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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
UNITED WAY OF CASS-CLAY

Doing Business As

Number and street (or P O box if mail is not delivered to street address) 219 7TH ST S

Room/suite

City or town, state or country, and ZIP + 4
FARGO, ND 581031819

D Employer identification number
41-0810008

E Telephone number
(701) 237-5050

G Gross receipts $ 4,993,036

F Name and address of principal officer
Melinda Hohncke
219 7TH ST S
FARGO, ND 581031819

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www unitedwaycassclay org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1958

M State of legal domicile ND

Part I Summary

1 Briefly describe the organization's mission or most significant activities
United Way of Cass-Clay brings people together to create lasting change that will improve lives

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	15
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	15
6	Total number of volunteers (estimate if necessary)	**6**	3,000
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	4,778,362	4,491,843
9	Program service revenue (Part VIII, line 2g)	1,763	1,300
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-2,395	22,484
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	23,849	14,928
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,801,579	4,530,555
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,564,587	3,667,292
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	550,229	486,408
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶455,748		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	336,425	399,537
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	4,451,241	4,553,237
19	Revenue less expenses Subtract line 18 from line 12	350,338	-22,682

		Beginning of Current Year	End of Year
Net Assets or Fund Balances			
20	Total assets (Part X, line 16)	4,776,229	4,889,764
21	Total liabilities (Part X, line 26)	323,057	423,294
22	Net assets or fund balances Subtract line 21 from line 20	4,453,172	4,466,470

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

****** 2011-06-29
Signature of officer — Date

John Machacek VP, Finance & Operations
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: LISA CHAFFEE CPA	Preparer's signature: LISA CHAFFEE CPA	Date: 2011-06-29	Check if self-employed ☐	PTIN
Firm's name ▶ EIDE BAILLY LLP				Firm's EIN ▶
Firm's address ▶ 4310 17TH AVE S PO BOX 2545 FARGO, ND 581082545				Phone no ▶ (701) 239-8500

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 . . . . . ☑

1 Briefly describe the organization's mission

United Way of Cass-Clay brings people together to create lasting change that will improve lives

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

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 $ 3,378,456 including grants of $ 3,148,618) (Revenue $ 1,300)

Agency and Program Community Investments In 2010, United Way of Cass-Clay invested in 42 non-profit agencies and 66 programs providing human needs services in the categories of Prevention and Development and Basic Needs Prevention & Development Impact Areas -Child & Youth Enrichment-Mentorship-Counseling & Mental Health-Life Skills-Referral & Volunteer ServicesBasic Needs Impact Areas -Children's Needs-Emergency Services-Emergency Shelters-Independent Living-Legal & Caregiver ServicesVolunteers from Cass and Clay counties who serve on the United Way of Cass-Clay Board of Trustees, the Community Investment Committee, and the Community Investment Review Panels oversee the allocations process and recommend levels of funding for our partner agencies and programs Over 90 Community Investment Review Panel Volunteers reviewed applications from agencies seeking funding and participated in site visits and dialogue with directors and program coordinators Following their reviews, the recommendations were further developed by the volunteer-led Community Investment Committee and final funding recommendations were submitted to and approved by the United Way of Cass-Clay Board of Trustees Twice per year agencies submit outcome reports to United Way of Cass-Clay staff that outline client progress and demonstrate the lasting change they are creating in the Cass-Clay community

4b (Code) (Expenses $ 309,877 including grants of $ 309,877) (Revenue $)

Success By 6 Initiative Success By 6 is a United Way of Cass-Clay initiative that invests in early childhood development and education programs that ensure children have the positive and enriching experiences to succeed in school and in life The programs listed below are investments made through the Success By 6 initiative -Imagination Library United Way of Cass-Clay partners with the Dollywood Foundation to provide free age-appropriate books once per month to children ages 0-5 in Cass and Clay counties The program is free to families because of United Way of Cass-Clay donor dollars and any family with a child between the ages of zero and five is eligible to enroll in the program During 2010, on average, 8,078 books were mailed per month and a total of 96,963 books were mailed to the homes of children ages 0-5 throughout Cass and Clay counties Since 2003, 22,709 local children have been enrolled in the program -Gearing Up for Kindergarten United Way of Cass-Clay partners with the NDSU Extension services to provide Gearing Up for Kindergarten which is a school-readiness and parent education program that includes 16 monthly sessions for parents and children to attend together to acquire skills to prepare them for a successful transition into Kindergarten Children experience parent-child interaction and parents attend sessions on brain development and parenting styles The program is free to families because of United Way of Cass-Clay donor dollars In 2010, 104 families experienced educational curriculum and techniques to aid in a successful transition into Kindergarten Children who participated in the program had an increase of three times higher on pre-academic skills and development than children who did not participate -Children's Dental Services Children's Dental Services started in 1919 and has been improving oral health of children ever since then Children up to age 21 are able to receive services They come from families whose incomes are below 200% of the federal poverty line Children's Dental Services provides accessibility to treatment and education In Moorhead, this is specifically carried out by bringing the dental office on-site to schools so that barriers such as transportation can be removed Any referral work that needs to be done is in collaboration with cooperating dental offices in the metro area United Way of Cass-Clay is proud to partner with Children's Dental Services, Delta Dental, Medica Foundation, and Dakota Medical Foundation to bring this important service to the children and families in the Moorhead Public School District Funding began in December of 2010, and services officially began on March 10, 2011 -Preschool on Wheels United Way of Cass-Clay partners with Moorhead Community Education to provide a portable preschool program that travels weekly to in-home child care programs Through the program, certified teachers provide preschool curriculum to the children and consult with providers on child development strategies -Share a Story Family Literacy Event Each spring, United Way of Cass-Clay collaborates with Prairie Public Broadcasting and the Fargo Park District to coordinate Share a Story, a family literacy event that promotes a love for reading and encourages caregivers to take an active and early part in their children's literacy On May 15, 2010, over 2,200 children and families attended the event and had the opportunity to meet costumed characters from PBS Kids programs, select a free book to take home, and experience many other activities centered around literacy -North Dakota Early Childhood Rating and Improvement System (NDECRIS) United Way of Cass-Clay partners with Lakes & Prairies Community Action Partnership's Child Care Resource and Referral to coordinate the North Dakota Early Childhood Rating and Improvement System (NDECRIS) The mission of the NDECRIS is to guide and support early care and education programs to continually improve quality of care and empower families to make informed decisions The three goals of the NDECRIS are to 1 Recognize and improve the quality of early care and education settings in order to support children's optimal development and learning 2 Provide parents with an easy to use tool to assist them in selecting quality early care and education programs for their children 3 Align early childhood resources in North Dakota in a more effective and accountable manner United Way of Cass-Clay led the way by being the first to implement this type of program in all of North Dakota and West Central Minnesota -Community Conversations In November 2010, United Way of Cass-Clay partnered with the Bush Foundation to convene and facilitate listening session events in Cass County, North Dakota The purposes of the sessions were twofold listen to citizens and inform elected and government officials and foundation staff about citizens' biggest concerns and ideas As a result of the listening sessions participants learned about North Dakota data and what is coming in the future and heard how others feel about the future and issues that present challenges The listening session provided the opportunity to increase connections to other citizens, generate ideas together about how to address tough problems, and influence decisions in their state and communities Elected officials, government leaders and foundations learned about people's biggest concerns and ideas for changing systems to create a positive future

4c (Code) (Expenses $ 208,797 including grants of $ 208,797) (Revenue $)

Community Grants-School Supply Drive Through the United Way of Cass-Clay 12th Annual School Supply Drive over 4,500 students grades K-12 attending school throughout Cass and Clay counties were equipped with backpacks and the grade-appropriate supplies they need to succeed Of the families served through the 2010 drive, 86% self-reported being enrolled in the free and reduced lunch program through their school district -Long Term Flood Recovery Fund In March of 2009, United Way of Cass-Clay quickly responded to community need and established the 2009 Long Term Flood Recovery Fund to help individuals and families reestablish safety, security and stability during and after the Flood of 09 The purpose of the fund was to fulfill unmet needs of individuals and families after FEMA and insurance claims were exhausted Contributions totaling more than $200,000 came from individuals and businesses locally, regionally and nationally United Way of Cass-Clay staff and volunteers worked collaboratively with area non-profit agency case managers specializing in disaster recovery and other volunteers to review cases and distribute funds as needed The donated dollars helped buy numerous beds, bedding, water heaters, electrical repairs, appliances, septic services, furniture, building supplies, eye glasses and fulfilled many other unmet needs for individuals and families in Fargo, Moorhead and our surrounding communities United Way of Cass-Clay contributed $25,000 to the Long Term Flood Recovery Fund and invested an additional $10,000 each into the American Red Cross Minn-Kota Chapter, Salvation Army and FirstLink for their efforts during the Flood of 09 Funds were primarily expended in 2009 with remaining funds expended in early 2010 -Galleria Apartment Fire Long Term Recovery Fund On October 11, 2010, a massive fire heavily damaged the Galleria on 42nd apartment complex in Fargo and displaced 150 residents United Way of Cass-Clay quickly responded to community need and established the 2010 Galleria Apartment Long Term Recovery Fund to raise funds and help individuals and families reestablish safety, security and stability after the fire The fund was designed to address unmet needs remaining after insurance claims had been processed United Way of Cass-Clay worked collaboratively with area non-profit agency case managers specializing in disaster recovery and other volunteers to review cases and distribute funds as needed The donated dollars helped to purchase essential living items lost in the disaster Contributions totaling $25,637 were donated from individuals and organizations All funds raised were distributed only to individuals impacted by the fire, once the fund was depleted in late 2010, it ceased to exist -Emergency Funding United Way of Cass-Clay is dedicated to responding to the needs of the local Cass-Clay community and each year provides emergency funding to agencies in crisis-mode The fund is designed to aid United Way of Cass-Clay-funded agencies in maintaining stability and future growth -Fill the Dome Student-Led Food Drive In the fall of 2010 the 4th Annual Fill the Dome event was coordinated by local high school students with a goal of filling the entire floor of the FargoDome (80,000 sq ft) with food for local food pantries When Fill the Dome was complete, the youth had collected over 97 tons of food and raised $75,000 United Way of Cass-Clay contributed financially to the project and also provided in-kind support through communication materials and public relations support -FM Coalition for Homeless Persons In 2010, the FM Coalition for Homeless Persons coordinated the Project Homeless Connect event which is designed to connect homeless and imminently homeless persons who face barriers to services including mental health services, medical services, haircuts, dental care, educational opportunities, housing assistance, employment, etc In addition to connecting persons who are homeless to services, the event helps to better connect service providers to each other and other sectors of society to the problem of homelessness The event has become a best practices standard around the nation and is a part of the Fargo Ten-Year Plan to End Long-Term Homelessness United Way of Cass-Clay contributed financially to the event so that the services could be available to homeless and imminently homeless persons in the Cass-Clay community -The Essentials of Nonprofit Administration Training United Way of Cass-Clay collaborates with Minnesota State University Moorhead (MSUM) Continuing Studies to coordinate the Essentials of Nonprofit Administration course which is a comprehensive nine-month training program for nonprofit professionals that addresses critical issues faced by nonprofit organizations today The goal of the program is to increase the long-term success of local non-profit agencies and provide training and capacity-building for local non-profit leaders, staff and board members United Way of Cass-Clay also provides scholarships for non-profit leaders to attend the training

4d Other program services (Describe in Schedule O)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 3,897,130

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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
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? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, 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		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules *(continued)*

21	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? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	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? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	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**		No
27	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? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
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**		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	**35**		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☐ **Yes** ☑ **No**			
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**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	4		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c Yes	
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	15		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			3a	No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	No
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c Yes	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	0		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h	
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?			9a	
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b	
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*			14b	

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 15		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 15		
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?	2		No
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? . .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
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?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14		No
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	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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?	16b		

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 Form 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 Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

John Machacek
219 7th Street S
Fargo, ND 581031809
(701) 237-5050

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, and **current** key employees 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			
(1) Mark Deraney Chair(Jan-Mar)	2 00	X		X				0	0	0
(2) Sherry Senske Chair Elect(Jan-Mar)	2 00	X		X				0	0	0
(3) Jeff Slaby Vice Chair(Jan-Mar)/Chair(Mar-Dec)	2 00	X		X				0	0	0
(4) Dean Atchison Treas (Jan-Mar)/Chair Elect(Mar-Dec)	2 00	X		X				0	0	0
(5) David Berg Vice Chair(Mar-Dec)	2 00	X		X				0	0	0
(6) Todd Olson Treasurer(Mar-Dec)	2 00	X		X				0	0	0
(7) Mike Unhjem Board Member	1 00	X						0	0	0
(8) Babs Coler Community Investment Chair	2 00	X						0	0	0
(9) Craig Lemieux Human Resource Chair	2 00	X						0	0	0
(10) Evelyn Quigley Community Building Chair	2 00	X						0	0	0
(11) Ann McConn Board Member	1 00	X						0	0	0
(12) Doug Hamilton Marketing Chair	2 00	X						0	0	0
(13) Judy Lee Board Member	1 00	X						0	0	0
(14) Ron Strand Board Member	1 00	X						0	0	0
(15) Mark Jensen Community Investment Chair	2 00	X						0	0	0
(16) Gary Wolsky Board Member	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (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			
(17) James Boberg Board Member	1 00	X						0	0	0
(18) Louise Dardis Board Member	1 00	X						0	0	0
(19) Judy Green President(Jan-Mar)	50 00			X				23,954	0	2,390
(20) John Machacek VP, Finance & Operations	50 00			X				50,733	0	8,589
(21) Melinda Hohncke President(Jun-Dec)	50 00			X				50,992	0	6,454
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								125,679	0	17,433

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 **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual* **3**		No
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? *If "Yes," complete Schedule J for such individual* **4**		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person* **5**		No

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

(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

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	1a Federated campaigns . .	1a				
	b Membership dues	1b				
	c Fundraising events	1c	13,300			
	d Related organizations . . .	1d				
	e Government grants (contributions)	1e	393			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,478,150			
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f . . . . . ▶		4,491,843			
Program Service Revenue		Business Code				
	2a Miscellaneous Income	624100	1,300	1,300		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f . . . . . ▶		1,300			
	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶		17,322			17,322
	4 Income from investment of tax-exempt bond proceeds . . ▶					
	5 Royalties . . . . . ▶					
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) . . . . . ▶					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	437,655				
	b Less cost or other basis and sales expenses	432,493				
	c Gain or (loss)	5,162				
	d Net gain or (loss) . . . . . ▶		5,162			5,162
Other Revenue	8a Gross income from fundraising events (not including $ 13,300 of contributions reported on line 1c) See Part IV, line 18 . . . a		44,916			
	b Less direct expenses . . . b		29,988			
	c Net income or (loss) from fundraising events . . ▶		14,928			14,928
	9a Gross income from gaming activities See Part IV, line 19 . a					
	b Less direct expenses . . . . . b					
	c Net income or (loss) from gaming activities . . ▶					
	10a Gross sales of inventory, less returns and allowances . a					
	b Less cost of goods sold . . b					
	c Net income or (loss) from sales of inventory . . ▶					
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d . . . . . ▶					
	12 **Total revenue.** See Instructions . . . ▶		4,530,555	1,300	0	37,412

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	3,556,417	3,556,417		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	110,875	110,875		
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	144,294	29,227	70,062	45,005
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	264,450	72,505	58,309	133,636
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	25,314	6,601	6,414	12,299
9 Other employee benefits	22,076	6,567	3,925	11,584
10 Payroll taxes	30,274	7,626	9,206	13,442
a Fees for services (non-employees) Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services *See Part IV, line 17*				
f Investment management fees				
g Other	14,789	3,169	3,860	7,760
12 Advertising and promotion	141,122	1,449	1,765	137,908
13 Office expenses	30,208	6,473	7,885	15,850
14 Information technology	25,821	5,534	6,739	13,548
15 Royalties				
16 Occupancy	16,733	3,585	4,368	8,780
17 Travel	6,722	1,441	1,754	3,527
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	17,107	3,666	4,465	8,976
20 Interest				
21 Payments to affiliates	47,023	47,023		
22 Depreciation, depletion, and amortization	28,868	6,186	7,535	15,147
23 Insurance	6,533	1,400	1,705	3,428
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 Equipment Rental & Main	21,444	4,595	5,597	11,252
b Bank Charges	15,750	3,375	4,111	8,264
c Community Assessment	15,037	15,037		
d Dues and Subscriptions	4,693	1,006	1,225	2,462
e Volunteer Recognition	3,938	844	1,028	2,066
f All other expenses	3,749	2,529	406	814
25 **Total functional expenses.** Add lines 1 through 24f	4,553,237	3,897,130	200,359	455,748
26 **Joint costs.** Check here ▶ ☐ 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
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		1,606,099	2	1,345,409
	3	Pledges and grants receivable, net		2,433,497	3	2,484,337
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	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) Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		1,878	9	2,512
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 730,936			
	b	Less accumulated depreciation	10b 376,022	383,173	10c	354,914
	11	Investments—publicly traded securities		351,582	11	702,592
	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			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		4,776,229	16	4,889,764
Liabilities	17	Accounts payable and accrued expenses		18,127	17	22,029
	18	Grants payable			18	
	19	Deferred revenue			19	6,161
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial 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 to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		304,930	25	395,104
	26	**Total liabilities.** Add lines 17 through 25		323,057	26	423,294
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		1,220,326	27	1,438,827
	28	Temporarily restricted net assets		3,209,231	28	2,985,869
	29	Permanently restricted net assets		23,615	29	41,774
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		4,453,172	33	4,466,470
	34	Total liabilities and net assets/fund balances		4,776,229	34	4,889,764

Part XI Reconcilliation 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	4,530,555
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,553,237
3	Revenue less expenses Subtract line 2 from line 1	3	-22,682
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	4,453,172
5	Other changes in net assets or fund balances (explain in Schedule O)	5	35,980
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	4,466,470

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 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
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 ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated 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?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
UNITED WAY OF CASS-CLAY

Employer identification number
41-0810008

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 331/3% 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 331/3% 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 the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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 ")	3,548,602	3,492,468	3,586,617	4,478,362	4,491,843	19,597,892
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	3,548,602	3,492,468	3,586,617	4,478,362	4,491,843	19,597,892
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)						309,638
6 **Public Support.** Subtract line 5 from line 4						19,288,254

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	3,548,602	3,492,468	3,586,617	4,478,362	4,491,843	19,597,892
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	30,636	36,281	15,623	13,889	17,322	113,751
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)						
11 **Total support** (Add lines 7 through 10)						19,711,643

12	Gross receipts from related activities, etc (See instructions)	12	180,100

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	97 850 %
15	Public Support Percentage for 2009 Schedule A, Part II, line 14	15	98 180 %

16a **33 1/3% support test—2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support test—2009.** If the organization did not check the 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 ▶☐

17a **10%-facts-and-circumstances test—2010.** 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 ▶☐

b **10%-facts-and-circumstances test—2009.** 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 ▶☐

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 ▶☐

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

Section B. Total Support

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

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2009 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2009** Schedule A, Part III, line 17	18

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 ▶☐

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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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 CASS-CLAY

Employer identification number
41-0810008

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? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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 ☐ Yes ☐ 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 pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–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 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	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable 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 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, 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, 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 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 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	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

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

b If "Yes," explain the arrangement in Part 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	23,615	16,620	2,531		
b Contributions	18,159	6,985	14,163		
c Investment earnings or losses	65	10	20		
d Grants or scholarships					
e Other expenditures for facilities and programs	65				
f Administrative expenses			94		
g End of year balance	41,774	23,615	16,620		

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

a Board designated or quasi-endowment ▶

b Permanent endowment ▶ 100 000 %

c Term endowment ▶

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	3a(i)	Yes	
(ii) related organizations	3a(ii)		No

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) Accumulated depreciation	(d) Book value
1a Land		20,000		20,000
b Buildings		513,663	197,496	316,167
c Leasehold improvements				
d Equipment		197,273	178,526	18,747
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				354,914

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		
Other		
Total. *(Column (b) should 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
Total. *(Column (b) should 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
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Designations Payable	395,104
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	395,104

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 (ASC740)

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	4,530,555
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,553,237
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-22,682
4	Net unrealized gains (losses) on investments	4	35,980
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	35,980
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	13,298

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	4,072,977
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	35,980		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	-465,330		
e	Add lines **2a** through **2d**			2e	-429,350
3	Subtract line **2e** from line **1**			3	4,502,327
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	28,228		
c	Add lines **4a** and **4b**			4c	28,228
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	4,530,555

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

1	Total expenses and losses per audited financial statements			1	4,059,679
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	Other losses	2c			
d	Other (Describe in Part XIV)	2d	-28,228		
e	Add lines **2a** through **2d**			2e	-28,228
3	Subtract line **2e** from line **1**			3	4,087,907
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	465,330		
c	Add lines **4a** and **4b**			4c	465,330
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	4,553,237

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 Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Description of Intended Use of Endowment Funds	Part V, Line 4	Interest from the UWCC Legacy endowment fund will be used to fund special UWCC grants or initiatives to address emerging issues, direct funds to address the root causes of the communities most serious problems, support the campaign if annual gift is endowed, endowed gift designated to a specific area of interest, support the operating costs of UWCC so that a higher percentage of the annual campaign gifts go towards community investment
Description of Uncertain Tax Positions Under FIN 48	Part X	The Company has adopted the provisions of FASB Accounting Standards Codification Topic ASC 740-10 (previously Financial Interpretation No 48, Accounting for Uncertainty in Income Taxes), on January 1, 2009 The implementation of this standard had no impact on the financial statements As of both the date of adoption, and as of December 31, 2010, the unrecognized tax benefit accrual was zero The Organization will recognize future accrued interest and penalties related to unrecognized tax benefits in income tax expense if incurred The Organization is no longer subject to Federal tax examinations by tax authorities for years before 2007 and state examinations for years before 2007
Part XII, Line 2d - Other Adjustments		Grants reclassified with expenses -465,330
Part XII, Line 4b - Other Adjustments		Special events expenses included with revenues -29,988 Special events revenues included in expenses 58,216
Part XIII, Line 2d - Other Adjustments		Special events revenues included in expenses -58,216 Special events expenses included with revenues 29,988
Part XIII, Line 4b - Other Adjustments		Grants reclassified from revenues 465,330

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
UNITED WAY OF CASS-CLAY

Employer identification number
41-0810008

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Internet and e-mail solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total . . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

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.

		(a) Event #1 WLC Golf (event type)	(b) Event #2 WLC Lunch (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	10,743	47,473		58,216
	2 Less Charitable contributions	2,340	10,960		13,300
	3 Gross income (line 1 minus line 2)	8,403	36,513		44,916
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs	2,250	589		2,839
	7 Food and beverages	1,508	12,237		13,745
	8 Entertainment		9,043		9,043
	9 Other direct expenses	1,039	3,322		4,361
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				29,988
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				14,928

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

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? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a The organization's facility	**13a**	
b An outside facility	**13b**	

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

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 ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ $

Description of services provided ▶

☐ Director/officer ☐ Employee ☐ 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? . . . . . ☐ Yes ☐ No

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 ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

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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 CASS-CLAY

Employer identification number
41-0810008

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. . . . ▶ ☐

1 (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
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 51

3 Enter total number of other organizations . . . ▶ 0

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. 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
(1) Long Term Flood Recovery Fund	17	85,238			
(2) Galleria Fire Recovery Fund	53	25,637			

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

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 Recipients of the United Way dollars must report Outcome Measurement Strategies twice per year as well as provide up to date audit information Each grant generally runs for a two year time period When the grant is complete, a full application and review must be conducted This review evaluates program effectiveness as well as fiscal health A temporary Long Term Flood Recovery Fund was established in 2009 to aid individuals impacted by the 2009 flood Individuals were able to apply for funding to assist with costs associated with the flood that were not covered by insurance and/or FEMA A volunteer panel reviewed the applications to determine any funding Once the fund was fully depleted in early 2010, it then ceased to exist A temporary Galleria Fire Recovery Fund was established in 2010 to aid individuals impacted by the 2010 Galleria apartments fire Individuals were able to apply for funding to assist with their recovery from loss A volunteer panel reviewed the applications to determine any funding The fund was fully depleted by the end of 2010

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 41-0810008
Name: UNITED WAY OF CASS-CLAY

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** 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
American Red Cross Minn-Kota Chapter2602 12th St N Fargo,ND 58102	45-0280066	501(c)(3)	103,142				Meet health and human service need
The ARC of West Central MN 810 4th Ave S 134 Moorhead,MN 56560	41-0886463	501(c)(3)	29,563				Meet health and human service need
The Arc of Cass County215 N University Dr Fargo,ND 58102	45-0280567	501(c)(3)	17,681				Meet health and human service need
Barnesville Area HelpersPO Box 668 Barnesville,MN 56514	41-1979323	501(c)(3)	16,648				Meet health and human service need
Boy Scouts Northern Lights Council301 7th Street S Fargo,ND 58103	45-0226415	501(c)(3)	94,774				Meet health and human service need
Caring Program for Children 4510 13th Ave S Fargo,ND 58121	36-3606394	501(c)(3)	21,507				Meet health and human service need
Cass County ExtensionCountdown to KindergartenNorth Dakota State University Fargo,ND 58105	45-6002205	Government Entity	25,000				Success By 6 Initiative
Catholic Charities of North Dakota5201 Bishops Boulevard Fargo,ND 58104	45-0226416	501(c)(3)	23,941				Meet health and human service need
CHARISM3350 35th Ave S Fargo,ND 58104	45-0435273	501(c)(3)	16,631				Meet health and human service need
Children's Dental Services 636 Broadway St NE Minneapolis,MN 55413	41-0857929	501(c)(3)	10,000				Meet health and human service need
Churches United for the Homeless1901 1st Ave N Moorhead,MN 56560	41-1594892	501(c)(3)	91,792				Meet health and human service need
Community of Care335 1st St Arthur,ND 58006	26-1488596	501(c)(3)	18,767				Meet health and human service need

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

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** 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
Dilworth-Glyndon-Felton Youth ServicesPO Box 188 Dilworth, MN 56529	06-1400159	501(c)(3)	23,535				Meet health and human service need
Dorothy Day House1308 Main Ave Moorhead, MN 56560	41-1452555	501(c)(3)	56,171				Meet health and human service need
Fargo Youth Commission 2500 18th St S Fargo, ND 58103	45-0316132	501(c)(3)	24,729				Meet health and human service need
Fargo-Moorhead Family YMCA400 1st Ave S Fargo, ND 58103	45-0232096	501(c)(3)	244,137				Meet health and human service need
FirstLINK4357 13th Ave SW Suite 107L Fargo, ND 58103	41-0419491	501(c)(3)	255,585				Meet health and human service need
Girl Scouts Pine to Prairie Council702 28th Ave N Ste 100 Fargo, ND 58102	46-0250744	501(c)(3)	31,703				Meet health and human service need
Guardian Fudiciary & Advocacy Services112 N Univ Dr Ste 260 Fargo, ND 58102	27-1359470	501(c)(3)	21,649				Meet health and human service need
Hospice of the Red River Valley1701 38th St SW Ste 101 Fargo, ND 58103	45-0349152	501(c)(3)	120,031				Meet health and human service need
Imagination Library-Dollywood Foundation1020 Dollywood Lane Pigeon Forge, TN 37863	62-1348105	501(c)(3)	180,874				Success By 6 Initiative
Impact Foundation4152 30th Ave S Ste 102 Fargo, ND 58104	20-0520386	501(c)(3)	25,000				Meet health and human service need
Lake Agassiz Habitat For Humanity210 11th St N Moorhead, MN 56560	41-1690131	501(c)(3)	13,783				Meet health and human service need
Lakes and Prairies Community Action Partnership715 11th St N 402 Moorhead, MN 56560	41-0905871	501(c)(3)	141,830				Meet health and human service need

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Legal Services of North Dakota118 Broadway Suite 704 Fargo, ND 58102	45-0336235	501(c)(3)	16,859				Meet health and human service need
Lutheran Social Services of Minnesota715 11th St N Ste 401 Moorhead, MN 56560	41-0872993	501(c)(3)	26,911				Meet health and human service need
Lutheran Social Services of North Dakota1325 11th St S Fargo, ND 58103	45-0226421	501(c)(3)	155,264				Meet health and human service need
Mental Health Association South Valley124 8th St N Fargo, ND 58102	45-0276836	501(c)(3)	15,952				Meet health and human service need
Metro Youth Partnership810 4th Ave S Suite 147 Moorhead, MN 56560	41-1806566	501(c)(3)	21,590				Meet health and human service need
MSUM - Non-profit management program1104 7th Ave S Moorhead, MN 56563	41-1687554	Government Entity	5,967				Development skills for non-profit leaders
Mujeres UnidasPO Box 1075 Moorhead, MN 56560	41-1687652	501(c)(3)	14,506				Meet health and human service need
New Life Center1902 3rd Ave N Fargo, ND 58102	45-0228056	501(c)(3)	130,127				Meet health and human service need
North Dakota State University (RSVP)3001 11th St S Fargo, ND 58103	45-6002439	Government Entity	16,686				Meet health and human service need
Project HERO5012 53RD St S Ste C Fargo, ND 58104	45-0457109	501(c)(3)	10,762				Meet health and human service need
Rape and Abuse Crisis Center317 8th St N Fargo, ND 58102	41-1310289	501(c)(3)	222,203				Meet health and human service need
REACH421 5th St Hawley, MN 56549	41-1716149	501(c)(3)	47,745				Meet health and human service need

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Red River Human Services Foundation2506 35th Ave S Fargo,ND 58104	45-0353814	501(c)(3)	40,811				Meet health and human service need
Salvation Army304 Roberts St Fargo,ND 58102	41-0698597	501(c)(3)	72,221				Meet health and human service need
SENDCAA3233 S University Dr Fargo,ND 58104	45-6014870	501(c)(3)	9,768				Meet health and human service need
Sexual Abuse Treatment Program2624 9th Ave SW Fargo,ND 58103	41-1310289	501(c)(3)	14,703				Meet health and human service need
South Central Adult Services Council505 Broadway Ste 208 Fargo,ND 58102	45-0457109	501(c)(3)	15,361				Meet health and human service need
Village Family Service Center1201 25th St S Fargo,ND 58103	45-0226423	501(c)(3)	501,545				Meet health and human service need
Vocational Training Center 424 9th Ave S Fargo,ND 58103	45-0277254	501(c)(3)	45,522				Meet health and human service need
West Fargo Youth Services 500 13th Ave W West Fargo,ND 58078	56-2520352	501(c)(3)	11,759				Meet health and human service need
Youthworks317 S University Dr Fargo,ND 58103	46-0345922	501(c)(3)	67,437				Meet health and human service need
YWCA of Cass-Clay3100 12th Ave N Fargo,ND 58102	45-0226435	501(c)(3)	276,423				Meet health and human service need
Missouri Slope Areawide United WayPO Box 2111 Bismarck,ND 585022111	45-0387741	501(c)(3)	7,530				Meet health and human service need
United Way of Becker County PO Box 348 Detroit Lakes,MN 565020348	23-7225418	501(c)(3)	9,806				Meet health and human service need

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United Way of The Bemidji AreaPO Box 27 Bemidji, MN 566190027	41-1567744	501(c)(3)	14,117				Meet health and human service need
United Way of Otter Tail County120 E Washington Ave Fergus Falls, MN 56537	41-0873718	501(c)(3)	6,575				Meet health and human service need
United Way of Richland-Wilkin CountiesPO Box 746 Wahpeton, ND 580740746	45-0335679	501(c)(3)	11,127				Meet health and human service need

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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 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 CASS-CLAY

Employer identification number
41-0810008

Identifier	Return Reference	Explanation
New Program Services	Form 990, Part III, line 2	Galleria Apartment Fire Long Term Recovery Fund On October 11, 2010, a massive fire heavily damaged the Galleria on 42nd apartment complex in Fargo and displaced 150 residents United Way of Cass-Clay quickly responded to community need and established the 2010 Galleria Apartment Long Term Recovery Fund to raise funds and help individuals and families reestablish safety, security and stability after the fire The fund was designed to address unmet needs remaining after insurance claims had been processed United Way of Cass-Clay collaborated with case managers to distribute funds in a fair and equitable manner to 64 individuals impacted by the fire United Way of Cass-Clay worked collaboratively with area non-profit agency case managers specializing in disaster recovery and other volunteers to review cases and distribute funds as needed The donated dollars helped to purchase essential living items lost in the disaster Contributions totaling $25,637 were donated from individuals and organizations All funds raised were distributed only to individuals impacted by the fire, once the fund was depleted in late 2010, it ceased to exist Children's Dental Services Children's Dental Services started in 1919 and has been improving oral health of the children ever since then Children up to age 21 are able to receive services They come from families whose incomes are below 200% of the federal poverty line Children's Dental Services provides accessibility to treatment and education In Moorhead, this is specifically carried out by bringing the dental office on-site to schools so that barriers such as transportation can be removed Any referral work that needs to be done is in collaboration with cooperating dental offices in the metro area United Way of Cass-Clay is proud to partner with Children's Dental Services, Delta Dental, Medica Foundation, and Dakota Medical Foundation to bring this important service to the children's families in the Moorhead Public School District Funding began in December of 2010, and services officially began on March 10, 2011

Identifier	Return Reference	Explanation
Changes in Program Services	Form 990, Part III, line 3	Native American Programming United Way of Cass-Clay no longer provides funding to the Fargo, ND, West Fargo, ND, and Moorhead, MN public school districts for programming that promotes school readiness and success, on-time graduation, and career preparation for Native American Students The three year funding agreement ended

Identifier	Return Reference	Explanation
	Form 990, Part V, Line 7b	Due to an oversight, not all of the contributors were provided notices stating the value of the goods or services provided. This will be fixed going forward

Identifier	Return Reference	Explanation
Form 8282	Form 990, Part V, Line 7d	A van was sold in December of 2010 which required filing of Form 8282 Form 8282 was filed 1/24/2011, but none were filed during calendar year 2010

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		Per the Bylaws, each individual contributor to United Way of Cass-Clay shall thereby become a member of the corporation for the year for which the contribution was given and shall be entitled to attend and vote at all membership meetings during the period Any organization with a legitimate health, welfare, character-building or educational program or other human service agency, upon expressing a wish for organizational membership and after program and budget evaluation by the United Way, and upon acceptance by the Board of Trustees, shall become an organizational member and will continue so long as it is approved by the Board

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 7a		The election of the Board members occurs at the Annual Meeting, by vote of United Way of Cass-Clay members in attendance The Board is elected from nominees by the Goverance Committee and additional nominees willing to serve may be presented by petition signed by 25 verifiable members, provided such petition is received in the office of the president not less than 14 days prior to the date of the Annual Meeting

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		The President and VP of Finance Operations will review the Form 990 as well as the finance committee Following their review and recommendation for approval to the board, the board of directors will vote and approve the Form 990 at a board meeting

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 12c	Board members complete conflict disclosures annually and the information is shared with other committees as needed Board members with a conflict abstain from voting on issues involving the conflict The President and the board secretary review the disclosures Committee members and community impact panel members also complete the forms annually

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section B, line 15	The board of directors meets to approve the president's salary and benefits The Board uses information provided by the United Way Worldwide United Way Worldwide has salary research and recommended guidelines for director level positions and above They are based on the size of United Way organizations and the area of the country which they are located in Written minutes are taken at the board meeting regarding the deliberation of the approval of the president's salary and benefits The president is not present during these deliberations This process takes place annually The new president began employment in June 2010 with the board determining her salary, as part of the offer, which took place May 2010 The VP of Finance and Operation's salary review took place in March 2010 by the president (the position was Finance Director at that time) The president and board reviewed the Finance Director position and salary again in November 2010 and approved a promotion to Vice President and a salary adjustment, effective December 2010

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section C, line 19	Governing documents are available upon request The audited financial statements are on United Way of Cass-Clay's website

Identifier	Return Reference	Explanation
Changes in Net Assets or Fund Balances	Form 990, Part XI, line 5	Net unrealized gains on investments 35,980