

Return of Organization Exempt From Income Tax

2008

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

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

Open to Public Inspection

For the 2008 calendar year, or tax year beginning **4/01**, 2008, and ending **3/31**, 2009

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See specific Instructions.	UNITED WAY OF NE MINNESOTA 229 WEST LAKE STREET CHI SHOLM, MN 55719	D Employer Identification Number 41-0908454
		E Telephone number 218-254-3329	G Gross receipts \$ 1,365,277.
		F Name and address of principal officer: SAME AS C ABOVE	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No <small>If 'No,' attach a list. (see instructions)</small>
		I Tax-exempt status <input checked="" type="checkbox"/> 501(c) (3) H (Insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	H(c) Group exemption number G
		J Website: G WWW.UNITEDWAYNEMN.ORG	
		K Type of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other G	L Year of Formation: 1966
		M State of legal domicile:	

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>TO UNITE AND FOCUS OUR COMMUNITIES IN CREATING MEASURABLE RESULTS TO IMPROVE PEOPLE'S LIVES AND STRENGTHEN OUR FAMILIES.</u>			
	2 Check this box <input type="checkbox"/> G if the organization discontinued its operations or disposed of more than 25% of its assets.				
	3	Number of voting members of the governing body (Part VI, line 1a)	3	31	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	31	
	5	Total number of employees (Part V, line 2a)	5	4	
	6	Total number of volunteers (estimate if necessary)	6	760	
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.	
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0.		
Revenue	8	Contributions and grants (Part VIII, line 1h)	1,218,140.	1,334,924.	
	9	Program service revenue (Part VIII, line 2g)			
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	15,370.	16,074.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,937.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,233,510.	1,354,935.	
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	910,387.	931,007.
14		Benefits paid to or for members (Part IX, column (A), line 4)			
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	145,650.	200,044.	
16a		Professional fundraising fees (Part IX, column (A), line 11e)			
		b Total fundraising expenses (Part IX, column (D), line 25) G <u>53,903.</u>			
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	93,563.	130,997.	
18		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,159,360.	1,262,048.	
19	Revenue less expenses. Subtract line 18 from line 12	74,150.	92,887.		
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	2,216,615.	1,896,935.	
	21	Total liabilities (Part X, line 26)	1,787.	0.	
	22	Net assets or fund balances. Subtract line 21 from line 20	2,214,828.	1,896,935.	

Part II Signature Block

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

Sign Here	G _____ Signature of officer	Date	
	G _____ Type or print name and title.		

Paid Preparer's Use Only	Preparer's signature G GARY E. GIROUX	Date	Check if self-employed G <input type="checkbox"/>	Preparer's identifying number (see instructions) P00071339
	Firm's name (or yours if self-employed), address, and ZIP + 4 G WALKER, GIROUX & HAHNE, LTD 225 1ST STREET N SUITE 2400 VIRGINIA, MN 55792	EIN G 41-1359264	Phone no. G (218) 749-4880	

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

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? SEE SCHEDULE O

X Yes No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

No X Yes

If 'Yes,' describe these changes on Schedule O.

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 \$ 379,720. including grants of \$ 303,950.) (Revenue \$)

SUPPORTING HEALTH AND INDEPENDENCE:

IMPROVING ACCESS TO HEALTHCARE BY SUPPORTING RESPITE CARE IN A VARIETY OF CAPACITIES, INCREASING SUPPORT FOR MENTAL ILLNESS, INCREASING HEALTHY BEHAVIORS FOR CHILDREN, AND HELPING SENIORS AND PEOPLE WITH DISABILITIES BECOME MORE INDEPENDENT. UWNEMN SUPPORTS FORTY PARTNER AGENCIES AND PROGRAMS ACROSS N ST. LOUIS, LAKE, COOK, KOOCHI CHING COUNTIES AND PARTS OF ITASCA COUNTY IN THE AREA OF HEALTH AND INDEPENDENCE.

4b (Code:) (Expenses \$ 448,124. including grants of \$ 398,875.) (Revenue \$)

MEETING BASIC NEEDS:

HELPING PEOPLE OBTAIN FOOD, HOUSING AND FINANCIAL STABILITY TO LEAD PRODUCTIVE LIVES. THIS INCLUDES A GIFTS IN KIND PROGRAM DISTRIBUTING \$105,513 WORTH OF HOUSEHOLD PRODUCTS TO FAMILIES IN NEED. UW NEMN SUPPORTS THIRTEEN PARTNER AGENCIES IN MEETING BASIC NEEDS FOR INDIVIDUALS AND FAMILIES ACROSS FIVE COUNTIES.

4c (Code:) (Expenses \$ 317,890. including grants of \$ 209,317.) (Revenue \$)

NURTURING FAMILIES AND CHILDREN:

UWNEMN IMPROVES THE LIVES OF THOSE AFFECTED BY VIOLENCE AND SUPPORTS PROGRAMS THAT INCREASE SUCCESS IN THE LIVES OF CHILDREN AND YOUTH. UWNEMN SUPPORTS OVER THIRTY PROGRAMS IN A FIVE COUNTY AREA INCLUDING IMAGINATION LIBRARY (FREE BOOKS TO CHILDREN AGES 0-5), IN-SCHOOL AND AFTER-SCHOOL PROGRAMS TO INCREASE HEALTHY BEHAVIORS FOR YOUTH AND SUPPORT FOR HOMELESS YOUTH. UWNEMN SUPPORTS TWENTY-NINE PARTNER AGENCIES AND PROGRAMS THAT NURTURE FAMILIES AND CHILDREN.

4d Other program services. (Describe in Schedule O.) SEE SCHEDULE O

(Expenses \$ 22,261. including grants of \$ 18,865.) (Revenue \$)

4e Total program service expenses G \$ 1,167,995. (Must equal Part IX, Line 25, column (B).)

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)? If 'Yes,' complete Schedule A	1	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		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? If 'Yes,' complete Schedule D, Part II	7		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		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? If 'Yes,' complete Schedule D, Part IV	9		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If 'Yes,' complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	X	
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		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 U.S.? If 'Yes,' complete Schedule F, Part I	14b		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? If 'Yes,' complete Schedule F, Part II	15		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? If 'Yes,' complete Schedule F, Part III	16		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I	17		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18	X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		X
20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	X	
23 Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? If 'Yes,' complete Schedule J	23		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K. If 'No,' go to question 25	24a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If 'Yes,' complete Schedule L, Part I	25b		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If 'Yes,' complete Schedule L, Part IV.....	28a	X
b Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete Schedule L, Part IV.....	28b	X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If 'Yes,' complete Schedule L, Part IV.....	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M.....	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.....	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I.....	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.....	32	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I.....	33	X
34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.....	34	X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2.....	35	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.....	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI.....	37	X

BAA

Form 990 (2008)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.		
1a	1		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1b	1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
1c			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2a	4		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O.		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If 'Yes,' enter the name of the foreign country: G _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Did the organization solicit any contributions that were not tax deductible?		X
6b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?		X
7b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If 'Yes,' indicate the number of Forms 8282 filed during the year.		
7d			
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
7h	For all contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
8			
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make any distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from other members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.		
12b			

Part VI Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

		Yes	No
For each 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1 a	Enter the number of voting members of the governing body		
	1 a		31
b	Enter the number of voting members that are independent		
	1 b		31
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7 a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9 a	Does the organization have local chapters, branches, or affiliates?		X
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?		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990. SEE SCHEDULE O	X	
11	Is there any officer, director or 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

		Yes	No
12 a	Does the organization have a written conflict of interest policy? If 'No,' go to line 13	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done. SEE SCHEDULE O	X	
13	Does the organization have a written whistleblower policy?		X
14	Does the organization have a written document retention and destruction policy?	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		
a	The organization's CEO, Executive Director, or top management official?	X	
b	Other officers of key employees of the organization? SEE SCHEDULE O Describe the process in Schedule O. (see instructions)		X
16 a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If 'Yes,' 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?		

Section C. Disclosures

- 17 List the states with which a copy of this Form 990 is required to be filed G 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. SEE SCHEDULE O
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:
 G SHELLEY VALENTINI 229 WEST LAKE STREET CHI SHOLM MN 55719 218-254-3329

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns	1 a				
	b Membership dues	1 b				
	c Fundraising events	1 c	150,970.			
	d Related organizations	1 d				
	e Government grants (contributions)	1 e				
	f All other contributions, gifts, grants, and similar amounts not included above	1 f	1,183,954.			
	g Noncash contribns included in lns 1a-1f: \$		105,513.			
	h Total. Add lines 1a-1f.	G	1,334,924.			
PROGRAM SERVICE REVENUE	Business Code					
	2 a _____					
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f.	G				
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)	G	16,074.			16,074.
	4 Income from investment of tax-exempt bond proceeds	G				
	5 Royalties	G				
	6 a Gross Rents	(i) Real				
	b Less: rental expenses	(ii) Personal				
	c Rental income or (loss)					
	d Net rental income or (loss)	G				
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
	b Less: cost or other basis and sales expenses	(ii) Other				
	c Gain or (loss)					
	d Net gain or (loss)	G				
	8 a Gross income from fundraising events (not including \$ 150,970. of contributions reported on line 1c). See Part IV, line 18	a	6,042.			
	b Less: direct expenses	b	6,042.			
	c Net income or (loss) from fundraising events	G				
	9 a Gross income from gaming activities. See Part IV, line 19	a	8,237.			
	b Less: direct expenses	b	4,300.			
	c Net income or (loss) from gaming activities	G	3,937.			3,937.
	10 a Gross sales of inventory, less returns and allowances	a				
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory	G					
Miscellaneous Revenue		Business Code				
11 a _____						
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d.	G					
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	G	1,354,935.	0.	0.	20,011.	

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).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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.	924,155.	924,155.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22.	6,852.	6,852.		
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.	68,250.	47,776.	10,237.	10,237.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7 Other salaries and wages.	91,230.	63,860.	13,685.	13,685.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions).	3,951.	2,766.	592.	593.
9 Other employee benefits.	20,424.	14,297.	3,064.	3,063.
10 Payroll taxes.	16,189.	11,331.	2,429.	2,429.
11 Fees for services (non-employees).				
a Management.				
b Legal.				
c Accounting.	5,300.	3,710.	795.	795.
d Lobbying.				
e Prof fundraising svcs. See Part IV, ln 17.				
f Investment management fees.				
g Other.	438.	306.	66.	66.
12 Advertising and promotion.				
13 Office expenses.	20,652.	14,546.	3,053.	3,053.
14 Information technology.	1,282.	898.	192.	192.
15 Royalties.				
16 Occupancy.	8,043.	5,631.	1,206.	1,206.
17 Travel.	12,356.	8,722.	1,817.	1,817.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	3,813.	2,669.	572.	572.
20 Interest.				
21 Payments to affiliates.	11,200.	7,840.	1,680.	1,680.
22 Depreciation, depletion, and amortization.	3,100.	2,170.	465.	465.
23 Insurance.				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <u>BOOKS & SUPPLIES</u>	49,080.	49,080.		
b <u>SPECIAL EVENTS</u>	13,753.			13,753.
c <u>MEMBERSHIP DUES</u>	1,740.	1,218.	261.	261.
d <u>MISCELLANEOUS</u>	240.	168.	36.	36.
e				
f All other expenses.				
25 Total functional expenses. Add lines 1 through 24f.	1,262,048.	1,167,995.	40,150.	53,903.
26 Joint Costs. Check here G <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.				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash - non-interest-bearing	72,731.	1	2,576.
	2 Savings and temporary cash investments	456,352.	2	665,273.
	3 Pledges and grants receivable, net	583,724.	3	448,065.
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost basis	10a 19,723.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b 13,653.	6,406.	10c 6,070.
	11 Investments - publicly-traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,097,402.	15	774,951.
16 Total assets. Add lines 1 through 15 (must equal line 34)	2,216,615.	16	1,896,935.	
LIABILITIES	17 Accounts payable and accrued expenses	1,787.	17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,787.	26	0.
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here G <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.			
	27 Unrestricted net assets	1,172,929.	27	931,799.
	28 Temporarily restricted net assets	1,041,899.	28	965,136.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here G <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, and equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	2,214,828.	33	1,896,935.	
34 Total liabilities and net assets/fund balances	2,216,615.	34	1,896,935.	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If 'Yes' to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
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
b	If 'Yes,' did the organization undergo the required audit or audits?		

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) G	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')	855,941.	927,742.	1,051,143.	1,218,140.	1,334,924.	5,387,890.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.						0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.						0.
4 Total. Add lines 1-3.	855,941.	927,742.	1,051,143.	1,218,140.	1,334,924.	5,387,890.
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).						250,750.
6 Public support. Subtract line 5 from line 4.						5,137,140.

Section B. Total Support

Calendar year (or fiscal year beginning in) G	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4.	855,941.	927,742.	1,051,143.	1,218,140.	1,334,924.	5,387,890.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	4,621.	6,484.	12,770.	15,370.	16,074.	55,319.
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						0.
11 Total support. Add lines 7 through 10.						5,443,209.
12 Gross receipts from related activities, etc. (see instructions).					12	0.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.						G <input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)).	14	94.4 %
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f.	15	94.8 %
16a 33-1/3 support test ' 2008. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization.	G <input checked="" type="checkbox"/>	
b 33-1/3 support test ' 2007. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.	G <input type="checkbox"/>	
17a 10%-facts-and-circumstances test ' 2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	G <input type="checkbox"/>	
b 10%-facts-and-circumstances test ' 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and stop here. Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization.	G <input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.	G <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.)

Section A. Public Support

Calendar year (or fiscal yr beginning in) G	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received. (Do not include 'unusual grants.')						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge.						
6 Total. Add lines 1-5						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) G	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (add lns 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 **G**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)).	17	%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	%

19a 33-1/3 support tests * 2008. 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 **G**

b 33-1/3 support tests * 2007. If the organization did not check a box on line 14 or 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. **G**

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

Schedule of Contributors
G Attach to Form 990, 990-EZ and 990-PF
G See separate instructions.

2008

Name of the organization

UNITED WAY OF NE MINNESOTA

Employer identification number

41-0908454

Organization type (check one):

Filers of:

Form 990 or 990-EZ

Section:

- 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 organizations 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 Form 990-EZ, that met the 33-1/3% support test of the regulations under sections 509(a)(1)/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 Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II.
- For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests 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 Form 990-EZ, that received from any one contributor, during the year, some 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.) G \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF) but they must answer 'No' on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Name of organization

Employer identification number

UNITED WAY OF NE MINNESOTA

41-0908454

Part I Contributors (see instructions.)

(a) Number	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	HI BBING TACONITE COMPANY P O BOX 589 HI BBING, MN 55746	\$ 54,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	MINNESOTA POWER 30 W SUPERIOR ST DULUTH, MN 55802	\$ 30,160.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	USS-MI NNTAC 8819 OLD HWY 169 MT. IRON, MN 55768	\$ 45,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	UNITED TACONITE P. O. BOX 180 EVELETH, MN 55734	\$ 31,458.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	BED, BATH & BEYOND 7950 WEDGEWOOD LANE N MAPLE GROVE, MN 55369	\$ 105,513.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	BOISE, INC. 400 2ND ST INTERNATIONAL FALLS, MN 56649	\$ 31,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

UNITED WAY OF NE MINNESOTA

41-0908454

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
5	MISCELLANEOUS HOUSEHOLD ITEMS.	\$ 105,513.	4/01/08
—		\$	
—		\$	
—		\$	
—		\$	
—		\$	

Name of organization

Employer identification number

UNITED WAY OF NE MINNESOTA

41-0908454

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 cols (a) through (e) and the following line entry.)

For organizations completing Part III, enter total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once - see instructions.) G \$ N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	N/A		

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2008

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Name of the organization

Employer identification number

UNI TED WAY OF NE MINNESOTA

41-0908454

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.

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

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

Table with 2 columns: Question, Held at the End of the Year. Rows include purpose(s) of conservation easements, number of easements, and monitoring details.

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.

Table with 2 columns: Question, Amount. Rows include reporting requirements for art and historical treasures and associated revenue/asset amounts.

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

- 3 Using the organization's 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 Trust, Escrow and Custodial Arrangements Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1 a 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 | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2 a 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 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
1 a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment G _____ %
 - b Permanent endowment G _____ %
 - c Term endowment G _____ %
- 3 a 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 | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments' 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) Depreciation	(d) Book Value
1 a Land				
b Buildings				
c Leasehold improvements				
d Equipment		19,723.	13,653.	6,070.
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) G				6,070.

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1,354,935.
2	Total expenses (Form 990, Part IX, column (A), line 25)	1,262,048.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	92,887.
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV) SEE PART XIV	-410,780.
9	Total adjustments (net). Add lines 4-8	-410,780.
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	-317,893.

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	1,025,218.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-334,017.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	-334,017.
3	Subtract line 2e from line 1	3	1,359,235.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV) SEE PART XIV	4b	-4,300.
c	Add lines 4a and 4b	4c	-4,300.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)	5	1,354,935.

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return			
1	Total expenses and losses per audited financial statements	1	1,266,348.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV) SEE PART XIV	2d	4,300.
e	Add lines 2a through 2d	2e	4,300.
3	Subtract line 2e from line 1	3	1,262,048.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	1,262,048.

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; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

2008

SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 6

CLIENT 88130-01

UNITED WAY OF NE MINNESOTA

41-0908454

2/15/10

01:13PM

SCHEDULE D, PART XI, LINE 8
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

DECREASE IN TEMP RESTRICTED NET ASSETS	\$	-76,763.
NET CHANGE IN BENEFICIAL INTEREST.....		-334,017.
TOTAL	\$	<u><u>-410,780.</u></u>

SCHEDULE D, PART XII, LINE 4B
OTHER REVENUE INCLUDED ON FORM 990 BUT NOT INCLUDED IN F/S

RAFFLE EXPENSES.....	\$	-4,300.
TOTAL	\$	<u><u>-4,300.</u></u>

SCHEDULE D, PART XIII, LINE 2D
OTHER EXPENSES AND LOSSES PER AUDITED F/S

RAFFLE EXPENSES.....	\$	4,300.
TOTAL	\$	<u><u>4,300.</u></u>

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE	(a) Event #1 <u>WINTERBLAST</u> (event type)	(b) Event #2 <u>TASTE OF THE W</u> (event type)	(c) Other Events <u>6</u> (total number)	(d) Total Events (Add col. (a) through col. (c))	
	1	Gross receipts	32,351.	29,444.	95,217.
2	Less: Charitable contributions	32,351.	28,874.	89,745.	150,970.
3	Gross revenue (line 1 minus line 2)		570.	5,472.	6,042.
DIRECT EXPENSES	4	Cash prizes			
	5	Non-cash prizes			
	6	Rent/facility costs			
	7	Other direct expenses		570.	5,472.
8	Direct expense summary. Add lines 4- through 7 in column (d)				G 6,042.
9	Net income summary. Combine lines 3 and 8 in column (d)				G

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.

REVENUE	(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	Non-cash 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)				G
8	Net gaming income summary. Combine lines 1 and 7 in column (d)				G

	YES	NO
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?	9a	
b If 'No,' Explain: -----		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If 'Yes,' Explain: -----		
11 Does the organization operate gaming activities with nonmembers?	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

		YES	NO
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility.....	13 a	%	
b An outside facility.....	13 b	%	
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:			
Name: G _____			
Address: G _____			
15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?.....		15 a	
b If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____.			
c If 'Yes,' enter name and address:			
Name: G _____			
Address: G _____			
16 Gaming manager information			
Name: G _____			
Gaming manager compensation G \$ _____			
Description of services provided: G _____			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17 Mandatory distributions			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?.....		17 a	
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year: G \$ _____			

SCHEDULE I
(Form 990)

Grants and Other Assistance to Organizations,
Governments and Individuals in the U.S.

OMB No. 1545-0047

2008

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

G Complete if the organization answered 'Yes,' on Form 990, Part IV, lines 21 or 22.
G Attach to Form 990.

Name of the organization

UNITED WAY OF NE MINNESOTA

Employer identification number

41-0908454

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. **SEE PART IV**

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. G

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
4-H MINNESOTA EXTENSION AGENCY 715 4TH ST INT'L FALLS, MN 56649	41-1479705	501(C)(3)	9,840.	0.			YOUTH MENTORING PROGRAM
ADVOCATES FOR FAMILY PEACE PO BOX 250 GRAND RAPIDS, MN 55744	41-1377489	501(C)(3)	8,065.	0.			SUPPORT FOR BATTERED WOMEN
AMERICAN RED CROSS 2524 MAPLE GROVE ROAD DULUTH, MN 55811	41-0711602	501(C)(3)	10,130.	0.			LOCAL DISASTER RELIEF
AMERICAN RED CROSS 302 E HOWARD ST HIBBING, MN 55746	41-0711602	501(C)(3)	7,945.	0.			LOCAL DISASTER RELIEF
ARC - RANGE CHAPTER PO BOX 433 EVELETH, MN 55734	41-6052396	501(C)(3)	7,608.	0.			INDEPENDENCE FOR THE DISABLED
ARROWHEAD CENTER 505 12TH AVE W, STE 1 VIRGINIA, MN 55792	41-0956874	501(C)(3)	18,104.	0.			CHEMICAL DEPENDENCY COUNSELING
BOY SCOUTS/ VOYAGEUR AREA COUNCIL 3877 STEBNER RD HERMANTOWN, MN 55811	41-0695583	501(C)(3)	9,767.	0.			PROGRAMS FOR BOY SCOUTS
C.A.R.E. PO BOX 401 MT IRON, MN 55768	41-1870181	501(C)(3)	6,167.	0.			COORDINATION OF RESPITE CARE

2 Enter total number of section 501(c)(3) and government organizations **G** 52

3 Enter total number of other organizations **G** 0

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) 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
NONCASH			105,513.	RETAIL VALUE	MISCELLANEOUS HOUSEHOLD GOODS

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

PART I, LINE 2 - GRANTMAKER'S DESCRIPTION OF HOW GRANTS ARE USED
 EACH YEAR THE UWNEMN CONDUCTS AN ALLOCATION PROCESS WHERE REQUESTING ORGANIZATIONS
 FILL OUT AN APPLICATION WITH INFORMATION WHICH INCLUDES THEIR PROGRAM DESCRIPTION,
 EXPECTED PROGRAM OUTCOMES, NUMBERS SERVED, BUDGET FOR TWO PAST YEARS, PROJECTED
 BUDGET FOR UPCOMING YEAR, FUNDRAISING/ADMINISTRATION COSTS ACCORDING TO 990,
 SALARIES, AND AMOUNT REQUESTED FROM UW. THIS INFORMATION IS COMPILED AND DISTRIBUTED
 TO 110 VOLUNTEER PANEL MEMBERS WHO REVIEW THE INFORMATION AND MAKE ONSITE VISITS TO
 THE ORGANIZATIONS THEY WERE ASSIGNED. THE REQUESTING ORGANIZATIONS ARE THEN
 INTERVIEWED BY THE VOLUNTEER PANELS WHERE FURTHER QUESTIONS ARE ASKED. THE VOLUNTEER
 PANELS MAKE RECOMMENDATIONS FOR EACH ORGANIZATION WHICH IS TURNED OVER TO THE BOARD
 OF DIRECTORS. THE BOARD OF DIRECTORS TAKES THE RECOMMENDATIONS, REVIEWS THE PROGRESS

PART I, LINE 2 - GRANTMAKER'S DESCRIPTION OF HOW GRANTS ARE USED (CONTINUED)
OF THE ORGANIZATION AND THE USE OF FUNDS DURING THE PREVIOUS YEAR AND DETERMINES THE
FINAL GRANT AMOUNT FOR EACH TO BE GIVEN WITHIN BUDGET.

SCHEDULE I-1
(Form 990)

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2008

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Department of the Treasury
Internal Revenue Service

G Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

Name of the organization

UNITED WAY OF NE MINNESOTA

Employer identification number

41-0908454

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
CAMP CHI CAGAMI 3755 SCOUT CAMP RD EVELETH, MN 55734	41-1540311	501(C)(3)	8,482.				CAMPING FOR AT RISK YOUTH
CARE PARTNERS P.O. BOX 217 EVELETH, MN 55734	41-2011488	501(C)(3)	13,974.				SUPPORT FOR CANCER VI CTIMS
CENTER FOR INDEPENDENT LIVING 2104 E 6TH AVE HIBBING, MN 55746	41-1425959	501(C)(3)	17,316.				INDEPENDENCE FOR THE DI SABLED
COURAGE CENTER 3915 GOLDEN VALLEY RD MINNEAPOLIS, MN 55422	41-0706118	501(C)(3)	6,924.				INDEPENDENCE FOR THE DI SABLED
EAST RANGE DAC 800 A AVENUE EVELETH, MN 55734	41-6052396	501(C)(3)	9,301.				PROVI DING JOBS FOR THE DI SABLED
ELDER SERVI CES NETWORK PO BOX 401 MT IRON, MN 55768	41-1870181	501(C)(3)	11,020.				KEEP SENIORS I N OWN HOMES
ELY COMMUNI TY RESOURCES PO BOX 374 / 40N 1ST AVE E ELY, MN 55731	41-1333048	501(C)(3)	12,112.				PROGRAMS FOR YOUTH
FALLS HUNGER COALI TION 1000 5TH STREET INT' L FALLS, MN 56649	36-3602229	501(C)(3)	21,577.				FOOD SHELF
FORGET ME NOT FOUNDATION 41639 STATE HWY 65 NASHWAUK, MN 55769	41-1664757	501(C)(3)	13,418.				THERAPEUTI C HORSERI DING FOR DI SABLED

2 Enter total number of Section 501(c)(3) and government organizations G _____
 3 Enter total number of other organizations G _____

SCHEDULE I-1
(Form 990)

Continuation Sheet for Schedule I (Form 990)

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Name of the organization

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(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
FRIENDS AGAINST ABUSE 407 4TH STREET INT'L FALLS, MN 56649	41-1454505	501(C)(3)	8,599.				SUPPORT FOR BATTERED WOMEN
GIRL SCOUTS/ RANGE 400 2ND AVENUE S WAITE PARK, MN 56387	41-0877820	501(C)(3)	6,381.				PROGRAMS FOR GIRL SCOUTS
HABITAT FOR HUMANITY - NSLC PO BOX 24/401 6TH AVE N VIRGINIA, MN 55792	41-1791050	501(C)(3)	10,556.				HOUSING FOR ELIGIBLE FAMILIES
HIBBING KINSHIP MENTORING PROGRAM PO BOX 176 SIDE LAKE, MN 55781	41-2006723	501(C)(3)	7,556.				YOUTH MENTORING PROGRAM
HUMAN DEVELOPMENT CENTER 629 1ST AVENUE TWO HARBORS, MN 55616	41-0777937	501(C)(3)	5,694.				SUPPORT FOR MENTALLY ILL
JEFFERSON HAVEN TENANT PROGRAM 3112 6TH AVENUE HIBBING, MN 55746	41-1896357	501(C)(3)	10,352.				SUPPORT FOR AT-RISK FAMILIES
KIDS PLUS - SILVER BAY 137 BANKS BLVD SILVER BAY, MN 55614	41-6001896	501(C)(3)	6,497.				PROGRAMS FOR YOUTH
KIDS PLUS - TWO HARBORS 421 7TH STREET TWO HARBORS, MN 55616	41-6001896	501(C)(3)	6,095.				PROGRAMS FOR YOUTH
KOOCHI CHING SENIOR CENTER 307 4TH STREET INT'L FALLS, MN 56649	41-1455007	501(C)(3)	11,324.				PROGRAMS FOR SENIORS

2 Enter total number of Section 501(c)(3) and government organizations G _____
 3 Enter total number of other organizations G _____

SCHEDULE I-1
(Form 990)

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

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Internal Revenue Service

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Name of the organization

UNI TED WAY OF NE MINNESOTA

Employer identification number

41-0908454

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(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
MESABI EAST EARLY CHILDHOOD COAL 6046 WYNNE RIDGE RD AURORA, MN 55705	20-3549230	501(C)(3)	5,846.				IMAGINATION LIBRARY BOOKS
MESABI FAMILY YMCA 8367 UNITY DR VIRGINIA, MN 55792	41-1460551	501(C)(3)	16,946.				SCHOLARSHIPS FOR AT RISK YOUTH
NEIGHBOR TO NEIGHBOR 507 7TH AVENUE TWO HARBORS, MN 55616	41-1927392	501(C)(3)	10,155.				THRIFT SHOP FOR LOW-INC FAMILIES
NORMA'S PLACE 3203 33RD AVE W HIBBING, MN 55746	41-0849301	501(C)(3)	5,906.				HOUSING FOR MENTALLY ILL
NORTH STAR HOSPICE F/K/A KOOCHIC 900 3RD STREET INT'L FALLS, MN 56649	41-1293970	501(C)(3)	9,705.				RESPIRE CARE FOR CANCER VICTIMS
NORTHSHORE COLLABORATIVE 616 3RD AVENUE TWO HARBORS, MN 55616	41-185613	501(C)(3)	5,080.				SUPPORT FOR BATTERED WOMEN
NORTHSHORE HORIZONS 525 4TH AVENUE TWO HARBORS, MN 55616	41-1451736	501(C)(3)	8,794.				EMERGENCY SERVICES FOR FAMILIES
NORTHSTAR HOSPICE FAIRVIEW 1101 E 37TH STREET, STE 27 HIBBING, MN 55746	41-1293970	501(C)(3)	6,446.				RESPIRE CARE FOR CANCER VICTIMS
NORTHWOODS HOSPICE RESPIRE PARTN 328 W CONAN STREET ELY, MN 55731	41-2016401	501(C)(3)	16,403.				RESPIRE CARE FOR CANCER VICTIMS

2 Enter total number of Section 501(c)(3) and government organizations G _____
 3 Enter total number of other organizations G _____

SCHEDULE I-1
(Form 990)

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2008

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Department of the Treasury
Internal Revenue Service

Name of the organization

UNITED WAY OF NE MINNESOTA

Employer identification number

41-0908454

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
ODC PO BOX 668 BUHL, MN 55713	41-0973895	501(C)(3)	8,135.				PROVIDING JOBS FOR THE DISABLED
ODC PO BOX 873 INT'L FALLS, MN 56649	41-0973895	501(C)(3)	8,720.				PROVIDING JOBS FOR THE DISABLED
RANGE MENTAL HEALTH CENTER PO BOX 1188 VIRGINIA, MN 55792	41-0849301	501(C)(3)	17,205.				DAY CARE FOR SENIORS
RANGE MENTAL HEALTH PO BOX 1188/624 S 13TH ST VIRGINIA, MN 55792	41-0849301	501(C)(3)	15,493.				HOMELESS YOUTH PROJECT
RANGE RESPIRE 1309 20TH ST S VIRGINIA, MN 55792	41-1726790	501(C)(3)	58,585.				RESPIRE CARE FOR ILLNESS OR DISABILITY
RANGE TRANSITIONAL HOUSING PO BOX 1146 442 PINE MILL CT VIRGINIA, MN 55792	41-1773248	501(C)(3)	23,150.				TEMPORARY HOUSING FOR FAMILIES
RANGE WOMEN'S ADVOCATES 301 1ST ST S STE100 VIRGINIA, MN 55792	41-1369020	501(C)(3)	17,452.				SUPPORT FOR BATTERED WOMEN
RANGE YOUTH SERVICES 507 9TH AVE SOUTH VIRGINIA, MN 55792	41-0872993	501(C)(3)	15,142.				HOUSING FOR YOUTH
SALVATION ARMY 1301 3RD AVE W INT'L FALLS, MN 56649	41-0698597	501(C)(3)	21,000.				EMERGENCY SERVICES FOR FAMILIES

2 Enter total number of Section 501(c)(3) and government organizations G
3 Enter total number of other organizations G

SCHEDULE I-1
(Form 990)

Continuation Sheet for Schedule I (Form 990)

OMB No. 1545-0047

2008

Department of the Treasury
Internal Revenue Service

G Attach to Form 990 to list additional information for
Part II and Part III, Schedule I (Form 990).

Open to Public
Inspection

Name of the organization

UNI TED WAY OF NE MINNESOTA

Employer identification number

41-0908454

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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/ HI BBI NG 107 W HOWARD ST HI BBI NG, MN 55746	41-0698597	501(C)(3)	33,599.				EMERGENCY SERVI CES FOR FAMI LI ES
SALVATION ARMY/ LAKE COUNTY 501 7TH AVENUE TWO HARBORS, MN 55616	41-0698597	501(C)(3)	7,805.				EMERGENCY SERVI CES FOR FAMI LI ES
SALVATION ARMY/ VI RGI NIA 507 12TH AVE W VI RGI NIA, MN 55792	41-0698597	501(C)(3)	65,572.				EMERGENCY SERVI CES FOR FAMI LI ES
SECOND HARVEST NORTHERN LAKES FO 4503 AIRPARK BLVD DULUTH, MN 55811	36-3479964	501(C)(3)	16,766.				PROVI DE FOOD FOR LOCAL FOOD SHELVES
SEXUAL ASSAULT PROGRAM OF NSLC 505 12TH AVE W VI RGI NIA, MN 55792	36-3297404	501(C)(3)	19,405.				EDUC/SUPPORT FOR ASSAULT VI CTI MS
SUNRI SE CENTER AGAI NST SEXUAL AS 203 3RD STREET INT' L FALLS, MN 56649	41-1660306	501(C)(3)	8,788.				EDUC/SUPPORT FOR ASSAULT VI CTI MS
TWELFTH STEP HOUSE 512 2ND ST N VI RGI NIA, MN 55792	41-1340504	501(C)(3)	33,070.				HOUSI NG FOR CHEMI CALLY DEPEND' T MEN
UNI TED WAY 211 424 W SUPERIOR ST, STE 402 DULUTH, MN 55802	41-0857077	501(C)(3)	5,641.				I NFORMATI ON AND REFERRAL SERVI CE

2 Enter total number of Section 501(c)(3) and government organizations G

3 Enter total number of other organizations G

SCHEDULE M
(Form 990)

Non-Cash Contributions

OMB No. 1545-0047

2008

G To be completed by organizations that answered 'Yes'
on Form 990, Part IV, lines 29 or 30.

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

G Attach to Form 990.

Name of the organization

Employer identification number

UNITED WAY OF NE MINNESOTA

41-0908454

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art' Works of art				
2 Art' Historical treasures				
3 Art' Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		105,513.	SELLING PRICE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities' Publicly traded				
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 G (_____)				
26 Other G (_____)				
27 Other G (_____)				
28 Other G (_____)				

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

29

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

Department of the Treasury
Internal Revenue Service

G Attach to Form 990. To be completed by organizations to provide
additional information for responses to specific questions for the
Form 990 or to provide any additional information.

Name of the organization

UNITED WAY OF NE MINNESOTA

Employer identification number

41-0908454

FORM 990, PART III, LINE 1 - ORGANIZATION MISSION

OUR MISSION IS TO UNITE AND FOCUS OUR COMMUNITIES IN CREATING MEASURABLE RESULTS TO
IMPROVE PEOPLE'S LIVES AND STRENGTHEN OUR FAMILIES. OUR ORGANIZATION ADVANCES THE
COMMON GOOD BY FOCUSING ON THE MOST PRESSING NEEDS OF OUR COMMUNITIES AND FAMILIES.
WE WORK TO BRING TOGETHER INDIVIDUAL AND CORPORATE GIVING ALONG WITH RESOURCES TO
CREATIVELY INFLUENCE THE CONDITION OF ALL.

FORM 990, PART III, LINE 2 - NEW SERVICES

WE HAVE FOCUSED ON TWO NEW EARLY CHILDHOOD INITIATIVES THAT WILL INCREASE THE
SUCCESS OF CHILDREN IN SCHOOL. THE DOLLY PARTON IMAGINATION LIBRARY, A PROGRAM
WHICH PROVIDES HARDCOVER BOOKS TO ALL CHILDREN AGES 0-5 IN THEIR HOMES MONTHLY AND
SMILES ACROSS MINNESOTA WHICH BRINGS A MOBILE DENTAL UNIT INTO THE ELEMENTARY
SCHOOLS TO PROVIDE PREVENTATIVE DENTAL CARE. IN THE AREA OF FINANCIAL STABILITY WE
HAVE BROUGHT THE GIFTS IN KIND PROGRAM TO OUR AREA WHICH PROVIDES HOUSEHOLD GOODS TO
FAMILIES IN NEED; PROVIDED INFORMATION TO LOW INCOME FAMILIES ON EARNED INCOME TAX
CREDITS; AND THE FAMILYWIZE DRUG DISCOUNT PROGRAM WHICH PROVIDES REDUCED COSTS ON
PRESCRIPTION DRUGS.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

ASSISTANCE WAS DISTRIBUTED TO 68 NON-PROFIT ORGANIZATIONS WHO WERE NOT UWNEMN
PARTNER AGENCIES. THESE DISTRIBUTIONS WERE MADE ON BEHALF OF DONORS WHO DESIGNATED
THEIR CONTRIBUTIONS.

FORM 990, PART VI, LINE 10 - FORM 990 REVIEW PROCESS

FORM 990 IS PRESENTED TO THE EXECUTIVE COMMITTEE OF THE BOARD FOR REVIEW AND
APPROVAL PRIOR TO FILING.

Name of the organization

Employer identification number

UNITED WAY OF NE MINNESOTA

41-0908454

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF C

DI RECTORS, COMMI TTEE MEMBERS, VOLUNTEERS AND EMPLOYEES ARE REQUIRED TO SIGN A

CONFLI CT OF INTEREST DI SCLOSURE FORM ANNUALLY

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEES

ANNUALLY, THE EXECUTIVE COMMI TTEE OF THE BOARD OF DI RECTORS REVI EWS AND APPROVES THE

SALARY OF THE EXECUTIVE DI RECTOR. THE SALARY IS DETERMINED BY REVI EW OF THE

RESPONSI BIL I TIES INVOLVED IN THE POSI TION WITH A COMPARI SON OF THE MOST RECENT UWA

STAFF SALARY REPORT OF THE SAME SI ZE ORGANI ZATION AS WELL AS THE MINNESOTA NONPROFI T

SALARY AND BENEFI TS SURVEY CONDUCTED BY THE MN COUNCI L OF NONPROFI TS.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

DOCUMENTS ARE AVAI LABLE UPON REQUEST.