			
b								
c								
d	All other revenue							
e	<b>Total.</b> Add lines 11a-11d			17,652.				
12	<b>Total revenue.</b> See instructions.			2,691,725.	17,652.	0.	27,194.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....	1,577,995.	1,577,995.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	137,756.	48,004.	67,134.	22,618.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	423,145.	251,848.	21,659.	149,638.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....				
9 Other employee benefits .....	90,972.	59,092.	2,514.	29,366.
10 Payroll taxes .....	46,416.	25,789.	6,335.	14,292.
11 Fees for services (non-employees):				
a Management .....				
b Legal .....	872.		872.	
c Accounting .....	13,071.	601.	11,789.	681.
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17 .....				
f Investment management fees .....				
g Other .....	94,893.	94,893.		
12 Advertising and promotion .....	28,616.	17,250.	594.	10,772.
13 Office expenses .....	28,921.	15,009.	1,961.	11,951.
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....	39,100.	24,947.	4,049.	10,104.
17 Travel .....				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
19 Conferences, conventions, and meetings .....	14,690.	6,702.	721.	7,267.
20 Interest .....				
21 Payments to affiliates .....	20,699.	12,303.	2,403.	5,993.
22 Depreciation, depletion, and amortization .....	33,817.	15,839.	5,145.	12,833.
23 Insurance .....	1,934.	1,149.	225.	560.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) .....				
a <b>EQUIPMENT RENTAL AND MA</b>	30,903.	21,489.	2,695.	6,719.
b <b>OUTREACH</b>	16,782.	16,782.		
c <b>OTHER</b>	5,052.	548.	47.	4,457.
d <b>MEMBERSHIP DUES</b>	3,526.	1,810.	473.	1,243.
e .....				
f All other expenses .....				
25 <b>Total functional expenses.</b> Add lines 1 through 24f	2,609,160.	2,192,050.	128,616.	288,494.
26 <b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation .....				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	35,626.	<b>1</b>	43,110.	
	<b>2</b> Savings and temporary cash investments .....	699,224.	<b>2</b>	747,093.	
	<b>3</b> Pledges and grants receivable, net .....	783,708.	<b>3</b>	818,752.	
	<b>4</b> Accounts receivable, net .....		<b>4</b>		
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>		
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>		
	<b>8</b> Inventories for sale or use .....		<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges .....	18,279.	<b>9</b>	15,469.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 213,865.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 160,117.	82,408.	<b>10c</b>	53,748.
	<b>11</b> Investments - publicly traded securities .....		<b>11</b>		
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>		
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....	3,293,586.	<b>15</b>	3,799,110.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	4,912,831.	<b>16</b>	5,477,282.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	64,579.	<b>17</b>	48,781.	
	<b>18</b> Grants payable .....		<b>18</b>		
	<b>19</b> Deferred revenue .....		<b>19</b>		
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	8,099.	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> Other liabilities. Complete Part X of Schedule D .....	1,116,845.	<b>25</b>	1,100,907.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	1,181,424.	<b>26</b>	1,157,787.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	978,263.	<b>27</b>	1,115,973.	
	<b>28</b> Temporarily restricted net assets .....	93,008.	<b>28</b>	128,814.	
	<b>29</b> Permanently restricted net assets .....	2,660,136.	<b>29</b>	3,074,708.	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
	<b>33</b> Total net assets or fund balances .....	3,731,407.	<b>33</b>	4,319,495.	
<b>34</b> Total liabilities and net assets/fund balances .....	4,912,831.	<b>34</b>	5,477,282.		

**Part XI Reconciliation of Net Assets**

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

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

**Part XII Financial Statements and Reporting**

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

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

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

**2010**

Open to Public Inspection

Name of the organization <b>UNITED WAY OF GREATER DULUTH, INC</b>	Employer identification number <b>41-0857077</b>
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

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

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

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

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	2291829.	2718903.	2726295.	2568722.	2646879.	12952628.
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 <b>Total.</b> Add lines 1 through 3 .....	2291829.	2718903.	2726295.	2568722.	2646879.	12952628.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						488,865.
6 <b>Public support.</b> Subtract line 5 from line 4.						12463763.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4 .....	2291829.	2718903.	2726295.	2568722.	2646879.	12952628.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	27,159.	18,873.	8,423.	2,073.	3,558.	60,086.
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....	61,029.	13,773.	26,318.	16,868.	17,652.	135,640.
11 <b>Total support.</b> Add lines 7 through 10						13148354.
12 Gross receipts from related activities, etc. (see instructions) .....					12	196,566.
13 <b>First five years.</b> 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 <b>stop here</b> .....	<input type="checkbox"/>					

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) .....	14	94.79	%
15 Public support percentage from 2009 Schedule A, Part II, line 14 .....	15	94.97	%
16a <b>33 1/3% support test - 2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>		
b <b>33 1/3% support test - 2009.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
17a <b>10% -facts-and-circumstances test - 2010.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
b <b>10% -facts-and-circumstances test - 2009.</b> 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 <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support</b> (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**

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>		%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15 .....	<b>16</b>		%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2010</b> (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>		%
<b>18</b> Investment income percentage from <b>2009</b> Schedule A, Part III, line 17 .....	<b>18</b>		%

**19a 33 1/3% support tests - 2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

**2010**

**Name of the organization**

UNITED WAY OF GREATER DULUTH, INC

**Employer identification number**

41-0857077

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of organization

Employer identification number

**UNITED WAY OF GREATER DULUTH, INC**

**41-0857077**

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 184,291.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 63,258.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

**Part II Noncash Property** (see instructions)

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

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

**Part III** Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$

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

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF GREATER DULUTH, INC

Employer identification number

41-0857077

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

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

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

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

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

Protection of natural habitat       Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

Yes  No

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

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

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

Yes  No

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

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ..... ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ..... ▶ \$ \_\_\_\_\_

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ..... ▶ \$ \_\_\_\_\_

b Assets included in Form 990, Part X ..... ▶ \$ \_\_\_\_\_

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items

(check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	<b>1c</b>
d Additions during the year	<b>1d</b>
e Distributions during the year	<b>1e</b>
f Ending balance	<b>1f</b>

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	2,753,144.	2,600,017.	3,264,877.		
b Contributions	81,447.	20,040.	107,761.		
c Net investment earnings, gains, and losses	414,572.	167,879.	-627,958.		
d Grants or scholarships	45,641.	34,792.	144,663.		
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	3,203,522.	2,753,144.	2,600,017.		

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  95.98 %
- c Term endowment  4.02 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations		<input checked="" type="checkbox"/>
(ii) related organizations		<input checked="" type="checkbox"/>
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?		

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

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		51,539.	34,686.	16,853.
d Equipment		162,326.	125,431.	36,895.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				<b>53,748.</b>

**Part VII Investments - Other Securities.** 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)		
(I)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) PERPETUAL TRUST	3,074,708.
(2) ASSETS HELD BY OTHERS	724,402.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	3,799,110.

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) DESIGNATED PLEDGES	84,568.
(3) ALLOCATION PAYABLE	1,016,339.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	1,100,907.

**2.** FIN 48 (ASC 740) Footnote. In Part XIV, 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).

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,691,725.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,609,160.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	82,565.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	505,523.
9	Total adjustments (net). Add lines 4 through 8	9	505,523.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	588,088.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	3,121,880.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	7,070.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	505,523.
e	Add lines 2a through 2d	2e	512,593.
3	Subtract line 2e from line 1	3	2,609,287.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	82,438.
c	Add lines 4a and 4b	4c	82,438.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,691,725.

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

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

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART IV, LINE 2B: UWGD IS 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 ORGANIZATIONS MISSION.**

**PART XI, LINE 8 - OTHER ADJUSTMENTS:**

**GAIN ON ASSETS HELD BY OTHERS**

**90,951.**

**Part XIV** Supplemental Information (continued)

GAIN ON PERPETUAL TRUST	414,572.
TOTAL TO SCHEDULE D, PART XI, LINE 8	505,523.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

GAIN IN PERPETUAL TRUST	414,572.
GAIN IN ASSETS HELD BY OTHERS	90,951.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	505,523.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES TAKEN AGAINST SPECIAL EVENT REVENUE	-21,259.
DONOR DESIGNATIONS - NET OF FEES	103,697.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	82,438.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES TAKEN AGAINST SPECIAL EVENT REVENUE	21,259.
--	---------

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

DONOR DESIGNATIONS - NET OF FEES/UNCOLLECTIBLES	103,697.
---	----------



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

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

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

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

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_  
 a Is the organization licensed to operate gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_  
 \_\_\_\_\_  
 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_  
 \_\_\_\_\_



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

**UNITED WAY OF GREATER DULUTH, INC**

**Employer identification number**

**41-0857077**

**Part I General Information on Grants and Assistance**

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

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN RED CROSS - NORTHLAND CHAPTER - 2524 MAPLE GROVE RD - DULUTH, MN 55811	41-0711602	501(C)(3)	20,682.	0.			DISASTER/EMERGENCY SERVICES
ARC NORTHLAND 424 W SUPERIOR ST, #201 DULUTH, MN 55802	41-6042720	501(C)(3)	12,300.	0.			FASD INTERVENTION AND FAMILY SERVICES
BOYS AND GIRLS CLUBS OF THE NORTHLAND - 2623 W 2ND ST - DULUTH, MN 55806	41-0969947	501(C)(3)	82,800.	0.			YOUTH DEVELOPMENT
BOY SCOUTS VOYAGEURS COUNCIL 3877 STEBNER RD HERMANTOWN, MN 55811	41-0695583	501(C)(3)	13,300.	0.			BOY SCOUTING PROGRAMS
CHURCHES UNITED IN MINISTRY 102 W 2ND ST DULUTH, MN 55802	41-1227969	501(C)(3)	48,895.	0.			DROP-IN CENTER, EMERGENCY SHELTER AND HEAD START TRANSPORTATION
COMMUNITY ACTION DULUTH 19 N 21ST AVE W DULUTH, MN 55806	41-1410670	501(C)(3)	60,000.	0.			FAIM ASSET DEVELOPMENT, EITC TAX SITE

- 2** Enter total number of section 501(c)(3) and government organizations **33.**
- 3** Enter total number of other organizations

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

Schedule I (Form 990) (2010)

**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
COPELAND VALLEY YOUTH CENTERS 727 N CENTRAL AVE DULUTH, MN 55807	36-3488171	501(C)(3)	105,000.	0.			YOUTH DEVELOPMENT
COURAGE CENTER 3915 GOLDEN VALLEY RD GOLDEN VALLEY, MN 55422	41-0706118	501(C)(3)	17,700.	0.			DULUTH PROGRAMS
DAMIANO CENTER 206 W 4TH ST DULUTH, MN 55806	41-1543521	501(C)(3)	74,387.	0.			SOUP KITCHEN, KIDS CAFE, SOCIAL SERVICES, AND CLOTHING PROGRAMS
DOMESTIC ABUSE INTERVENTION PROGRAM - 202 E SUPERIOR ST - DULUTH, MN 55802	41-1382134	501(C)(3)	10,466.	0.			DOMESTIC ABUSE INTERVENTION
DULUTH AREA FAMILY YMCA 302 W 1ST ST DULUTH, MN 55802	41-0693931	501(C)(3)	108,150.	0.			COMMUNITY SERVICES AND COMPASS
KIDS PLUS SILVER BAY AND TWO HARBORS - 137 BANKS AVE - SILVER BAY, MN 55614	41-6001896	501(C)(3)	6,831.	0.			YOUTH LEADERSHIP
GIRL SCOUTS - MN & WI LAKES & PINES - 424 W SUPERIOR ST, #G-3 - DULUTH, MN 55802	41-0739103	501(C)(3)	17,173.	0.			SCOUTING FOR YOUTH AT RISK
GOODWILL INDUSTRIES VOCATIONAL ENTERPRISES, INC. - 700 GARFIELD AVE - DULUTH, MN 55802	41-0919602	501(C)(3)	49,500.	0.			EXTENDED EMPLOYMENT
GRANT COMMUNITY SCHOOL COLLABORATIVE - 1027 N 8TH AVE E - DULUTH, MN 55805	41-2002724	501(C)(3)	34,000.	0.			COLLABORATIVE YOUTH DEVELOPMENT PROJECTS

LHA

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
HUMAN DEVELOPMENT CENTER 1401 E 1ST ST DULUTH, MN 55805	41-0777937	501(C)(3)	76,180.	0.			FAMILY AND INDIVIDUAL COUNSELING
LAKE SUPERIOR COMMUNITY HEALTH CENTER - 4825 GRAND AVE - DULUTH, MN 55807	23-7167576	501(C)(3)	76,000.	0.			HEALTH CARE ACCESS
LEGAL AID SERVICES OF NE MN 424 W SUPERIOR ST, #302 DULUTH, MN 55802	41-0958386	501(C)(3)	56,259.	0.			DULUTH LEGAL SERVICES
LIFE HOUSE 102 W 1ST ST DULUTH, MN 55802	41-1704840	501(C)(3)	35,156.	0.			TEEN PARENT PROGRAM, KIDS TO ADULTS TRANSITION
LITTLE TREASURES CENTER 1100 E SUPERIOR ST DULUTH, MN 55802	41-1942142	501(C)(3)	20,000.	0.			CHILDCARE & FAMILY CENTER
LUTHERAN SOCIAL SERVICES 424 W SUPERIOR ST, #500 DULUTH, MN 55802	41-0872993	501(C)(3)	60,372.	0.			FORECLOSURE PREVENTION, NURSERY, FIRST YEAR PROGRAM, YOUNG PARENT PROGRAM, TOGETHER FOR
NEIGHBORHOOD HOUSING SERVICES 224 E 4TH ST DULUTH, MN 55805	41-1465688	501(C)(3)	6,000.	0.			HOMEBUYER EDUCATION PROGRAM
NORTH COUNTRY R.I.D.E. PO BOX 312 ESKO, MN 55733	41-1423936	501(C)(3)	8,614.	0.			THERAPEUTIC HORSEBACK RIDING
SAFE HAVEN SHELTER FOR BATTERED WOMEN - PO BOX 3558 - DULUTH, MN 55803	41-1317462	501(C)(3)	40,463.	0.			LEGAL ADVOCACY

LHA

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY 215 S 27TH AVE W DULUTH, MN 55806	41-0698597	501(C)(3)	117,597.	0.			FOOD SERVICES, EMERGENCY SERVICES, FAMILY TRANSITIONAL HOUSING
SECOND HARVEST NORTHERN LAKES FOOD BANK - 4503 AIRPARK BLVD - DULUTH, MN 55811	36-3479964	501(C)(3)	27,499.	0.			DULUTH FOOD BANK
SOAR CAREER SOLUTIONS 205 W 2ND ST, #101 DULUTH, MN 55802	41-1449179	501(C)(3)	35,000.	0.			CAREER DEVELOPMENT PROGRAM
UNITED WAY OF SUPERIOR - DOUGLAS COUNTY - 1507 TOWER AVENUE, #215 - SUPERIOR, WI 54880	39-6084805	501(C)(3)	11,784.	0.			DONOR DESIGNATIONS
WOODLAND HILLS 4321 ALLENDALE AVE DULUTH, MN 55805	41-0693848	501(C)(3)	40,000.	0.			NEIGHBORHOOD YOUTH SERVICES
YWCA 32 E 1ST ST, #200 DULUTH, MN 55802	41-0696493	501(C)(3)	56,500.	0.			GIRLS & YOUTH PROGRAMS AND EARLY CHILDHOOD CENTER
CHILDRENS DENTAL SERVICES 636 BROADWAY ST NE MINNEAPOLIS, MN 55413	41-0857929	501(C)(3)	9,000.	0.			SMILES ACROSS MINNESOTA - DULUTH
CENTER CITY HOUSING 105 W 1ST ST DULUTH, MN 55802	36-3485584	501(C)(3)	25,782.	0.			WOMEN'S TRANSITIONAL HOUSING
SALVATION ARMY LAKE COUNTY 2445 PRIOR AVE ROSEVILLE, MN 55113	41-0698597	501(C)(3)	5,907.	0.			EMERGENCY SERVICES

LHA

Schedule I (Form 990)

**Part III** **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

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

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

SCHEDULE I, PART I, LINE 2: A YEAR END REPORT IS REQUIRED ANNUALLY FROM EACH PROGRAM THAT SHOWS OUTCOMES AND COMPLIANCE WITH THE GRANT.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: LUTHERAN SOCIAL SERVICES

(H) PURPOSE OF GRANT OR ASSISTANCE: FORECLOSURE PREVENTION, NURSERY, FIRST YEAR PROGRAM, YOUNG PARENT PROGRAM, TOGETHER FOR YOUTH, AND CONSUMER CREDIT COUNSELING

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2010**

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.**

Name of the organization  
**UNITED WAY OF GREATER DULUTH, INC**

Employer identification number  
**41-0857077**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	12	63,301.	AVG ON DATE OF GIFT
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( _____ )				
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

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

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

**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.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

UNITED WAY OF GREATER DULUTH, INC

Employer identification number

41-0857077

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

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

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

INCREASE SCHOOL READINESS, IMPROVE ACADEMIC ACHIEVEMENT AND PROMOTE POSITIVE YOUTH DEVELOPMENT THROUGH HIGH-QUALITY OUT-OF-SCHOOL TIME OPPORTUNITIES. 2) HEALTH - IMPROVING PEOPLE'S HEALTH. UNITED WAY INCREASES ACCESS TO HEALTHCARE SERVICES AND BENEFITS FOR UNINSURED AND UNDERINSURED PEOPLE BY STRATEGICALLY INVESTING IN PROGRAMS AND INITIATIVES THAT PROVIDE PHYSICAL, MENTAL AND DENTAL SERVICES TO THOSE WHO WOULD NOT OTHERWISE RECEIVE THE CARE THEY NEED. 3) INCOME - PROMOTING FINANCIAL STABILITY AND INDEPENDENCE. UNITED WAY ASSISTS INDIVIDUALS AND FAMILIES IN THE TRANSITION OUT OF POVERTY BY STRATEGICALLY INVESTING IN PROGRAMS AND INITIATIVES THAT INCREASE INCOME, SAVINGS AND ASSETS - LEADING TO INCREASED FINANCIAL STABILITY AND INDEPENDENCE. 4) BASIC NEEDS - ENSURING A STRONG NETWORK OF BASIC HUMAN SERVICES. UNITED WAY OF GREATER DULUTH PROVIDES VITAL ONGOING OPERATING SUPPORT TO ORGANIZATIONS AND PROGRAMS THAT ENSURE A STRONG NETWORK OF BASIC HUMAN SERVICES. UNITED WAY SUPPORTS PROGRAMS THAT

Name of the organization UNITED WAY OF GREATER DULUTH, INC	Employer identification number 41-0857077
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MEET PEOPLE'S EMERGENCY AND TRANSITIONAL NEEDS FOR FOOD, SHELTER,  
HOUSING, SAFETY AND CLOTHING.

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

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

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

UNITED WAY SUCCESS BY SIX (SB6) - SB6 IS A COMMUNITY-BASED, PUBLIC  
PRIVATE PARTNERSHIP OF INDIVIDUALS AND ORGANIZATIONS, INCLUDING UNITED  
WAY, THAT SHARE A COMMON VISION - CHILDREN READY TO SUCCEED WHEN THEY  
ENTER SCHOOL. THE INITIATIVE IS DEDICATED TO PROVIDING ALL CHILDREN  
WITH A GREAT START IN LIFE BY WORKING ACROSS MULTI-SECTORS TO ENSURE  
THAT CHILDREN FROM BIRTH TO AGE 6 DEVELOP THE EMOTIONAL, SOCIAL,  
COGNITIVE AND PHYSICAL SKILLS THEY NEED AS THEY ENTER SCHOOL. SUCCESS  
BY 6, THROUGH STRATEGIC PARTNERSHIPS, ENGAGES THE WHOLE COMMUNITY IN  
EARLY CHILDHOOD DEVELOPMENT, AND FUNDS PROGRAMS THAT PROVIDE STRONG  
SERVICES FOR YOUNG CHILDREN AND THEIR FAMILIES. OUR SUCCESS BY 6  
INITIATIVE INCLUDES THE FOLLOWING UNITED WAY OF GREATER DULUTH EARLY  
CHILDHOOD EFFORTS: IMAGINATION LIBRARY, BIG RED BOOKSHELF, BORN  
LEARNING TRAIL, READY-SET-LEARN BACKPACKS, AND PARENT RESOURCE  
AWARENESS. SUCCESS BY 6 IS A COMMUNITY COMMITMENT TO ENSURE THAT ALL

Name of the organization UNITED WAY OF GREATER DULUTH, INC	Employer identification number 41-0857077
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OF OUR CHILDREN ENTER SCHOOL READY TO SUCCEED. IMAGINATION LIBRARY - UNITED WAY OF GREATER DULUTH LAUNCHED DOLLY PARTON'S IMAGINATION LIBRARY IN SEPTEMBER 2008. IMAGINATION LIBRARY IS AN EARLY LITERACY PROGRAM THAT DELIVERS TO CHILDREN AGE BIRTH TO FIVE A NEW, AGE-APPROPRIATE, HARD-COVERED BOOK IN THE MAIL EACH MONTH. IMAGINATION LIBRARY PROMOTES LOVE OF READING AND LEARNING, ENCOURAGING FAMILIES TO ENJOY BOOKS TOGETHER WITH THEIR CHILDREN. THE PROGRAM IS OFFERED TO FAMILIES AT NO COST. EACH MONTH, ENROLLED CHILDREN WILL RECEIVE A NEW, HIGH-QUALITY, AGE-APPROPRIATE BOOK IN THE MAIL. THE BOOKS ARE SENT DIRECTLY TO FAMILIES' HOMES. ALL FAMILIES IN GREATER DULUTH WITH CHILDREN UNDER THE AGE OF FIVE ARE ELIGIBLE TO ENROLL IN THE PROGRAM, AS LONG AS THEY LIVE AT AN ADDRESS WITH ONE OF THE FOLLOWING ZIP CODES: 55802, 55803, 55804, 55805, 55806, 55807, 55808, 55810, 55811, AND 55812. CHILDREN IN LAKE AND COOK COUNTIES IN MINNESOTA ARE ALSO ABLE TO PARTICIPATE IN THIS PROGRAM AS PART OF UNITED WAY OF GREATER DULUTH'S EXPANSION TO THOSE COUNTIES IN FALL 2009. UNITED WAY VOLUNTEER CENTER - THE MISSION OF THE VOLUNTEER CENTER IS TO BUILD COMMUNITY BY PROMOTING EFFECTIVE VOLUNTEERISM AND CONNECTING PEOPLE WITH THE OPPORTUNITY TO SERVE. WE ACCOMPLISH THIS BY PROVIDING AN ONLINE DATABASE OF VOLUNTEER OPPORTUNITIES IN NORTHEASTERN MINNESOTA, A MONTHLY VOLUNTEER NEWSLETTER, AND A WEEKLY VOLUNTEER COLUMN IN THE DULUTH NEWS TRIBUNE. THE VOLUNTEER CENTER CONNECTS LOCAL VOLUNTEERS WITH OPPORTUNITIES THAT MATCH THEIR SKILLS AND INTERESTS. AFL-CIO COMMUNITY SERVICES PROGRAM - THE COMMUNITY SERVICES PROGRAM IS A PARTNERSHIP BETWEEN UNITED WAY OF GREATER DULUTH AND ORGANIZED LABOR. THIS PROGRAM IS FOCUSED ON HEALTH AND WELFARE SERVICES OF THE COMMUNITY AND INVOLVING ORGANIZED LABOR IN THE ONGOING ACTIVITIES OF UNITED WAY. THE AFL-CIO COMMUNITY SERVICES PROGRAM SUPPORTS PROJECTS THAT HAVE A

Name of the organization UNITED WAY OF GREATER DULUTH, INC	Employer identification number 41-0857077
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CONTINUING IMPACT IN THE GREATER DULUTH AREA INCLUDING, BUT NOT LIMITED

TO: ADVOCACY AND INTERVENTION SERVICES, SERVICES TO THE UNEMPLOYED,

SHOES FOR TOTS, UCAN TRAINING, DAY OF CARING, AND HOLIDAY PROGRAMS.

EXPENSES \$ 163,990. INCLUDING GRANTS OF \$ 82,265. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS REVIEWED BY THE FINANCE COMMITTEE AND, SUBSEQUENTLY, PRESENTED TO THE BOARD OF DIRECTORS FOR REVIEW AND APPROVAL PRIOR TO ITS FILING.

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

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

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

Name of the organization  
UNITED WAY OF GREATER DULUTH, INC

Employer identification number  
41-0857077

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

GAIN ON ASSETS HELD BY OTHERS	90,951.
GAIN ON PERPETUAL TRUST	414,572.
TOTAL TO FORM 990, PART XI, LINE 5	505,523.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

# STATE OF MINNESOTA

## CHARITABLE ORGANIZATION INITIAL REGISTRATION & ANNUAL REPORT FORM

ATTORNEY GENERAL LORI SWANSON

SUITE 1200, BREMER TOWER

445 MINNESOTA STREET

ST. PAUL, MN 55101-2130

(651) 757-1311

(651) 296-1410 (TTY)

www.ag.state.mn.us

Annual Reporting

Initial Registration

FEDERAL EIN NUMBER: 41-0857077

FOR YEAR ENDING: 06/30/2011

### SECTION ONE: REQUIRED INFORMATION FOR INITIAL REGISTRATION & ANNUAL REPORTING

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

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

Yes

No

If so, please state former name: \_\_\_\_\_

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

SAME AS ABOVE

3. Mailing Address of Organization

Physical Address of Organization

424 W SUPERIOR STREET  
DULUTH, MN 55802-1590

424 W SUPERIOR STREET  
DULUTH, MN 55802-1590

4. Contact Person PAULA REED

Tel. No. 218-726-4770

E-mail \_\_\_\_\_

Fax No. \_\_\_\_\_

5. Complete the following for the most recent twelve-month accounting year. While this information should reflect the financials on the IRS Form 990, this section is required to be completed even if an IRS Form 990 is attached. Before completing this section, please refer to the Instructions.

#### INCOME

Contributions from the public

Government Grants

Other revenue

**TOTAL REVENUE**

For Year Ending: 06/30/2011

\$ 2,646,879.

\$ \_\_\_\_\_

\$ 44,846.

\$ 2,691,725.

#### EXPENSES

Amount spent for program or charitable purposes

Management/general expense

Fund-raising expense

**TOTAL EXPENSES**

\$ 2,192,050.

\$ 128,616.

\$ 288,494.

\$ 2,609,160.

EXCESS or DEFICIT \$ 82,565.

TOTAL Assets \$ 5,477,282.

TOTAL Liabilities \$ 1,157,787.

END OF YEAR FUND BALANCE/NET WORTH (Assets minus Liabilities) \$ 4,319,495.

For Office Use Only:  ARF  \$25  \$50  \$75  N (e-Postcard)  990  EZ  PF  FES  SIG  BD  
 SAL  Audit

6/11

Upon request this material can be made available in alternate formats.

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

Yes  No

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

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_\_ Compensation \_\_\_\_\_

7. Does this professional fund-raiser solicit or consult in Minnesota?  Yes  No

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

9. Has the organization included the filing fee, late fee (if any) and all attachments required by the instructions?  Yes  No

**SECTION TWO: REQUIRED FOR INITIAL REGISTRATION ONLY**

1. Address of registered agent in the State of Minnesota or the address of the person who has custody of the organization's books and records if not kept at the organization's office.

Name \_\_\_\_\_  
Street and Number \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ ZIP \_\_\_\_\_ Telephone # \_\_\_\_\_

2. Type of legal entity (**Attach** the creating document):

Nonprofit corporation  Trust  Unincorporated association

3. Place and date the organization was incorporated: \_\_\_\_\_  
(state) (date)

4. Is the organization exempt from federal income taxes?

Yes (**Attach** a copy of the IRS determination letter) Status: 501(c)(\_\_\_\_\_)  No Date organization submitted Form 1023 to the IRS \_\_\_\_\_

5. If the organization is not exempt from federal income taxes and uses a fiscal agent, state the fiscal agent's name, address and federal EIN:

\_\_\_\_\_  
\_\_\_\_\_

6. Has the organization been denied the right to solicit contributions?

a. By any government agency?  Yes  No If yes, attach explanation.  
b. By any court?  Yes  No If yes, attach explanation.

7. Explain in detail the charitable purposes of the organization, including major program activities.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Please mark all items that describe the organization's charitable mission:

Arts & Culture     Human Services     Civic/Lobbying     International     Health  
 Environment     Mental Health     Education     Religious     Other \_\_\_\_\_

Or: List the NTEE code(s) that describe the organization's purpose: \_\_\_\_\_

9. Which of the above two best describes the organization's primary purpose(s)?

1. \_\_\_\_\_ 2. \_\_\_\_\_

10. Check one or more methods of solicitation the organization anticipates using:

Telephone appeals     Grant writing     Sweep     Other \_\_\_\_\_  
 Direct mail     Internet     Media

11. State the total contributions the organization received during the accounting year last ended:

\$ \_\_\_\_\_

12. **Attach** a list of organization's officers, directors, trustees, and chief executive officer, including their titles, addresses, and total annual compensation paid to each.  Attached

**SECTION THREE: REQUIRED FOR ANNUAL REPORTING ONLY**

*ALL organizations MUST complete questions 1-6.*

1. Has the organization's accounting year changed since the last report was filed?  Yes  No

If yes, provide the new year-end date: \_\_\_\_\_

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

3. List the **five** highest paid directors, officers and employees of the organization and its related organization(s) who receive total compensation of **\$50,000** or more, indicating their titles and total compensation paid to each. Total compensation includes salaries, fees, bonuses, fringe benefits, severance payments and deferred compensation paid by the organization and all related organizations. A "related organization" is an organization that controls, is controlled by or is under common control with another corporation. "Control" can exist through stock ownership or membership interests, the authority to appoint members, or the ability to direct the policies and management of other corporations. See Minn. Stat. § 317A.011, subd. 18. **Due to changes in the law, for annual reports due after August 1, 2011, the compensation reporting threshold is \$100,000 and total compensation is defined as total amount reported on W2 (box 5) and/or Form 1099 MISC (box 7) issued by the organization and its related organizations.**

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

4. **Attach** a list of organization's board of directors.  Attached  
 Included in IRS return
5. **Attach a GAAP audit** if total revenue exceeds \$750,000.  Attached  
 Audit not included under the Food Shelf Exemption (excluding from total revenue the value of food donated to a nonprofit food shelf for redistribution at no cost).  Audit not required
6. Minnesota law requires that an organization file a copy of any IRS Form 990-N (e-Postcard), 990, 990-EZ, or 990-PF informational return that was filed with the IRS. Has the organization included with this annual report a copy of all IRS Form 990-N (e-Postcard), 990, 990-EZ or 990-PF informational returns that it filed with the IRS (excluding Schedule B or any other donor list required by the IRS)?  
 Yes  No (Not required to file a return with IRS or files with National Chapter).

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

7. The following organizations must complete and return the statement of functional expenses below: 1) organizations that file a 990-N (e-Postcard), 990-EZ or 990-PF; and 2) organizations that file an IRS Form 990 that does not contain a completed functional expenses statement within the IRS Form 990.

<b>Statement of Functional Expenses</b>				
	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to governments and organizations in the U.S.	1,577,995.	1,577,995.		
<b>2</b> Grants and other assistance to individuals in the U.S.				
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the U.S.				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	137,756.	48,004.	67,134.	22,618.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B))				
<b>7</b> Other salaries and wages	423,145.	251,848.	21,659.	149,638.
<b>8</b> Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
<b>9</b> Other employee benefits	90,972.	59,092.	2,514.	29,366.
<b>10</b> Payroll taxes	46,416.	25,789.	6,335.	14,292.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	872.		872.	
<b>c</b> Accounting	13,071.	601.	11,789.	681.
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services				
<b>f</b> Investment management fees				
<b>g</b> Other	94,893.	94,893.		
<b>12</b> Advertising and promotion	28,616.	17,250.	594.	10,772.
<b>13</b> Office expenses	28,921.	15,009.	1,961.	11,951.
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	39,100.	24,947.	4,049.	10,104.
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	14,690.	6,702.	721.	7,267.
<b>20</b> Interest				
<b>21</b> Payments to affiliates	20,699.	12,303.	2,403.	5,993.
<b>22</b> Depreciation, depletion, and amortization	33,817.	15,839.	5,145.	12,833.
<b>23</b> Insurance	1,934.	1,149.	225.	560.
<b>24</b> Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
<b>a</b> <u>EQUIPMENT RENTAL AND MA</u>	30,903.	21,489.	2,695.	6,719.
<b>b</b> <u>OUTREACH</u>	16,782.	16,782.		
<b>c</b> <u>OTHER</u>	5,052.	548.	47.	4,457.
<b>d</b> All other expenses <u>STMT 1</u>	3,526.	1,810.	473.	1,243.
<b>25</b> Total functional expenses. Add lines 1 through 24d	2,609,160.	2,192,050.	128,616.	288,494.
<b>26</b> Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Must be prepared in accordance with generally accepted accounting principles.**

**SECTION FOUR: REQUIRED FOR INITIAL REGISTRATION & ANNUAL REPORTING**

**BOARD OF DIRECTORS**  
**SIGNATURES AND ACKNOWLEDGMENT**

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

**PRESIDENT** \_\_\_\_\_ (Title) and \_\_\_\_\_ (Title) respectively, and

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

\_\_\_\_\_ (Board of Directors, Trustees, or Managing Group) adopted on the \_\_\_\_\_

day of \_\_\_\_\_, 20 \_\_\_\_, approving the contents of the document, and do hereby certify that the

\_\_\_\_\_ (Board of Directors, Trustees, or Managing Group) has assumed, and will continue

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

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

**PAULA REED**  
\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**PRESIDENT**  
\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**\* NOTICE \***

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

AG: #2757541-v1

