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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning , 2011, and ending ,

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

C
United Way of North Central Iowa
600 1st Street NW #102
Mason City, IA 50401

D Employer Identification Number: 42-0680431

E Telephone number: 641-423-1774

G Gross receipts $ 1,133,463.

F Name and address of principal officer: Dalena Barz
Same As C Above

H(a) Is this a group return for affiliates? [ ] Yes [X] 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: [X] 501(c)(3) [ ] 501(c) ( )◄ (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website: ► www.unitedwaynci.org

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other ►

L Year of Formation: 1923

M State of legal domicile: IA

Part I Summary

1	Briefly describe the organization's mission or most significant activities: Seeking to build a stronger, more caring community by forming partnerships with businesses, community experts, education & health & human service agencies to achieve targeted outcomes & sustained changes in community conditions which will improve the lives of Iowans.		
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	18
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	18
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	5
6	Total number of volunteers (estimate if necessary)	6	2,578
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
8	Contributions and grants (Part VIII, line 1h)	1,020,267.	1,113,609.
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,199.	5,988.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,591.	8,374.
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,027,057.	1,127,971.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	585,867.	555,593.
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	238,005.	211,070.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ► 115,157.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	142,569.	175,054.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	966,441.	941,717.
19	Revenue less expenses. Subtract line 18 from line 12	60,616.	186,254.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,592,905.	1,788,033.
21	Total liabilities (Part X, line 26)	253,074.	261,948.
22	Net assets or fund balances. Subtract line 21 from line 20	1,339,831.	1,526,085.

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AUG 20 2012
OGDEN, UT

Part II Signature Block

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

Sign Here

Signature of officer — Date: 8/13/12

Jennifer Kammeyer — Executive Direc

Type or print name and title.

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
James R. Potter	James R. Potter	8-13-12		P00025648

Firm's name ► POTTER & BRANT, P.L.C.
Firm's address ► PO BOX 7
CLEAR LAKE, IA 50428-0007

Firm's EIN ► 20-2032164
Phone no. (641) 357-5291

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

See Schedule O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ 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 organization's program service accomplishments for each of its three largest program services, as measured 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: [redacted]) (Expenses $ 617,267. including grants of $) (Revenue $)

Fund Distribution - The process by which fifty to sixty community-wide volunteers donate more than 1,000 hours of volunteer time to distribute the funds of the United Way Community Solutions Fund to the most critical health and human service needs throughout the ten county region. This is done by review of the partner agencies' applications for funding, visits to the agency sites, and thorough reviews of their financial information and budgets. The distribution of the funds is categorized under the following four focus areas: community basics, investing in children and youth, prevention and reduction of substance abuse, and maximizing independence. See Statement 1 for detail information.

4b (Code: [redacted]) (Expenses $ 98,317. including grants of $) (Revenue $)

Year Around Presence - Includes the organization's continuous involvement in the community in order to increase stakeholder knowledge of the United Way and its activities, and to keep the organization connected with the activities which they intend to focus on. The process develops collaboration with these entities to improve health and human services in the ten county region, leveraging the effort of those striving for a common goal.

4c (Code: [redacted]) (Expenses $ including grants of $) (Revenue $)

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

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses ► 715,584.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

			Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	10		
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		X	
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	5		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file.* (see instructions)				
3a Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			X
b If 'Yes' has it filed a Form 990-T for this year? *If 'No,' provide an explanation in Schedule O*	3b			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			X
b If 'Yes,' enter the name of the foreign country: ►				
See instructions for filing requirements for 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			X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a			X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8 Sponsoring organizations maintaining donor advised funds 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?	13a			
Note. See the instructions for additional information the organization must report on Schedule O.				
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c Enter the amount of reserves on hand	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b If 'Yes,' has it filed a Form 720 to report these payments? *If 'No,' provide an explanation in Schedule O*	14b			

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

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a 18		
b	Enter the number of voting members included in line 1a, above, who are independent	1b 18		
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If 'Yes,' provide the names and addresses in Schedule O*	9		X

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O			
12a	Did the organization have a written conflict of interest policy? *If 'No,' go to line 13*	12a	X	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If 'Yes,' describe in Schedule O how this is done* See Schedule O	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official See Schedule O	15a	X	
b	Other officers of key employees of the organization	15b		X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and 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 ► None

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

X Own website ☐ Another's website X 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 during the tax year. See Schedule O

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

► Jennifer Kammeyer 600 1st Street NW, 102 Mason City IA 50401 641-423-1774

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

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Mike Castle Member	1	X						0.	0.	0.
(2) Chris Deets Member	1	X						0.	0.	0.
(3) Allen Grooters Member	1	X						0.	0.	0.
(4) Bob Foell President-Elect	3	X		X				0.	0.	0.
(5) Nathan Hehr Treasurer	3	X		X				0.	0.	0.
(6) Jay Lala Member	1	X						0.	0.	0.
(7) Steve Watson Member	1	X						0.	0.	0.
(8) Craig Miller Member	1	X						0.	0.	0.
(9) Kim Pang Member	1	X						0.	0.	0.
(10) Daren Meints Member	1	X						0.	0.	0.
(11) Cathy Swager Past President	3	X		X				0.	0.	0.
(12) Gary Reynolds Member	1	X						0.	0.	0.
(13) Randy Haskins Member	1	X						0.	0.	0.
(14) Heather Wright Member	1	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) Dalena Barz President	3	X		X				0.	0.	0.
(16) Ron Lustig Member	1	X						0.	0.	0.
(17) Jere Merrill Member	1	X						0.	0.	0.
(18) Dave Patrick Member	1	X						0.	0.	0.
(19) Jennifer Kammeyer Executive Direc	40			X				73,585.	0.	8,890.
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total							►	73,585.	0.	8,890.
c Total from continuation sheets to Part VII, Section A							►	0.	0.	0.
d Total (add lines 1b and 1c)							►	73,585.	0.	8,890.

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

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

Section B. Independent Contractors

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

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

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				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,113,609.			
	g Noncash contributions included in lns 1a-1f: $					
	h **Total.** Add lines 1a-1f	►	1,113,609.			
PROGRAM SERVICE REVENUE		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f	►				
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)	►	6,238.			6,238.
	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					
	b Less: cost or other basis and sales expenses	250.				
	c Gain or (loss)	-250.				
	d Net gain or (loss)	►	-250.	-250.		
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	a 3,155.				
	b Less: direct expenses	b 5,242.				
	c Net income or (loss) from fundraising events	►	-2,087.			-2,087.
	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 Miscellaneous		10,461.			10,461.
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d	►	10,461.			
	12 **Total revenue.** See instructions	►	1,127,971.	-250.	0.	14,612.

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).

Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	555,593.	555,593.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	82,475.	18,588.	51,376.	12,511.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	94,592.	40,644.	20,758.	33,190.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	21,327.	8,448.	2,327.	10,552.
10 Payroll taxes	12,676.	4,234.	5,185.	3,257.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	29,752.	18,344.	2,736.	8,672.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion	7,220.	2,079.	343.	4,798.
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	7,594.	2,658.	1,898.	3,038.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	14,375.	5,329.	3,234.	5,812.
20 Interest				
21 Payments to affiliates	12,439.		12,439.	
22 Depreciation, depletion, and amortization	3,649.	1,277.	912.	1,460.
23 Insurance	3,908.	1,368.	977.	1,563.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Contracted Services	47,628.	47,628.		
b Supplies	14,526.	4,453.	2,381.	7,692.
c Printing and Publications	11,589.	612.	167.	10,810.
d Postage and Shipping	6,144.	998.	825.	4,321.
e All other expenses	16,230.	3,331.	5,418.	7,481.
25 Total functional expenses. Add lines 1 through 24e	941,717.	715,584.	110,976.	115,157.
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ► [X] if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
ASSETS	1	Cash — non-interest-bearing	253,556.	1	233,843.
	2	Savings and temporary cash investments	516,248.	2	659,100.
	3	Pledges and grants receivable, net	802,423.	3	864,563.
	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)		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	4,563.	9	4,715.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 59,658.			
	b	Less: accumulated depreciation — 10b: 36,713.	12,830.	10c	22,945.
	11	Investments — publicly traded securities		11	
	12	Investments — other securities. See Part IV, line 11		12	
	13	Investments — program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	3,285.	15	2,867.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	1,592,905.	16	1,788,033.
LIABILITIES	17	Accounts payable and accrued expenses	14,330.	17	14,225.
	18	Grants payable	171,073.	18	166,426.
	19	Deferred revenue	6,241.	19	6,157.
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	61,430.	25	75,140.
	26	**Total liabilities.** Add lines 17 through 25	253,074.	26	261,948.
NET ASSETS OR FUND BALANCES		**Organizations that follow SFAS 117, check here ► [X] and complete lines 27 through 29 and lines 33 and 34.**			
	27	Unrestricted net assets	370,105.	27	490,899.
	28	Temporarily restricted net assets	969,726.	28	1,035,186.
	29	Permanently restricted net assets		29	
		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	1,339,831.	33	1,526,085.
	34	Total liabilities and net assets/fund balances	1,592,905.	34	1,788,033.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,127,971.
2	Total expenses (must equal Part IX, column (A), line 25)	2	941,717.
3	Revenue less expenses. Subtract line 2 from line 1	3	186,254.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,339,831.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
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	1,526,085.

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		X
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
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 separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
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		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization	Employer identification number
United Way of North Central Iowa	42-0680431

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

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

1 ☐ A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in column (i) of your support? Yes	(v) No	(vi) Is the organization in column (i) organized in the U.S.? Yes	(vi) No	(vii) Amount of support
(A)									
(B)									
(C)									
(D)									
(E)									
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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	1,370,943.	1,073,035.	1,046,722.	1,020,267.	1,113,609.	5,624,576.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 **Total.** Add lines 1 through 3	1,370,943.	1,073,035.	1,046,722.	1,020,267.	1,113,609.	5,624,576.
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)						0.
6 **Public support.** Subtract line 5 from line 4						5,624,576.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	1,370,943.	1,073,035.	1,046,722.	1,020,267.	1,113,609.	5,624,576.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	17,268.	15,806.	7,970.	4,199.	6,238.	51,481.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) See Part IV	7,750.	7,187.	16,402.	6,657.	10,461.	48,457.
11 **Total support.** Add lines 7 through 10						5,724,514.

12 Gross receipts from related activities, etc (see instructions)	12	0.

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	98.25 %
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	98.44 %

16a **33-1/3% support test – 2011.** If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☒

b **33-1/3% support test – 2010.** If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

17a **10%-facts-and-circumstances test – 2011.** 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 – 2010.** 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 yr beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 yr beginning in) ►	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support.** (Add lns 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	%

19a **33-1/3% support tests – 2011.** 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 – 2010.** 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. 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).

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, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization

United Way of North Central Iowa

Employer identification number

42-0680431

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ 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 education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

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

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

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ► $ _____

(ii) Assets included in Form 990, Part X ► $ _____

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

a Revenues included in Form 990, Part VIII, line 1 ► $ _____

b Assets included in Form 990, Part X ► $ _____

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

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

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

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

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

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

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

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

		Amount
c Beginning balance	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					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ► _____ %
b Permanent endowment ► _____ %
c Temporarily restricted endowment ► _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		14,656.	2,271.	12,385.
d Equipment		45,002.	34,442.	10,560.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ►				22,945.

Part VII Investments – Other Securities. See Form 990, Part X, line 12. N/A

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

Part VIII Investments – Program Related. See Form 990, Part X, line 13. N/A

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

Part IX Other Assets. See Form 990, Part X, line 15. N/A

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(Column (b) must equal Form 990, Part X, column (B), line 15.)* ►	

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Deposits Held for Others	1,632.
(3) Donor Designations Payable	73,508.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, column (B) line 25.)* ►	75,140.

2 FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1,127,971.
2	Total expenses (Form 990, Part IX, column (A), line 25)	941,717.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	186,254.
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV.)	
9	Total adjustments (net). Add lines 4 through 8	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	186,254.

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

1	Total revenue, gains, and other support per audited financial statements			1	1,187,609.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b	54,396.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV.)	2d			
e	Add lines 2a through 2d			2e	54,396.
3	Subtract line 2e from line 1			3	1,133,213.
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.) See Part XIV	4b	-5,242.		
c	Add lines 4a and 4b			4c	-5,242.
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	1,127,971.

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

1	Total expenses and losses per audited financial statements			1	1,001,355.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	54,396.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV.) See Part XIV	2d	5,242.		
e	Add lines 2a through 2d			2e	59,638.
3	Subtract line 2e from line 1			3	941,717.
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			
c	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	941,717.

Part XIV Supplemental Information

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

Part XIV Supplemental Information *(continued)*

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, lines 21 or 22.
► Attatch to Form 990.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

United Way of North Central Iowa

Employer identification number

42-0680431

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? ... [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. See Part IV

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered 'Yes' 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 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
(1) Bancroft Daycare, Inc. 304 S Summit Bancroft, IA 50517	27-2875904		20,000.	0.			Establish DHS licensed childcare
(2) Community Kitchen 606 N Monroe Mason City, IA 50401	42-1285253		18,750.	0.			Feeding the Hungry
(3) Crisis Intervention PO Box 656 Mason City, IA 50401	42-1080685		93,600.	0.			Comm Educ & Shelter
(4) Francis Lauer Youth Services 50 N Eisenhower Mason City, IA 50401	42-1378778		49,500.	0.			Outpatient Counsel
(5) Franklin County Extension 3 1st Avenue NW Hampton, IA 50441	42-6021424		7,260.	0.			Life Skills Training
(6) Habitat for Humanity N.C.I. 1411 South Taft Avenue Mason City, IA 50401	42-1408763		10,000.	0.			Assist low-incomes w/ housing costs
(7) Iowa CASA Program 220 N Washington Mason City, IA 50401	42-1471727		15,000.	0.			Child Advocacy Program
(8) Iowa Legal Aid 600 1st St NE, STE 103 Mason City, IA 50401	42-1079227		10,000.	0.			Assist Disabled PPL

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ... ► 18

3 Enter total number of other organizations listed in the line 1 table ... ► 2

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

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

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

Part I, Line 2 - Procedures for Monitoring Use of Grants Funds in U.S.

Grant recipients are required to submit quarterly reports that detail progress toward outcomes and how many units have been used. This information is reviewed by staff and volunteers. When recipients do not perform properly, payments are withheld.

Continuation Sheet for Schedule I (Form 990)

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

2011

Name of the organization: United Way of North Central Iowa

Employer identification number: 42-0680431

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Kossuth County C.A.R.E. PO Box 353 Algona, IA 50511	42-1329834		11,950.				Loving Hands Nursery
Lutheran Serv. of Iowa 2502 S Jefferson Avenue Mason City, IA 50401	42-0698267		18,750.				Families Together
Mason City Family YMCA 1840 S Monroe Ave Mason City, IA 50401	42-0680330		17,800.				Kid Fit, Swim, Youth
Mason City Youth Task 2620 South Jefferson Avenue Mason City, IA 50401	42-6004948		22,500.				Mentoring Rel. with Youth
Meals on Wheels 606 N Monroe Mason City, IA 50401	42-0954145		16,000.				Noon Meals-Homebound
NIACC JPEC E4D 500 College Drvie Mason City, IA 50401	23-7023677		30,000.				Edu. on Entrepreneurship
North Iowa Community Action 621 S Adams Mason City, IA 50401	42-0921505		93,600.				Bridges Mentoring
North Iowa Vocational Center PO Box 428 Mason City, IA 50402	42-0951757		38,544.				Joblink & Work Skill
Opportunity Village PO Box 622 Clear Lake, IA 50428	42-0953968		30,000.				Vocat./Day Activity
RSVP - NIACC 500 College Drive Mason City, IA 50401	42-0930155		11,550.				Reading Buddies

Continuation Sheet for Schedule I (Form 990)

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

2011

Name of the organization

United Way of North Central Iowa

Employer identification number

42-0680431

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Salvation Army 122 S Adams Mason City, IA 50401	36-2167910		10,000.				Senior Activities/Tutor +
Trinity House of Hope 2 South Adams Avenue Mason City, IA 50401	42-1501295		8,523.				Decrease homelessness

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization
United Way of North Central Iowa

Employer identification number
42-0680431

Form 990, Part III, Line 1 - Organization Mission

The United Way of North Central Iowa is a nonprofit service organization which seeks to build a stronger, more caring community by forming partnerships with businesses, community experts, education and health and human service agencies to achieve targeted outcomes and sustained changes in community conditions which will improve the lives of North Central Iowans.

Form 990, Part VI, Line 11b - Form 990 Review Process

Board reviews Form 990 prior to it being filed and notifies the Executive Director with any questions or concerns.

Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts

Directors are required to identify their conflicts of interest by completing and signing the policy annually.

Form 990, Part VI, Line 15a - Compensation Review & Approval Process for CEO, Exec. Dir., or Top Mgtment

The executive committee uses comparable data from United Way of America Performance Research - United Way Human Capital Study: Executive Salary Report and also uses the executive director's overall yearly performance evaluation and feedback recorded in the employees file to determine the compensation amount for the executive director.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

Available to public on website and upon request.

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2011

Attachment Sequence No **179**

Name(s) shown on return	Business or activity to which this form relates	Identifying number
United Way of North Central Iowa		**42-0680431**

Part I Election To Expense Certain Property Under Section 179

Note: *If you have any listed property, complete Part V before you complete Part I.*

1	Maximum amount (see instructions)	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2010 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12 ▶	13	

Note: *Do not use Part II or Part III below for listed property. Instead, use Part V.*

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2011	17	**2,588**
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		**8,333**	**5 yrs.**	**HY**	**S/L**	**682**
c 7-year property						
d 10-year property		**5,682**	**10 yrs.**	**HY**	**S/L**	**379**
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	**3,649**
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part II, Line 10 - Other Income

Nature and Source	2011	2010	2009	2008	2007
Miscellaneous	10,461.	6,657.	16,402.	7,187.	7,750.
Total	$ 10,461.	$ 6,657.	$ 16,402.	$ 7,187.	$ 7,750.

Schedule D, Part XII, Line 4b
Other Revenue Included On Form 990 But Not Included In F/S

Special Event expenses	$ -5,242.
Total	$ -5,242.

Schedule D, Part XIII, Line 2d
Other Expenses And Losses Per Audited F/S

Special Event expenses	$ 5,242.
Total	$ 5,242.

Form **8868**
(Rev January 2012)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**

OMB No 1545-1709

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

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

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

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

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

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

Enter filer's identifying number, see instructions

Type or print

File by the due date for filing your return. See instructions

Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
United Way of North Central Iowa	[X] 42-0680431
Number, street, and room or suite number If a P O box, see instructions 600 1st Street NW #102	Social security number (SSN) [ ]
City, town or post office, state, and ZIP code. For a foreign address, see instructions. Mason City, IA 50401	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

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

- The books are in the care of. ► Jennifer Kammeyer

  Telephone No. ► 641-423-1774 FAX No. ►
- If the organization does not have an office or place of business in the United States, check this box . . . . . ► [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . . ► [ ] If it is for part of the group, check this box ► [ ] and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 20 12, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► [X] calendar year 20 11 or

► [ ] tax year beginning _____, 20 ___, and ending _____, 20 ___.

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

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

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

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box ► [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
	United Way of North Central Iowa	[X] 42-0680431
File by the extended due date for filing the return. See instructions.	Number, street, and room or suite number. If a P.O. box, see instructions POTTER & BRANT, P.L.C. PO BOX 7	Social security number (SSN) [ ]
	City, town or post office, state, and ZIP code For a foreign address, see instructions. CLEAR LAKE, IA 50428-0007	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	[redacted]	[redacted]
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in care of. ► Jennifer Kammeyer
  Telephone No. ► 641-423-1774 FAX No. ►
- If the organization does not have an office or place of business in the United States, check this box ► [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN). _____ . If this is for the whole group, check this box ► [ ] . If it is for part of the group, check this box. ► [ ] and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until 11/15 , 20 12.

5 For calendar year 2011 , or other tax year beginning , 20 , and ending , 20 .

6 If the tax year entered in line 5 is for less than 12 months, check reason: [ ] Initial return [ ] Final return
[ ] Change in accounting period

7 State in detail why you need the extension.. Taxpayer respectfully requests additional time to gather information necessary to file a complete and accurate tax return.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8a	$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	$
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	$

Signature and Verification must be completed for Part II only.

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

Signature ► James R. Potter Title ► CPA Date ► 8-14-12

UNITED WAY OF NORTH CENTRAL IOWA

2012 ANNUAL REPORT

United Way

United Way
of North Central Iowa

Dear Members, Partners, and Community Leaders:

I am honored to share our annual report for United Way of North Central Iowa! This is our opportunity to share with you a collective overview of our successful collaboration as a network and our efforts to improve the lives of North Central Iowans in education, income and health.

The past year has brought many changes and opportunities for United Way of North Central Iowa. In the last year of implementing our strategic plan, we realigned our organizational structure and gained momentum on our key strategic goals. This report will provide an overview of success in these key areas, highlighting great partnerships and advances in each area.

We have made great strides in our work over the past year, and look forward to continuing our momentum in the future. Thank you for your commitment to North Central Iowa's communities, and to improving the lives of Iowans in education, income and health.

Sincerely,

Bob Foell, Board of Directors President
United Way of North Central Iowa

United Way

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of North Central Iowa

Mission

United Way of North Central Iowa brings together the power of the local community to drive impact in education, income and health. Our mission is: ***Helping People. Changing Lives. Building Community.***

Vision

United Way of North Central Iowa envisions a world where all individuals and families achieve their human potential through education, income stability and healthy lives. Everyone deserves opportunities to have a good life. That's why United Way's work is focused on the building blocks of a good life:

Education - Helping Children and Youth Achieve Their Potential
Income - Promoting Financial Stability and Independence
Health - Improving People's Health

Advancing the common good is less about helping one person at a time and more about changing systems to help all of us. We are all connected and interdependent. We all win when a child succeeds in school, when families are financially stable, when people are healthy.

Values

Collaboration

- We build partnerships to achieve impact in education, income and health.
- We believe we can accomplish more together than any organization or sector can accomplish alone.
- We honor inclusion, and enrich our effectiveness through a diversity of perspectives, experience, skills, cultures and backgrounds.

Leadership

- We understand that building better communities requires the courage to initiate action and push for results.
- We energize, inspire, and mobilize north central Iowans to give, advocate and volunteer to improve the conditions of our regional community.
- We influence positive community change.

Integrity

- We are committed to high standards of ethical conduct, transparency, financial responsibility and information sharing.
- We earn trust by representing ourselves with honesty and openness.

Competency

- We will measure, communicate and learn from the impact of our efforts.
- We are a regional resource for health and human service information related to education, income and health.
- We promote excellence, innovation and continuous improvement.

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2012 Partner Agencies

Active Senior of Algona
Adult Day Health Center
Algona Family YMCA
American Red Cross
Boy Scouts of America
Bridges Mentoring Program
Caring Pregnancy Center
Catholic Charities
Charles City Arts Council
Charlie Brown Preschool and Daycare
Crisis Intervention Services
Community Kitchen of North Iowa
Elderbridge Agency on Aging
Floyd County Humane Society PAWS
Forest City YMCA
Franklin County Extension
Friends of North Iowa CASA
Four Oaks of Iowa
Francis Lauer Youth Services
Girl Scouts of Greater Iowa
Habitat for Humanity of North Central Iowa
Hanson Family Life Center
Hawkeye Harvest Food Bank
Hospice of North Iowa
Humane Society of North Iowa
Iowa Legal Aid
Kossuth C.A.R.E. Team
Lake Mills Chamber Development Corporation
Lake Mills Daycare and Preschool
Lutheran Services of Iowa
Mason City Youth Task Force
Mason City YMCA
Meals on Wheels
Mental Health Center of North Iowa
NIVC Services
North Iowa Child Abuse Prevention Council
North Iowa Community Action Organization
North Iowa TeenScreen Schools & Communities
North Iowa Transition Center
Opportunity Village
Prairie Ridge Addiction Treatment Services
Presbyterian Village
RSVP of North Central Iowa
Rudd-Rockford-Marble Rock Schools
The ARC of North Central Iowa
The Salvation Army
TLC The Learning Center - CC
Trinity House of Hope/Northern Lights Homeless Shelters
United Way Survivors of Suicide Loss Support Group

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United Way of North Central Iowa

Board of Directors

The Board of Directors provide participatory leadership to the United Way of North Central Iowa by serving in a governance role that develops policies, strategies, programming, and goals that will enable the organization to achieve its mission.

President: Bob Foell, Fed Ex Express
Past President: Dalena Barz, Three Eagles Communication
Vice President: Craig Miller, First Citizens National Bank
Treasurer: Dr. Nathan Hehr, The Nettleton Dental Group
Secretary & Chief Professional Officer: Jennifer Kammeyer, United Way of North Central Iowa

Board Members:

Jan Adams, Valero Renewables
Kelly Hansen, POET Biorefining
Destiny Hastings, Kaplan University
Cheryl Kurtzleben, Manufacturers Bank & Trust
Betty Mason, Pfizer
Mae Miles, McDonalds - Mason City
Carl Polson, Hormel Foods
Gary Schmit, Henkel Construction Company
Jere Merrill, Principal Financial
Gary Reynolds, Community Volunteer
Dr. Jay Lala, Central Park Dentistry
Heather Wright, Iowa Works
Steve Watson, Henkel Construction Company
Ron Lustig, RR Donnelly
Daren Meints, Larson Manufacturing Company

Financial Information

We have a stringent system of checks and balances to make certain we operate in a sound fiscal manner. Our operating budget and community funding decisions are reviewed and approved by several volunteer committees, including the board of directors. Independent CPA firm Potter & Brandt, P.L.C. conducts our annual audit, which is then reviewed by the volunteer audit committee and approved by the Board of Directors. We follow the American Institute of Certified Public Accountants' Audit and Accounting Guide for Not-for-Profit Organizations to ensure financial statements conform to Generally Accepted Accounting Principles. Information about how donations are used is openly provided and available on our website www.unitedwaynci.organd we welcome questions regarding these topics.

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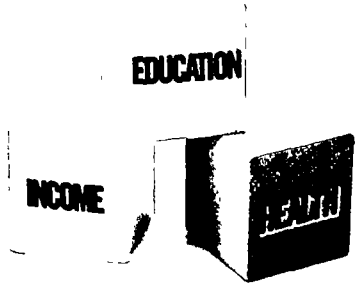
Expanding Our Influence:
United Way of North Central Iowa's Impact on Education, Income and Health

United Way of North Central Iowa focuses on expanding the influence and impact of United Way on state and national goals in education, income and health. The United Way Worldwide goals are:

- ***Education: Cut by half the number of young people who drop out of high school by 2018.***
- ***Income: Cut in half the number of lower-income families who are financially unstable by 2018.***
- ***Health: Increase by one-third the number of youth and adults who are healthy and avoid risky behaviors by 2018.***



Our efforts in education, income and health are the cornerstone of our collaboration Individually, United Way of North Central Iowa strives to impact the needs of our local community. Together, as a United Way network, we focus on impacting state and regional systems that will accelerate the progress in local communities. Our efforts include collaborative statewide initiatives, public policy and advocacy collaboration and serving on or leading key statewide partnerships. This section highlights some of our key successes this year, which lay a foundation for future efforts to turn the curve on our goals.

United Ways of Iowa 5th Annual Day on the Hill

United Way of North Central Iowa and United Ways of Iowa celebrated five years of public policy collaboration with our 5th annual Day on the Hill. Almost 100 United Way staff, volunteers and community partners around the state joined together to advocate for key legislative priorities·

- Establish a statewide, standard kindergarten readiness assessment
- Invest in Iowa's workforce through adult basic education and skills training
- Support hungry Iowans through emergency food purchasing

The collaboration of United Ways in Iowa on public policy has set an example for the state. Thank you to our incredible local legislators that listen, advocate, and respond to issues impacting our region. North Iowa is known for its innovative partnerships throughout the state due to their influence and representation!

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EDUCATION

Education is the cornerstone of individual and community success. When people have quality education, they are more likely to be financially stable and healthy. But with more than 1.2 million children dropping out each year, America faces a crisis. The cost? More than $312 billion in lost wages, taxes and productivity over their lifetimes.[1] United Way has set a national goal to cut the number of high school dropouts in half by 2018. Here is snapshot of key education indicators in Iowa:

- 88.8% of high school students graduate on time
- 65% of kindergartners are proficient in pre-literacy (of those assessed by Dibels)
- 82.4% of fourth grade students are proficient in reading
- 77 7% of eighth grade students are proficient in math

United Way of North Central Iowa was part of the Iowa Education Summit, a two-day conference hosted by Governor Terry Branstad. Many partners asked "why is United Way sponsoring this summit?" ***To achieve our mission and reverse the current trends in education, United Way must be an active participant in the conversation to improve education.*** During the 2012 legislation session, United Ways did not take a position on education reform as a whole as proposed by the governor, but we actively worked to educate on key priorities in the legislation.

Our core education policy focus was to promote the need for a standard kindergarten readiness assessment. Statewide, we cannot assess the effectiveness of early learning programs or the readiness of our children due to the variety of assessment measures used. As part of the final education reform package, ***United Way successfully advocated for a planning group to study and recommend a standard kindergarten readiness assessment to be implemented across the state.***

Beyond education reform, United Way of North Central Iowa has also supported the efforts to transform the education discussion from one focused on the school day to a birth to 21 continuum. United Ways of Iowa and its impact committee hosted a Ready by 21 Strategy Session, educating United Ways on the Ready by 21 framework and beginning discussion how ***local United Ways can work together to impact Iowans from birth to adulthood.*** Through these discussions, United Way of North Central Iowa began to actively promote education as a birth to 21 continuum and highlighting United Way's role in the education discussion.

[1] Figure according to Communities in Schools, one of America's leading drop-out prevention partnerships

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EDUCATION

GOAL: Helping Children and Youth Achieve their Potential

OUTCOME GROUP: Improve Early Literacy

RESULT:

- Children will increase literary skills to be at or above age appropriate reading and development levels.

INDICATORS:

- Students will improve one grade level
- Increase preschool attendance
- Increase skill performance on skill assessment

STRATEGIES:

- Provide supportive atmospheres for children to exhibit age appropriate physical, mental and social skills.
- Support consistent improvement and/or advancement in developmental areas.
- Provide at least five months of reading assistance so students can measurably improve their reading ability and reading test scores.
- Provide at least three months of reading assistance so students can measurably improve their attitude and/or outlook toward school work.
- Promote school readiness beginning at birth so children are prepared to be successful in school.

PROGRAM PROVIDED:

- Reading Coaches—RSVP
- Reading Buddy—RSVP

OUTCOME GROUP: Improve Relational Skills

RESULT

- Students will indicate an improvement of relational skills.

INDICATORS

- Increase communication skills
- Increase social skills, coping and stress management

STRATEGIES

- Support positive, ongoing relationships lasting longer than a year between adult mentors and youth mentees.
- Support efforts to reduce behavior problems among youth at home and/or in school.
- Provide examples of conflict triggers for students to encourage identification and coping skills to help reduce conflict in their own lives.
- Promote improved relationships with peers and family.
- Provide an atmosphere that fosters increased self-esteem, social skills and self-respect.

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EDUCATION

- **PROGRAM PROVIDED:**
- One-on-One Mentoring—Mason City Youth Task Force
- Bridges Mentoring Program—North Iowa Community Action Organization
- Prosper Strengthening Families Program—Franklin County Extension

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of North Central Iowa

INCOME

Still feeling the impact of a difficult economy, Iowans are struggling to maintain financial stability. United Way of North Central Iowa focused on two main income priorities this year: increasing the investment in Iowa's workforce and addressing hunger

United Way of North Central Iowa has been actively involved in efforts to increase access to workforce training and adult basic education. In partnership with the community colleges, ***UWNCI advocated for investment in skills training, adult basic education and scholarship dollars to low-income workers.*** This included opinion-editorials in newspapers, presentations to the Senate education committee, and a statewide grassroots postcard campaign. As a result, the following state investment was passed in the 2012 legislative session:

- $3 million to workforce training and economic development to support adult basic education and career pathways
- $2 million to Gap Tuition Assistance Fund for low-income students pursuing non-credit, short-term certificate programs
- $5 million for Skilled Workforce Shortage Tuition Grants to community colleges for students pursuing a career-technical or career option program in an industry identified as having a shortage of skilled workers.

Having a sufficient and well-prepared workforce for existing and newly created jobs is the key to our economic vitality; yet we know that hunger impacts the strength of the workforce and their families. ***In the summer of 2012, United Way of North Central Iowa began a new partnership with the Iowa Food Bank Association to raise awareness on the issue of hunger, and its impact on education, income and health.*** See below for more information on this partnership

Crossover Strategy: Addressing Hunger through Partnership with Iowa Food Bank Association

Over 400,000 Iowans are food insecure, or lack adequate access to a nutritional diet. Over 130,000 children are included in that statistic. United Way knows the impact of hunger on our goals in education, income and health. Research has shown that food insecurity impairs the academic development of young school-age children, and that children whose families are food insecure are more likely to be at risk of being overweight or obese as compared to children whose families are food secure.

Over the past year, United Way of North Central Iowa has partnered with the Iowa Food Bank Association to bring to light the issue and face of hunger in north Iowa. United Way partnered on five forums/press conference in local communities, including Sioux City, Cedar Rapids, Mason City, Ottumwa and the central Iowa region. These convening sessions drew attention to the presence of hunger in every corner of our state, and the efforts we can all take to alleviate.

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INCOME

Goal: Promoting Financial Stability and Independence

OUTCOME GROUP: Promote Self-Sufficiency and Financial Literacy

RESULT: People have the resources and skills to become and remain self-sufficient.

INDICATORS:

- Increase income
- Improve employment skills
- Increase financial management skills
- The number of people retaining part-time or full-time jobs

STRATEGIES:

- Provide financial literacy and life skills training.
- Provide support to maintain housing.
- Support efforts to assist individuals to increase income.

PROGRAM PROVIDED:

- Work Skills Development—NIVC Services
- Providing Assistance to Struggling Parents in Maintaining Employment—Charlie Brown

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RESULT: People have access to resources in a crisis to stabilize their situation.

INDICATORS:

- People have access to necessities
- People are able to obtain housing

STRATEGIES:

- Provide temporary or emergency shelter.

PROGRAM PROVIDED:

- Lake Mills United—Lake Mills Chamber Development Corporation
- Iowa Legal Aid Housing and Income Stabilization—Iowa Legal Aid

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RESULT: People have the skills and resources to get a job.

INDICATORS:

- People who complete job skills training
- People obtain jobs

STRATEGIES:

- Provide job training.
- Support efforts to improve job skills and job seeking skills.

PROGRAM PROVIDED:

- Employment Services—Opportunity Village
- Community Connections and Project SEARCH—NIVC Services

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HEALTH

The health of Iowans has been a priority by many the past year, with Iowa Governor Terry Branstad and Iowa businesses launching the Healthiest State Initiative and an increasing national focus on the obesity epidemic. Key focus areas for United Way of North Central Iowa have been access to food and mental health, specifically the impact of Adverse Childhood Experiences.

The state of Iowa has spent the past year working to redesign the mental health system in Iowa United Way of North Central Iowa focused on supporting efforts aligning with our core values for the mental health redesign as a funder, strategic partner and community leader

- United Way values a strong ***public/private partnership*** in delivering mental health services in Iowa.
- United Way values ***access to quality mental health services*** in Iowa's communities.
- United Way values a flexible mental health system that will ***address local community needs***.

Representing United Way's perspective, Nicole Beaman, Director of Health at United Way of Central Iowa, served on the children's mental health redesign committee Recommendations related to children's mental health will continue to be developed over the next year, and United Way of North Central Iowa will continue to be part of these conversations.

Building upon our role in the mental health redesign, United Way of North Central Iowa has been actively involved in promoting the groundbreaking research on Adverse Childhood Experiences. ***ACEs are incidents that dramatically upset the safe, nurturing environments children need to thrive.*** Research shows how negative childhood experiences can derail healthy development, leading to a host of health problems and risk behaviors in adulthood.

Iowa ACEs Summit Highlights Groundbreaking Research

More than 800 citizens, business leaders, philanthropists, policymakers, educators and practitioners across multiple disciplines registered for the Iowa ACEs Summit held on June 11, 2012 in West Des Moines, IA.

The Iowa ACEs summit was a statewide learning forum about the groundbreaking research on the impact of toxic stress on early brain architecture and its link to poor health outcomes across the lifespan. The exciting opportunity brought together science with practical applications for real world use. Speakers Dr. Robert Anda and Laura Porter were the keynotes for the event.

Data on the incidence of ACEs will be collected for the first time in 2012, with results available in 2013. This groundbreaking research and the Iowa specific data will help inform programmatic and systems efforts to respond to and prevent ACEs, and ***provide hope for the future***.

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HEALTH

Goal: Improving the Health of North Iowans

OUTCOME GROUP: Empower Healthy Lifestyles

RESULT:

- Parents provide positive and appropriate parenting skills and have access to necessary resources and education.

INDICATORS

- Parents increase knowledge and skills.
- Children reach their developmental milestones.
- Parents/children report improved relationship skills.

STRATEGIES

- Provide parenting skills training.
- Provide relational skills development.
- Support mentorships, advocates, and relationship building.

PROGRAM PROVIDED:

- Families Together—Lutheran Services of Iowa
- Parents Actively Caring—Kossuth County C.A.R.E. Team

RESULT:

- Individuals will increase their knowledge and skills of a healthier lifestyle in order to maintain their independence.

INDICATOR:

- People receive at least one meal per day and remain independent.

STRATEGIES:

- Provide access to nutritional meals.
- Contribute to independent living.

PROGRAM PROVIDED:

- Gourmet on the Go—Presbyterian Village
- Adult Day Health Center—Salvation Army
- Food for the Hungry—Community Kitchen
- Homebound Meals--Meals on Wheels

HEALTH

RESULT:

- Individuals of all ages will increase coping and life skills to achieve mental wellness.

INDICATOR:

- Youth, teens and adults increase coping skills.
- Individuals increase life skills.

STRATEGIES:

- Support mental health well-being.
- Provide and support skill development.

PROGRAMS PROVIDED:

- Inclusion Project—YMCA of Mason City
- Survivors of Suicide Loss Support Group—United Way of North Central Iowa
- United Way TeenScreen Schools & Communities

RESULT:

- Abuse rates will decrease.

INDICATORS:

- Decrease in child abuse or re-abuse.
- Decrease in dependent adult abuse and re-abuse rates.
- Decrease in domestic violence rates.
- Decrease substance abuse and re-abuse.

STRATEGIES:

- Provide access to services.
- Individuals have safety plans.

PROGRAM PROVIDED:

- Domestic Violence & Sexual Assault Intervention/ Prevention—Crisis Intervention Services
- Loving Hands Nursery—Kossuth C.A R.E. Team
- North Iowa CASA—Friends of Iowa CASA
- TeenScreen—United Way of North Central Iowa
- Sexual Abuse Prevention—North Iowa Child Abuse Prevention Council
- Iowa Legal Aid Domestic Abuse Representation Project—Iowa Legal Aid
- PROSPER—Life Skills Training

Talent: Our Most Important Asset

As a system, we know the most important asset of our work is our talent, both the staff and volunteers who lead in our community. United Way of North Central Iowa heightened its strategic focus on talent development over the past year, striving to provide strong development and learning opportunities to support the excellence of North Central Iowa.

United Way of North Central Iowa staff and volunteers attended at least one United Way networking sessions or learning opportunity in the past year. In addition, United Way of North Central Iowa staff, community partners and volunteers attended our fifth annual Day on the Hill. Along with three statewide meetings, the following learning opportunities and events were held the past year:

- *Ready by 21 Strategy Session*
- *Roundtable with Ed John*
  Vice President of Gift Planning, Endowments and Principal Gifts
  United Way Worldwide
- *Iowa Nonprofit Summit*
- *United Ways of Iowa Day on the Hill*
- *United Way Worldwide Targeted Training*
- *United Ways of Iowa Next Steps Training:*
  - *New Professionals Training*
  - *Community Impact Training*
- *United Ways of Iowa Mentoring Program*

2011 Iowa Nonprofit Summit

Nonprofit professionals from across the state joined together for two days of learning and development on November 15 and 16, 2011. The Iowa Nonprofit Summit is Iowa's premiere learning opportunity for nonprofit and volunteer management professionals. United Way of North Central Iowa is actively supporting the development of the summit each year. Approximately 600 professionals joined the summit in 2011, with 25 local United Way staff participating.

United Way

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of North Central Iowa

LIVE UNITED™

EDUCATION

40% of North Central Iowa students receive the free or reduced meal program.

Hungry children may have academic, emotional, and behavioral problems.

United Way Stepped Up.

BACKPACK BUDDIES:
Provides meals to hungry children in several North Central Iowa schools. Children receive backpacks of food to take home as meals to feed them through the weekend.

INCOME

The national unemployment rate for people with disabilities is: **65%**

People on social security disability benefits are less than one half of one percent to ever discontinue the program.

United Way Stepped Forward.

Project SEARCH:
A one year, high school transition program that provides training and education leading to employment for individuals with intellectual and developmental disabilities.

HEALTH

90% of teens who commit suicide suffer from a treatable mental health condition.

Suicide is the 2nd leading cause of death among Iowa's youth.

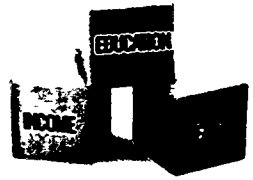
3,646 Uninsured residents in our area.

More than 400 people are on the free dental clinic waiting list.

United Way Made It Happen.

TEENSCREEN:
Provides North Central Iowa teens with a mental health survey to prevent suicide. The program currently covers 16 North Central Iowa school districts.

SAINTS SHUTTLE AND FORT DODGE DASH:
Provides transportation to University of Iowa Hospital & Clinics in Iowa City and Community Health Center in Fort Dodge twice a week.



Step Up. Step Forward.

Make It Happen. United Way

United Way
600 1st Street NW Suite 102
Mason City, IA 50401
641-423-1774
www.unitedwaync.org

United Way of North Central Iowa

United Way
of North Central Iowa

INVEST IN YOUR COMMUNITY

We research, analyze and make careful decisions to ensure your money makes the biggest impact.

55 Partner Agencies

140 Community Volunteers review community needs

5,000 Volunteer Hours contributed to assess and recommend wise investments of your dollars

105 Campaign Ambassadors lead the campaign for the common good

1.15 Million Dollars raised in 2011 by over 5,000 donors

How United Way has stepped up, stepped forward, and made it happen in our community:

Education

Reading Buddies	RSVP of North Central Iowa	Cerro Gordo, Hancock, Winnebago, Worth
Reading Coaches	RSVP of North Central Iowa	Hancock, Winnebago
Bridges Mentoring Program	North Iowa Community Action Organization	Mitchell
PROSPER Strengthening Families Program	Franklin County Extension	Cerro Gordo, Franklin
One-on-One Mentoring	Mason City Youth Task Force	Cerro Gordo, Franklin, Hancock, Winnebago

Income

Guide people in learning the skills and resources to remain self - sufficient.

Work Skills Development	NIYC Services Inc.	All UWNCI Counties
Providing Assistance to Struggling Parents to Maintaining Employment	Charlie Brown Preschool and Daycare	Butler, Cerro Gordo, Floyd, Franklin, Hancock, Mitchell, Worth

Provide access to resources in crisis to stabilize their situation.

Housing and Income Stabilization	Iowa Legal Aid	All UWNCI counties
Lake Mills United	Lake Mills Chamber Development Corporation	Winnebago

Help people develop the skills and resources to get a job.

Employment Services	Opportunity Village	All UWNCI counties
Community Connections and Project SEARCH	NIYC Services Inc.	Cerro Gordo, Hancock, Mitchell, Winnebago, Worth

Health

Empower healthy lifestyles

Families Together	Lutheran Services of Iowa	Butler, Floyd, Franklin, Mitchell
Parents Actively Caring	Kossuth CARE Team	Kossuth

Increase knowledge and skills of a healthy lifestyle in order to maintain independence

Gourmet on the Go	Presbyterian Village	Franklin
Adult Day Health Center	Salvation Army	Cerro Gordo, Floyd, Franklin, Hancock, Worth
Homebound Meals	Meals on Wheels	Cerro Gordo
Food for the Hungry	Community Kitchen	Cerro Gordo, Floyd, Franklin, Hancock, Mitchell, Winnebago, Worth

Increase coping and life skills to achieve mental wellness

Inclusion Project	YMCA of Mason City	Cerro Gordo, Floyd, Worth
Survivors of Suicide Loss Support Group	United Way of North Central Iowa	Cerro Gordo, Floyd, Franklin, Hancock, Kossuth, Mitchell, Winnebago, Worth

Decrease abuse rates

Domestic Violence and Sexual Assault Intervention/ Prevention	Crisis Intervention Services	Cerro Gordo, Floyd, Franklin, Hancock, Kossuth, Mitchell, Winnebago, Worth
North Iowa CASA	Friends of Iowa CASA	Cerro Gordo, Floyd, Hancock, Mitchell, Winnebago, Worth
TeenScreen	United Way of North Central Iowa	Cerro Gordo, Floyd, Franklin, Hancock, Mitchell, Winnebago, Worth
Sexual Abuse Prevention	North Iowa Child Abuse Prevention Council	Cerro Gordo, Floyd, Hancock, Mitchell, Winnebago, Worth
Domestic Abuse Representation Program	Iowa Legal Aid	All UWNCI counties
PROSPER Life Skills Training	Franklin County Extension	Cerro Gordo, Franklin
Loving Hands Nursery	Kossuth CARE Team	Kossuth
Outreach Emergency Services	FLYS	Cerro Gordo, Hancock, Winnebago, Worth

LIVE UNITED™

UNITED WAY OF NORTH CENTRAL IOWA

600 1ST STREET NW, SUITE 102, MASON CITY, IA 50401

PHONE: 877-428-8962 I ONLINE: UNITEDWAYNCI.ORG

United Way

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