See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493242003033

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

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 01-01-2012 , 2012, and ending 12-31-2012

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

C Name of organization
United Way of Cass-Clay

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
219 7th St S

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

D Employer identification number
41-0810008

E Telephone number
(701) 237-5050

G Gross receipts $ 5,592,858

F Name and address of principal officer
Sherri J Thomsen
219 7th St S
Fargo, ND 581031819

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

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

H(c) Group exemption number ▶

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

J Website: ▶ www unitedwaycassclay org

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

L Year of formation 1958

M State of legal domicile ND

Part I Summary

1 Briefly describe the organization's mission or most significant activities
United Way of Cass-Clay connects people to people, needs to resources and experts to advocates to improve lives and advance the common good throughout Cass and Clay Counties

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	17
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	17
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	**5**	14
6	Total number of volunteers (estimate if necessary)	**6**	2,607
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)	5,405,419	5,236,837
9	Program service revenue (Part VIII, line 2g)	40	1,607
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	21,765	27,859
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,460	10,797
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	5,430,684	5,277,100
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,672,320	3,634,200
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	589,208	626,460
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶333,149		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	357,191	426,024
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	4,618,719	4,686,684
19	Revenue less expenses Subtract line 18 from line 12	811,965	590,416

Revenue

Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	5,795,509	6,436,505
21	Total liabilities (Part X, line 26)	544,828	507,969
22	Net assets or fund balances Subtract line 21 from line 20	5,250,681	5,928,536

Net Assets or Fund Balances

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

****** | 2013-08-29
Signature of officer | Date

Sherri J Thomsen President
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
LISA CHAFFEE CPA		2013-08-29		P00193453

Firm's name ▶ EIDE BAILLY LLP — Firm's EIN ▶ 45-0250958

Firm's address ▶ 4310 17TH AVE S PO BOX 2545
FARGO, ND 581082545 — Phone no (701) 239-8500

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

United Way of Cass-Clay connects people to people, needs to resources and experts to advocates to improve lives and advance the common good throughout Cass and Clay Counties

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 are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 3,834,372 including grants of $ 3,290,385) (Revenue $)

Agency and Program Community Investments In 2012, United Way of Cass-Clay invested in 75 nonprofit programs providing human needs services in the categories of Prevention and Development and Basic Needs Basic NeedsCHILDREN'S NEEDS -Children are developmentally prepared for school -Children have access to preventive medical and dental careEMERGENCY SERVICES -Individuals and families will have access to nutritious meals -Students will have access to meals during the weekend -Families will have access to shelter after a disaster -Families will increase their financial stabilityEMERGENCY SHELTERS -Individuals and families will have access to short term shelter and case management -Women and children fleeing domestic violence will have shelter and case managementINDEPENDENT LIVING -Clients will have access to and maintain permanent housing -Clients will have access to prescription assistance and medical careLEGAL AND CAREGIVER SERVICES -Vulnerable adults will have access to services to live independently -Victims of abuse will have access to counseling and legal servicesPrevention & DevelopmentCHILD AND YOUTH ENRICHMENT -Children and youth will have access to programs and opportunities that build their character and provide positive life experiencesMENTORSHIP -Children, youth, and seniors will develop and maintain a positive relationship with a mentorCOUNSELING & MENTAL HEALTH -Individuals and families will have access to counseling services that will build their financial stability and reduce family stress -Parents will improve their parenting skills -Victims of personal violence will have access to counseling -Individuals and families will be able to cope with grieving and loss -Youth will have access to counseling services to reunite them with their parentsLIFE SKILLS -Individuals with developmental and physical limitations will have increased employment and educational opportunities -Seniors and vulnerable adults will be able to remain in their own homes -Individuals and families will have access to programs to keep them healthyVOLUNTEER AND REFERRAL SERVICES -Individuals will be able to access resources throughout Cass and Clay Counties -Individuals will have an opportunity to volunteer throughout Cass and Clay CountiesVolunteers from Cass and Clay counties who serve on the United Way of Cass-Clay Board of Trustees, the Community Investment Committee, and the Community Investment Review Panels oversee the allocations process and recommend levels of funding for our partner agencies and programs One hundred and seven Community Investment Review Panel Volunteers reviewed applications from agencies seeking funding and participated in site visits and dialogue with directors and program coordinators Following their reviews, the recommendations were further developed by the volunteer-led Community Investment Committee and final funding recommendations were submitted to and approved by the United Way of Cass-Clay Board of Trustees Three times per year agencies submit outcome reports to United Way of Cass-Clay staff that outline client progress and demonstrate the lasting change they are creating in the Cass-Clay community

4b (Code) (Expenses $ 287,697 including grants of $ 287,697) (Revenue $)

Imagination Library United Way of Cass-Clay partners with the Dollywood Foundation to provide free age-appropriate books once per month to children ages 0-5 in Cass and Clay counties The program is free to families because of United Way of Cass-Clay donor dollars and any family with a child between the ages of zero and five is eligible to enroll in the program Research shows that children who receive Imagination Library books have higher literacy levels and are at a lower risk for needing remedial literacy education upon entering Kindergarten than students that do not receive Imagination Library books During 2012, on average 8,922 books were mailed per month and 105,058 books were mailed to the homes of children ages 0-5 throughout Cass and Clay counties Since 2003, 28,300 local children have been enrolled in the program Gearing Up for Kindergarten Gearing Up for Kindergarten is a school-readiness and parent education program which prepares children and parents for a successful transition into Kindergarten Of those enrolled in Gearing Up for Kindergarten 67% of children showed significant increases in ability to recognize numbers and count, 59% of children showed an increase in self-esteem Keys to Kindergarten Keys to Kindergarten provide important school readiness experiences to age eligible, low-income children and their parents in Moorhead and Clay County Of those enrolled in Keys to Kindergarten, 89% of families reported increased knowledge in their child's school routine, 76% of children entered Kindergarten and met or exceeded literacy proficiency Children Dental Services Because of United Way support, students in Moorhead Public Schools now have access to preventive dental care The program removes barriers such as transportation and lack of insurance by bringing the dental office directly to children at school In 2012, 1,267 local children received preventive dental care Services are focused on children and families with limited or no access to a dental provider Over 220 uninsured children were served Nationally, more than 51 million school hours are lost each year due to tooth decay By providing dental care in school, local students can be more successful in school TNT & SENDCAA Mobile Fitness Labs TNT Kid's Fitness & SENDCAA began a pilot partnership that sought to implement a child enrichment program through curriculum and staff training in the areas of physical activity and staff development By bringing mobile fitness labs to multiple Headstart sites, children ages 3-5 had access to structured play and physical activity From the six month pilot, some exciting outcome measures are -60% of Headstart staff are implementing the new physical activity curriculum-75% of children continue to emulate structured play after the program is over-Children who went through this new curriculum showed a 10 point increase in literacy growth-Children who went through this new curriculum showed a 20 point increase in their physical activityNorth Dakota Early Childhood Rating and Improvement System (ND ECRIS) Nearly 84% of North Dakota mothers with children ages birth to five work and quality child care is crucial to a child's early education The North Dakota Early Childhood Rating & Improvement System is a pilot project which recognizes and improves the quality of early care and education to support children's optimal development and learning It provides parents with an easy to use tool to assist them in selecting quality early care and education programs for their children Share a Story Family Literacy Event Each spring, United Way of Cass-Clay collaborates with Prairie Public Broadcasting and the Fargo Park District to coordinate Share a Story, a family literacy event that promotes a love for reading and encourages caregivers to take an active and early part in their children's literacy On June 9, 2012, over 2,200 children and families attended the event and had the opportunity to meet costumed characters from PBS Kids programs, select a free book to take home, and experience many other activities centered on literacy

4c (Code) (Expenses $ 69,240 including grants of $ 56,118) (Revenue $ 1,607)

Community Grants-School Supply Drive Through the United Way of Cass-Clay's 14th Annual School Supply Drive 4,599 students grades K-12 attending school throughout Cass and Clay counties were equipped with backpacks and the grade-appropriate supplies they need to succeed Of the families served through the 2012 drive, 85% self-reported being enrolled in the free and reduced lunch program through their school district Emergency Funding F/M Shelter Overflow Group Increasingly during 2011, local emergency shelters have been at or above capacity With the onset of colder weather in the fall and winter months, Churches United for the Homeless and the YWCA has consistently operated over capacity In late November, parishes began a conversation with local health officials, agencies and homeless shelters in response to growing concerns that homelessness was on the rise With shelters at capacity and turning individuals away, there was a concern that one or more individuals may freeze to death this winter The group responded to this impending crisis with a plan to provide overflow shelter beds at local churches during the coldest months (January, February and March) to avoid someone freezing to death this winter because they did not have a warm place to stay United Way of Cass-Clay played a critical role by providing financial support so individuals and families would be able to be transported from the shelter to the participating parish Financial assistance also supported the cost of fuel and a driver for the van Funding for this request was approved in December of 2011 and began in 2012 The entire project was completed by April 1, 2012 Fill the Dome Student-Led Food Drive In the fall of 2012 the 6th Annual Fill the Dome event was coordinated by local high school students with a goal of filling the entire floor of the FargoDome (80,000 sq ft) with food for local food pantries When Fill the Dome was complete, the youth had collected over 443,000 meals for individuals and families in Cass and Clay County United Way of Cass-Clay contributed financially to the project and also provided in-kind support through communication materials and public relations support Summer Backpack Pilot Program During the summer of 2012, John Deere Electronic Solutions piloted the Backpack program in six Fargo elementary schools (Madison, Jefferson, McKinley, Lincoln, Washington, and Horace Mann) The pilot program provided six meals to a student over the weekend for twelve weeks (June 8th-August 24th) This pilot is unique to the Fargo community in that community organizations fulfilled an unmet need of students having access to food over the weekends during the summer In order to accomplish the pilot, John Deere Electronic Solutions partnered with United Way of Cass-Clay, CHARISM, the Salvation Army and the Boys & Girls Club of the Red River Valley to ensure families had access and opportunities to receive the meals during the summer months John Deere Electronic Solutions provided both financial resources and volunteers to ensure that up to 500 backpacks of food could be provided to the six pilot schools each week for the entire twelve weeks of the summer pilot Specifically, the resources needed to implement the summer pilot program at each school were -Financial resources for the initial pilot of six schools $19,000-25 volunteers per week to pack 500 backpacks for 12 weeks Project Community Connect/Wilder Research Study In 2012, the FM Coalition for Homeless Persons coordinated two Project Community Connect events which are designed to connect homeless and imminently homeless persons who face barriers to services including mental health services, medical services, haircuts, dental care, educational opportunities, housing assistance, employment, etc In addition to connecting persons who are homeless to services, the event helps to better connect service providers to each other and other sectors of society to the problem of homelessness The event has become a best practices standard around the nation and is a part of the Fargo Ten-Year Plan to End Long-Term Homelessness United Way of Cass-Clay contributed financially to the event so that the services could be available to homeless and imminently homeless persons in the Cass-Clay community In October of 2012 the Wilder Survey, conducted by the Wilder Research Group quantified the impact on Fargo-Moorhead of the widespread publicity about North Dakota's economic prosperity, as well as Minot's flooding disaster It is known from the unofficial July 2011 point in time count that shelter needs are increasing, even as the service sector works hard to get people housed The survey also adds to the strong base of data that we have accumulated and begins to yield highly reliable trend information Survey results were not available at the time of publication The Essentials of Nonprofit Administration Training United Way of Cass-Clay collaborates with Minnesota State University Moorhead (MSUM) Continuing Studies to coordinate the Essentials of Nonprofit Administration course which is a comprehensive nine-month training program for nonprofit professionals that addresses critical issues faced by nonprofit organizations today The goal of the program is to increase the long-term success of local non-profit agencies and provide training and capacity-building for local non-profit leaders, staff and board members United Way of Cass-Clay also provides scholarships for non-profit leaders to attend the training

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

Childcare Scholarship Pilot In calendar year 2012, the United Way of Cass-Clay Board of Trustees approved $200,000 in an effort to increase the availability of high quality early childhood care (ages birth to five) to low income families Through the community investment review process, United Way learned that families who have lower income have difficulty paying for the cost of high quality care Additionally, childcare centers do not receive complete reimbursement for the true cost of providing care, thus they are losing money for providing care to lower income families The pilot created an incentive pool for the four high quality childcare centers currently funded by United Way to increase the number of low income families they served The four centers are 1) YMCA of Cass and Clay Counties2) YWCA A Child's World3) Nokomis Childcare Centers4) SENDCAA Childcare Center United Way staff worked collaboratively with the four centers to develop criteria and a formula for dividing the available dollars based upon overall capacity and the percentage of low income families that each center serves In order to accommodate the administrative work of participating in the pilot, as well as provide staff training and professional development, United Way provided each of the organizations a base funding amount of $25,000 All organizations utilize a common formula to determine the true cost of doing business for their organization, United Way dollars then cover the gap in funding from the amount received from families Reimbursements are provided on a quarterly basis to each participating provider All scholarships will be distributed in calendar year 2013

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ 4,191,309

Part IV Checklist of Required Schedules

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

21	Did the organization report more than $5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
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**		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or 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**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a** 17		
	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			
b	Enter the number of voting members included in line 1a, above, who are independent	**1b** 17		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**		No
6	Did the organization have members or stockholders?	**6**	Yes	
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**	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	**8a**	Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**		No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
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**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	**15a**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ MN

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

☑ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

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

▶ Summer Hanson 219 7th Street S Fargo, ND (701) 237-5050

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation 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, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) David Berg Chair	2 00	X		X				0	0	0
(2) Mark Jensen Chair Elect	2 00	X		X				0	0	0
(3) Louise Dardis Vice Chair	2 00	X		X				0	0	0
(4) Todd Olson Treasurer	2 00	X		X				0	0	0
(5) Dean Atchison Past Chair	1 00	X						0	0	0
(6) Rock Messerschmidt Board Member	1 00	X						0	0	0
(7) Doug Hamilton Board Member	1 00	X						0	0	0
(8) Carol Weber Board Member	1 00	X						0	0	0
(9) Babs Coler Board Member	1 00	X						0	0	0
(10) Joel Vettel Board Member	1 00	X						0	0	0
(11) James Boberg Board Member	1 00	X						0	0	0
(12) Michelle Killoran Board Member	1 00	X						0	0	0
(13) Paul Finstad Board Member	1 00	X						0	0	0
(14) Gene Taylor Board Member	1 00	X						0	0	0
(15) Evelyn Quigley Community Building Chair	2 00	X						0	0	0
(16) Ann McConn Governance Chair	2 00	X						0	0	0
(17) Craig Lemieux Human Resource Chair	2 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) John Machacek VP, Finance & Operations (Jan-July)	50 00			X				31,788	0	5,966
(19) Sherri J Thomsen President	50 00			X				93,031	0	13,643
(20) Deanna Noel Interim Finance Director (July-Dec)	50 00			X				25,208	0	0
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								150,027	0	19,609

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**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**		No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization 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 of compensation from the organization ▶0

Part VIII Statement of Revenue

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

				(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	7,889			
	d	Related organizations . . .	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	5,228,948			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . . ▶		5,236,837			
Program Service Revenue			Business Code				
	2a	Miscellaneous Income	624100	1,607	1,607		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		1,607			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		22,504			22,504
	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	278,198				
	b	Less cost or other basis and sales expenses	272,843				
	c	Gain or (loss)	5,355				
	d	Net gain or (loss) . . . . . ▶		5,355			5,355
Other Revenue	8a	Gross income from fundraising events (not including $ 7,889 of contributions reported on line 1c) See Part IV, line 18 . . a	53,712				
	b	Less direct expenses . . . b	42,915				
	c	Net income or (loss) from fundraising events . . ▶		10,797			10,797
	9a	Gross income from gaming activities See Part IV, line 19 . . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from gaming activities . . ▶					
	10a	Gross sales of inventory, less returns and allowances . a					
	b	Less cost of goods sold . . b					
	c	Net income or (loss) from sales of inventory . . ▶					
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . ▶					
	12	**Total revenue.** See Instructions . . . . . ▶		5,277,100	1,607	0	38,656

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

Check if Schedule O contains a response 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	3,634,200	3,634,200		
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	169,983	46,879	82,532	40,572
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	358,373	233,690	18,880	105,803
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	29,033	18,449	2,474	8,110
9 Other employee benefits	26,421	16,730	2,040	7,651
10 Payroll taxes	42,650	23,067	7,738	11,845
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	12,325	767	11,164	394
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,604	100	1,453	51
12 Advertising and promotion	154,671	30,740	7,993	115,938
13 Office expenses	42,135	22,787	7,645	11,703
14 Information technology	22,743	12,302	4,126	6,315
15 Royalties . .				
16 Occupancy	18,227	9,857	3,308	5,062
17 Travel	1,931	1,096	330	505
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	7,585	4,102	1,376	2,107
20 Interest				
21 Payments to affiliates	50,011	50,011		
22 Depreciation, depletion, and amortization	32,964	17,828	5,981	9,155
23 Insurance	6,801	3,678	1,234	1,889
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 Strategic Assessment	41,734	41,734		
b Equipment Rental & Main	18,870	10,205	3,424	5,241
c Volunteer Recognition	540	292	98	150
d				
e All other expenses	13,883	12,795	430	658
25 **Total functional expenses.** Add lines 1 through 24e	4,686,684	4,191,309	162,226	333,149
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 ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments		1,737,861	2	2,048,529
	3	Pledges and grants receivable, net		2,692,095	3	3,085,775
	4	Accounts receivable, net		14,998	4	17,250
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		2,457	9	4,826
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 849,718			
	b	Less accumulated depreciation	10b 420,953	364,173	10c	428,765
	11	Investments—publicly traded securities		983,925	11	851,360
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		5,795,509	16	6,436,505
Liabilities	17	Accounts payable and accrued expenses		16,422	17	16,797
	18	Grants payable			18	
	19	Deferred revenue		30,000	19	11,825
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		498,406	25	479,347
	26	**Total liabilities.** Add lines 17 through 25		544,828	26	507,969
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		1,846,645	27	2,212,128
	28	Temporarily restricted net assets		3,355,997	28	3,663,835
	29	Permanently restricted net assets		48,039	29	52,573
		Organizations that do not follow SFAS 117 (ASC 958), 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		5,250,681	33	5,928,536
	34	Total liabilities and net assets/fund balances		5,795,509	34	6,436,505

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,277,100
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,686,684
3	Revenue less expenses Subtract line 2 from line 1	3	590,416
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,250,681
5	Net unrealized gains (losses) on investments	5	50,121
6	Donated services and use of facilities	6	37,318
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	5,928,536

Part XII Financial Statements and Reporting

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

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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493242003033

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
United Way of Cass-Clay

Employer identification number
41-0810008

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

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

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

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

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

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

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

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

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

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

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

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

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

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

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

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

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	3,586,617	4,478,362	4,491,843	5,405,419	5,236,837	23,199,078
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	3,586,617	4,478,362	4,491,843	5,405,419	5,236,837	23,199,078
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)						165,240
6 **Public support.** Subtract line 5 from line 4						23,033,838

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	3,586,617	4,478,362	4,491,843	5,405,419	5,236,837	23,199,078
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	15,623	13,889	17,322	17,450	22,504	86,788
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total support** (Add lines 7 through 10)						23,285,866

12	Gross receipts from related activities, etc (see instructions)	12	239,514

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	98 920 %
15	Public support percentage for 2011 Schedule A, Part II, line 14	15	98 480 %

16a **33 1/3% support test—2012.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support test—2011.** 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—2012.** 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—2011.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2012** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2011** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2012.** 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—2011.** 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).

Facts And Circumstances Test

Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493242003033

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
United Way of Cass-Clay

Employer identification number
41-0810008

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

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

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

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

		Held at the End of the 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 XIII, 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 XIII, 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 XIII

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

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

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☐

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	48,039	41,774	23,615	16,620	2,531
b	Contributions	4,534	6,265	18,159	6,985	14,163
c	Net investment earnings, gains, and losses	96	110	65	10	20
d	Grants or scholarships					
e	Other expenditures for facilities and programs	96	110	65		
f	Administrative expenses					94
g	End of year balance	52,573	48,039	41,774	23,615	16,620

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

- a Board designated or quasi-endowment ▶ 0 %
- b Permanent endowment ▶ 100 000 %
- c Temporarily restricted endowment ▶ 0 %

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

4 Describe in Part XIII 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		20,000		20,000
b Buildings		523,003	232,331	290,672
c Leasehold improvements				
d Equipment		223,862	188,622	35,240
e Other		82,853		82,853
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				428,765

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

1 (a) Description of liability	(b) Book value
Federal income taxes	
Designations Payable	479,347
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	479,347

2. Fin 48 (ASC 740) Footnote In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

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

1	Total revenue, gains, and other support per audited financial statements			1	4,785,647
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	50,121		
b	Donated services and use of facilities	2b	37,318		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	-567,706		
e	Add lines **2a** through **2d**			2e	-480,267
3	Subtract line **2e** from line **1**			3	5,265,914
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	11,186		
c	Add lines **4a** and **4b**			4c	11,186
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	5,277,100

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

1	Total expenses and losses per audited financial statements			1	4,107,792
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	-11,186		
e	Add lines **2a** through **2d**			2e	-11,186
3	Subtract line **2e** from line **1**			3	4,118,978
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	567,706		
c	Add lines **4a** and **4b**			4c	567,706
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	4,686,684

Part XIII 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, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Description of Intended Use of Endowment Funds	Part V, Line 4	Interest from the UWCC Legacy endowment fund will be used to fund special UWCC grants or initiatives to address emerging issues, direct funds to address the root causes of the communities most serious problems, support the campaign if annual gift is endowed, endowed gift designated to a specific area of interest, support the operating costs of UWCC so that a higher percentage of the annual campaign gifts go towards community investment
Description of Uncertain Tax Positions Under FIN 48	Part X, Line 2	The Organization has been determined to be exempt from federal income taxes under Section 501(c)(3) of the Internal Revenue Code The Organization is annually required to file a Return of Organization Exempt from Income Tax (Form 990) with the IRS In addition, the Organization is subject to income tax on net income that is derived from business activities that is unrelated to its exempt purpose The Organization has determined it is not subject to unrelated business income tax and has not filed an Exempt Organization Business Income Tax Return (Form 990-T) with the IRS The Organization believes that it has appropriate support for any tax positions taken affecting its annual filing requirements, and as such, does not have any uncertain tax positions that are material to the financial statements The Organization would recognize future accrued interest and penalties related to unrecognized tax benefits and liabilities in income tax expense if such interest and penalties are incurred
Part XI, Line 2d - Other Adjustments		Grants reclassified with expenses -567,706
Part XI, Line 4b - Other Adjustments		Special events expenses reclassed from expenses on Form 990 -42,915 Special events revenues reclassed from expenses on Form 990 54,101
Part XII, Line 2d - Other Adjustments		Special events expenses reclassed to revenues on Form 990 42,915 Special events revenues reclassed to revenues on Form 990 -54,101
Part XII, Line 4b - Other Adjustments		Grants reclassified from revenues 567,706

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493242003033

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a. Form 990-EZ filers are not required to complete this part.

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
United Way of Cass-Clay

Employer identification number
41-0810008

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

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

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

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

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

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

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

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

		(a) Event #1 WLC Golf (event type)	(b) Event #2 WLC Lunch (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	16,687	44,914		61,601
	2 Less Contributions	4,176	3,713		7,889
	3 Gross income (line 1 minus line 2)	12,511	41,201		53,712
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	2,590			2,590
	7 Food and beverages	1,488	9,981		11,469
	8 Entertainment		16,001		16,001
	9 Other direct expenses	16	12,839		12,855
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(42,915)
	11 Net income summary Combine line 3, column (d), and line 10 ▶				10,797

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

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

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

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

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

Name ▶ .....

Address ▶ .....

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

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party

Name ▶ .....

Address ▶ .....

16 Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ $ .....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Identifier	Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493242003033

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
United Way of Cass-Clay

Employer identification number
41-0810008

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 56

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶ 0

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

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

Part IV **Supplemental Information.**

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 Recipients of the United Way dollars must report Outcome Measurement Strategies three times per year as well as provide up to date audit information Each grant generally runs for a two year time period When the grant is complete, a full application and review must be conducted This review evaluates program effectiveness as well as fiscal health

Software ID:
Software Version:
EIN: 41-0810008
Name: United Way of Cass-Clay

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
American Red Cross Minn-Kota Chapter2602 12th St N Fargo,ND 58102	45-0280066	501(c)(3)	110,569				Meet health & human service need
The ARC of West Central MN 810 4th Ave S 134 Moorhead,MN 56560	41-0886463	501(c)(3)	29,501				Meet health & human service need
The Arc of Cass County215 N University Dr Fargo,ND 58102	45-0280567	501(c)(3)	20,757				Meet health & human service need
Barnesville Area HelpersPO Box 668 Barnesville,MN 56514	41-1979323	501(c)(3)	18,769				Meet health & human service need
Boy Scouts Northern Lights Council301 7th St S Fargo,ND 58103	45-0226415	501(c)(3)	99,344				Meet health & human service need
Caring Program for Children 4510 13th Ave S Fargo,ND 58121	36-3606394	501(c)(3)	21,157				Meet health & human service need
Cass County ExtensionGearing Up For KindergartenNorth Dakota State University Fargo,ND 58105	45-6002205	Government	15,605				Success By 6 Initiative
Catholic Charities ND5201 Bishops Boulevard Fargo,ND 58104	45-0226416	501(c)(3)	30,659				Meet health & human service need
CCRI Inc725 Center Ave Suite 7 Moorhead,MN 56560	41-1294489	501(c)(3)	21,713				Meet health & human service need
CHARISM3350 35th Ave S Fargo,ND 58104	45-0435273	501(c)(3)	19,691				Meet health & human service need
Churches United for the Homeless1901 1st Ave N Moorhead,MN 56560	41-1594892	501(c)(3)	99,124				Meet health & human service need
Community of Care335 1st St Arthur,ND 58006	26-1488596	501(c)(3)	20,598				Meet health & human service need
Dilworth-Glyndon-Felton Youth ServicesPO Box 188 Dilworth,MN 56529	06-1400159	501(c)(3)	25,127				Meet health & human service need
FM Dorothy Day House of Hospitality714 8th St S Moorhead,MN 56560	41-1452555	501(c)(3)	62,347				Meet health & human service need
Fargo Youth Commission 2500 18th St S Fargo,ND 58103	45-0316132	501(c)(3)	25,037				Meet health & human service need
YMCA of Cass & Clay Counties400 1st Ave S Fargo,ND 58103	45-0232096	501(c)(3)	235,121				Meet health & human service need
FirstLINK4357 13th Ave SW Suite 107L Fargo,ND 58103	41-0419491	501(c)(3)	239,257				Meet health & human service need
Girl Scouts - Dakota Horizons 1002 43rd St S Fargo,ND 58103	46-0250744	501(c)(3)	32,225				Meet health & human service need
Guardian Fiduciary & Advocacy Services112 N Univ Dr Ste 260 Fargo,ND 58102	27-1349470	501(c)(3)	20,791				Meet health & human service need
Hospice of the Red River Valley1701 38th St SW Ste 101 Fargo,ND 58103	45-0349152	501(c)(3)	138,991				Meet health & human service need
Imagination Library-Dollywood Foundation1020 Dollywood Lane Pigeon Forge,TN 37863	62-1348105	501(c)(3)	212,689				Success By 6 Initiative
Lake Agassiz Habitat For Humanity210 11th St N Moorhead,MN 56560	41-1690131	501(c)(3)	17,504				Meet health & human service need
Lakes and Prairies Community Action Partnership715 11th St N 402 Moorhead,MN 56560	41-0905871	501(c)(3)	68,294				Meet health & human service need
Lutheran Social Service of MN 715 11th St N Ste 401 Moorhead,MN 56560	41-0872993	501(c)(3)	40,036				Meet health & human service need
Lutheran Social Services of ND1325 11th St S Fargo,ND 58103	45-0226421	501(c)(3)	148,244				Meet health & human service need
Moorhead Public Schools-Keys to Kindergarten2410 14th St S Moorhead,MN 56560	41-6008721	Government	17,820				Success By 6 Initiative
MSUM - Non-profit management program1104 7th Ave S Moorhead,MN 56563	41-1687554	Government	7,549				Develop skills for non-profit leaders
New Life Center1902 3rd Ave N Fargo,ND 58102	45-0228056	501(c)(3)	133,028				Meet health & human service need
North Dakota State University (RSVP)3001 11th St S Fargo,ND 58103	45-6002439	Government	17,041				Meet health & human service need
HERO5012 53rd St S Ste C Fargo,ND 58104	45-0457109	501(c)(3)	11,558				Meet health & human service need
Rape and Abuse Crisis Center 317 8th St N Fargo,ND 58102	41-1310289	501(c)(3)	231,995				Meet health & human service need
REACH421 5th St Hawley,MN 56549	41-1716149	501(c)(3)	50,658				Meet health & human service need
Red River Human Services Foundation2506 35th Ave S Fargo,ND 58104	45-0353814	501(c)(3)	43,578				Meet health & human service need
Salvation Army304 Roberts St Fargo,ND 58102	41-0698597	501(c)(3)	86,662				Meet health & human service need
SENDCAA3233 S University Dr Fargo,ND 58104	45-6014870	501(c)(3)	19,008				Meet health & human service need
Sexual Abuse Treatment Program2624 9th Ave SW Fargo,ND 58103	41-1310289	501(c)(3)	17,550				Meet health & human service need
ShareHouse Inc4227 9th Ave SW Fargo,ND 58103	51-0183396	501(c)(3)	19,110				Meet health & human service need
South Central Adult Services Council505 Broadway Ste 208 Fargo,ND 58102	45-0457109	501(c)(3)	15,370				Meet health & human service need
TNT Kid's Fitness2800 Main Avenue Fargo,ND 58103	20-3459549	501(c)(3)	9,000				Meet health & human service need
Village Family Service Center 1201 25th St S Fargo,ND 58103	45-0226423	501(c)(3)	513,193				Meet health & human service need
Vocational Training Center 424 9th Ave S Fargo,ND 58103	45-0277254	501(c)(3)	45,090				Meet health & human service need
West Fargo Parks Youth Services500 13th Ave W West Fargo,ND 58078	56-2520352	501(c)(3)	12,601				Meet health & human service need
Youthworks317 S University Dr Fargo,ND 58103	46-0345922	501(c)(3)	72,364				Meet health & human service need
YWCA of Cass-Clay3100 12th Ave N Fargo,ND 58102	45-0226435	501(c)(3)	303,317				Meet health & human service need
Red River Children's Advocacy Center100 4th St S 302 Fargo,ND 58103	20-1095721	501(c)(3)	30,000				Meet health & human service need
South East Education Cooperative1305 9th Ave S Fargo,ND 58103	45-6002205	Government	15,000				Meet health & human service need
Missouri Slope Areawide United WayPO Box 2111 Bismarck,ND 585022111	45-0387741	501(c)(3)	14,689				Meet health & human service need
United Way of Becker County PO Box 348 Detroit Lakes,MN 565020348	23-7225418	501(c)(3)	9,028				Meet health & human service need
United Way of The Bemidji AreaPO Box 27 Bemidji,MN 566190027	41-1567744	501(c)(3)	9,708				Meet health & human service need
United Way of Otter Tail County120 E Washington Ave Fergus Falls,MN 56537	41-0873718	501(c)(3)	8,523				Meet health & human service need
United Way of Richland-Wilkin CountiesPO Box 746 Wahpeton,ND 580740746	45-0335679	501(c)(3)	11,233				Meet health & human service need
Sioux Empire United Way 1000 N West Ave Ste 120 Sioux Falls,SD 57104	46-0233701	501(c)(3)	15,602				Meet health & human service need
United Way Black Hills621 6th St Ste 100 Rapid City,SD 57701	46-0259754	501(c)(3)	16,209				Meet health & human service need
United Way of Grand Forks East Grand Forks1407 24th Ave S Ste 400 Grand Forks,ND 58201	45-0255772	501(c)(3)	10,387				Meet health & human service need
Capital Area United Way700 Laurel Street Baton Rouge,LA 708025634	72-0447100	501(c)(3)	5,356				Meet health & human service need
United Way of NE South DakotaPO Box 1065 Aberdeen,SD 574021065	23-7086355	501(c)(3)	6,866				Meet health & human service need

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493242003033

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
United Way of Cass-Clay

Employer identification number
41-0810008

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section A, line 1	The organization has an Executive Committee with authority to act on behalf of the governing body between meetings Any actions taken need to be brought before the board at the next meeting for review and/or ratification The Executive Committee consists of board officers and the immediate Past Board Chair
	Form 990, Part VI, Section A, line 4	The language in the conflict of interest section of the bylaws was updated during the year
	Form 990, Part VI, Section A, line 6	Per the Bylaws, each individual contributor to United Way of Cass-Clay shall thereby become a member of the corporation for the year for which the contribution was given and shall be entitled to attend and vote at all membership meetings during the period Any organization with a legitimate health, welfare, character-building or educational program or other human service agency, upon expressing a wish for organizational membership and after program and budget evaluation by the United Way, and upon acceptance by the Board of Trustees, shall become an organizational member and will continue so long as it is approved by the Board
	Form 990, Part VI, Section A, line 7a	The election of the Board members occurs at the Annual Meeting, by vote of United Way of Cass-Clay members in attendance The Board is elected from nominees by the Governance Committee and additional nominees willing to serve may be presented by petition signed by 25 verifiable members, provided such petition is received in the office of the President not less than 14 days prior to the date of the Annual Meeting
	Form 990, Part VI, Section B, line 11	The Director of Finance & Administration will review the Form 990 as well as the Finance Committee Following their review and recommendation for approval to the Board, the Board of Directors will vote and approve the Form 990 at a board meeting
	Form 990, Part VI, Section B, line 12c	Board members complete conflict disclosures annually and the information is shared with other committees as needed Board members with a conflict abstain from voting on issues involving the conflict The President and the board Secretary review the disclosures Committee members and community impact panel members also complete the forms annually
	Form 990, Part VI, Section B, line 15	The Board of Directors meets to approve the President's salary and benefits The Board uses information provided by the United Way Worldwide United Way Worldwide has salary research and recommended guidelines for Director level positions and above They are based on the size of United Way organizations and the area of the country which they are located in Written minutes are taken at the board meeting regarding the deliberation of the approval of the President's salary and benefits The President is not present during these deliberations This process takes place annually Compensation for the Director of Finance and Administration is determined annually by the President based on a review of the Director's performance development plan and comparability with the United Way Worldwide Salary Surveys
	Form 990, Part VI, Section C, line 19	Governing documents are available upon request The audited financial statements are on United Way of Cass-Clay's website