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

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 , 2012, and ending ,

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

C
United Way of North Central Iowa
2911 4th Street SE
Mason City, IA 50401

D Employer Identification Number: 42-0680431

E Telephone number: 641-423-1774

G Gross receipts $ 1,185,593.

F Name and address of principal officer: Bob Foell
Same As C Above

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)

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( )◄ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ► www.unitedwaynci.org

H(c) Group exemption number ►

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ► **L** Year of Formation 1923 **M** State of legal domicile IA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: Seeking to build a stronger, more caring community by forming partnerships with businesses, community experts, education & health & human service agencies to achieve targeted outcomes & sustained changes in community conditions which will improve the lives of Iowans.

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	19
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	19
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	7
6	Total number of volunteers (estimate if necessary)	6	418
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,113,609.	1,162,717.
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,988.	6,169.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,374.	13,621.
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,127,971.	1,182,507.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	555,593.	527,352.
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	211,070.	245,421.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ► 132,600.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	175,054.	200,107.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	941,717.	972,880.
19	Revenue less expenses. Subtract line 18 from line 12	186,254.	209,627.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,788,033.	2,171,585.
21	Total liabilities (Part X, line 26)	261,948.	435,873.
22	Net assets or fund balances. Subtract line 21 from line 20	1,526,085.	1,735,712.

RECEIVED
820 NOV 25 2013 IRS-OSC
OGDEN, UT

SCANNED DEC 02 2014

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

► x _____ Signature of officer — Date 11/15/2013

► Jennifer Kammeyer — Executive Director
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
James R. Potter	James R. Potter	11-15-13		P00025648

Firm's name ► POTTER & BRANT, P.L.C.
Firm's address ► PO BOX 7, CLEAR LAKE, IA 50428-0007
Firm's EIN ► 20-2032164
Phone no (641) 357-5291

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

See Schedule O

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

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . ☐ Yes ☒ No

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

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

4a (Code:) (Expenses $ 615,840. including grants of $) (Revenue $)

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

4b (Code:) (Expenses $ 57,495. including grants of $) (Revenue $)

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

4c (Code:) (Expenses $ 47,410. including grants of $) (Revenue $)

Community Impact Initiative - Includes the organization's BackPack program, Teen Screen program, and transportation programs such as the Fort Dodge Dash, Marshalltown Missle, and the Saints Shuttle.

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

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

4e Total program service expenses ► 720,745.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If 'Yes,' complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If 'Yes,' complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If 'Yes,' complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If 'Yes,' complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If 'Yes,' complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If 'Yes,' complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If 'Yes,' complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, 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		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If 'Yes,' complete Schedule D, Part V*	10		X
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings and equipment in Part X, line 10? *If 'Yes,' complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments – other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part VII*	11b		X
c	Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If 'Yes,' complete Schedule D, Part X*	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If 'Yes,' complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If 'Yes,' complete Schedule D, Parts XI, and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If 'Yes,' complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If 'Yes,' complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If 'Yes,' complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If 'Yes,' complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If 'Yes,' complete Schedule G, Part I (see instructions)*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If 'Yes,' complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If 'Yes,' complete Schedule G, Part III*	19		X
20 a	Did the organization operate one or more hospital facilities? *If 'Yes,' complete Schedule H*	20		X
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If 'Yes,' complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If 'Yes,' complete Schedule I, Parts I and III*	22		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If 'Yes,' complete Schedule J*	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, and that was issued after December 31, 2002? *If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No,' go to line 25.*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If 'Yes,' complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If 'Yes,' complete Schedule L, Part I.*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, 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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If 'Yes,' complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If 'Yes,' complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If 'Yes,' complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If 'Yes,' complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If 'Yes,' complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If 'Yes,' complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If 'Yes,' complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If 'Yes,' complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 8		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . .	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. . .	2a 7		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a		X
b	If 'Yes' has it filed a Form 990-T for this year? *If 'No,' provide an explanation in Schedule O*	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .	4a		X
b	If 'Yes,' enter the name of the foreign country: ►			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If 'Yes,' indicate the number of Forms 8282 filed during the year.	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . .	10b		
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a	**Section 4947(a)(1) non - exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year. . .	12b		
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**			
a	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c	Enter the amount of reserves on hand	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If 'Yes,' has it filed a Form 720 to report these payments? *If 'No,' provide an explanation in Schedule O*	14b		

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

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a 19		
b	Enter the number of voting members included in line 1a, above, who are independent . . .	1b 19		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If 'Yes,' provide the names and addresses in Schedule O*	9		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► None

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

[X] Own website [ ] Another's website [X] Upon request [ ] Other *(explain in Schedule O)*

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

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

► Jennifer Kammeyer 2911 4th Street SE Mason City IA 50401 641-423-1774

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (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) Gary Schmit	1									
Member	0	X						0.	0.	0.
(2) Desiny Hastings	1									
Member	0	X						0.	0.	0.
(3) Kelly Hansen	1									
Member	0	X						0.	0.	0.
(4) Allen Grooters	1									
Member	0	X						0.	0.	0.
(5) Bob Foell	3									
President	0	X		X				0.	0.	0.
(6) Nathan Hehr	3									
Treasurer	0	X		X				0.	0.	0.
(7) Jay Lala	1									
Member	0	X						0.	0.	0.
(8) Steve Watson	1									
Member	0	X						0.	0.	0.
(9) Betty Mason	1									
Member	0	X						0.	0.	0.
(10) Carl Polson	1									
Member	0	X						0.	0.	0.
(11) Craig Miller	3									
President-Elect	0	X		X				0.	0.	0.
(12) Daren Meints	1									
Member	0	X						0.	0.	0.
(13) Gary Reynolds	1									
Member	0	X						0.	0.	0.
(14) Randy Haskins	1									
Member	0	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organiza - tions 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			
(15) Heather Wright	1									
Member	0	X						0.	0.	0.
(16) Dalena Barz	3									
Past President	0	X		X				0.	0.	0.
(17) Ron Lustig	1									
Member	0	X						0.	0.	0.
(18) Jere Merrill	1									
Member	0	X						0.	0.	0.
(19) Cheryl Kurtzleben	1									
Member	0	X						0.	0.	0.
(20) Jennifer Kammeyer	40									
Executive Direc	0			X				77,672.	0.	8,673.
(21)										
(22)										
(23)										
(24)										
(25)										
1 b Sub-total								77,672.	0.	8,673.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								77,672.	0.	8,673.

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*		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If 'Yes' complete Schedule J for such individual*		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If 'Yes,' complete Schedule J for such person*		X

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,162,717.			
	g Noncash contributions included in lns 1a-1f: $					
	h **Total.** Add lines 1a-1f		1,162,717.			
PROGRAM SERVICE REVENUE		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f					
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		6,184.			6,184.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties.					
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory					
	b Less: cost or other basis and sales expenses		15.			
	c Gain or (loss)		-15.			
	d Net gain or (loss)			-15.	-15.	
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	a	4,650.			
	b Less: direct expenses	b	3,071.			
	c Net income or (loss) from fundraising events		1,579.			1,579.
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory					
	Miscellaneous Revenue	Business Code				
	11a Miscellaneous		12,042.			12,042.
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d		12,042.			
	12 **Total revenue.** See instructions		1,182,507.	-15.	0.	19,805.

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	527,352.	527,352.		
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	86,345.	34,307.	42,611.	9,427.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	119,520.	37,681.	33,947.	47,892.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	25,036.	7,963.	4,913.	12,160.
10 Payroll taxes	14,520.	5,053.	5,356.	4,111.
11 Fees for services (non-employees):				
a Management				
b Legal	111.		111.	
c Accounting	28,324.	16,926.	3,714.	7,684.
d Lobbying				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees				
g Other. (If line 11g amt exceeds 10% of line 25, column (A) amt, list line 11g expenses on Sch O)				
12 Advertising and promotion	13,592.	10,216.		3,376.
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	8,284.	2,900.	2,071.	3,313.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	25,454.	10,434.	4,777.	10,243.
20 Interest				
21 Payments to affiliates	11,842.		11,842.	
22 Depreciation, depletion, and amortization	5,378.	1,883.	1,344.	2,151.
23 Insurance	3,949.	1,381.	989.	1,579.
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 Supplies	36,473.	24,380.	4,453.	7,640.
b Contracted Services	32,220.	32,220.		
c Printing and Publications	10,667.	2,263.	-127.	8,531.
d Postage and Shipping	7,254.	1,399.	731.	5,124.
e All other expenses	16,559.	4,387.	2,803.	9,369.
25 **Total functional expenses.** Add lines 1 through 24e	972,880.	720,745.	119,535.	132,600.
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		233,843.	1	329,692.
	2	Savings and temporary cash investments		659,100.	2	817,780.
	3	Pledges and grants receivable, net		864,563.	3	987,994.
	4	Accounts receivable, net			4	
	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	2,300.
	9	Prepaid expenses and deferred charges		4,715.	9	4,762.
	10a	Land, buildings, and equipment. cost or other basis Complete Part VI of Schedule D	10a 50,472.			
	b	Less: accumulated depreciation	10b 24,545.	22,945.	10c	25,927.
	11	Investments — publicly traded securities			11	
	12	Investments — other securities. See Part IV, line 11			12	
	13	Investments — program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		2,867.	15	3,130.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,788,033.	16	2,171,585.
LIABILITIES	17	Accounts payable and accrued expenses		14,225.	17	41,337.
	18	Grants payable		166,426.	18	169,384.
	19	Deferred revenue		6,157.	19	4,978.
	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		75,140.	25	220,174.
	26	**Total liabilities.** Add lines 17 through 25		261,948.	26	435,873.
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		490,899.	27	629,409.
	28	Temporarily restricted net assets		1,035,186.	28	1,106,303.
	29	Permanently restricted net assets			29	
		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		1,526,085.	33	1,735,712.
	34	Total liabilities and net assets/fund balances		1,788,033.	34	2,171,585.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,182,507.
2	Total expenses (must equal Part IX, column (A), line 25)	2	972,880.
3	Revenue less expenses. Subtract line 2 from line 1	3	209,627.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,526,085.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
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	1,735,712.

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990. ☐ Cash ☒ Accrual ☐ Other _____			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	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	X	
	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	X	
	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		X
b	If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2012

Open to Public Inspection

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a ☐ Type I **b** ☐ Type II **c** ☐ Type III – Functionally integrated **d** ☐ Type III – 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 is a Type I, Type II or Type III supporting organization, check this box. ☐

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 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.')	1,073,035.	1,046,722.	1,020,267.	1,113,609.	1,162,717.	5,416,350.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4 **Total.** Add lines 1 through 3	1,073,035.	1,046,722.	1,020,267.	1,113,609.	1,162,717.	5,416,350.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6 **Public support.** Subtract line 5 from line 4						5,416,350.

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	1,073,035.	1,046,722.	1,020,267.	1,113,609.	1,162,717.	5,416,350.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	15,806.	7,970.	4,199.	6,238.	6,184.	40,397.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV). See Part IV	7,187.	16,402.	6,657.	10,461.	12,042.	52,749.
11 **Total support.** Add lines 7 through 10						5,509,496.

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) . . . . . 14 98.31 %

15 Public support percentage from 2011 Schedule A, Part II, line 14 . . . . . 15 98.25 %

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

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 yr 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 yr 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 lns 9, 10c, 11, and 12)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 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).

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization

United Way of North Central Iowa

Employer identification number

42-0680431

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

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

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e.g., recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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

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

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

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

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

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

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

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

9 In Part 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 explantion 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	(b) Prior year	(c) Two years	(d) Three years	(e) Four years
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

a Board designated or quasi-endowment ► _____ %

b Permanent endowment ► _____ %

c Temporarily restricted endowment ► _____ %

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

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

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

4 Describe in Part 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				
b Buildings				
c Leasehold improvements		14,656.	3,361.	11,295.
d Equipment		35,816.	21,184.	14,632.
e Other				
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ►				25,927.

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

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

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

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

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

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

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) Deposits Held for Others	1,633.
(3) Donor Designations Payable	218,541.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. *(Column (b) must equal Form 990, Part X, column (B) line 25.)* ►	220,174.

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	1,215,571.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b	29,993.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	29,993.
3	Subtract line 2e from line 1			3	1,185,578.
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.) See Part XIII	4b	-3,071.		
c	Add lines 4a and 4b			4c	-3,071.
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	1,182,507.

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

1	Total expenses and losses per audited financial statements			1	1,005,944.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	29,993.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.) See Part XIII	2d	3,071.		
e	Add lines 2a through 2d			2e	33,064.
3	Subtract line 2e from line 1			3	972,880.
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			
c	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	972,880.

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.

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 North Central Iowa

Employer identification number

42-0680431

Part I General Information on Grants and Assistance

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

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

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) Charlie Brown Preschool 600 1st St SW, STE 108 Mason City, IA 50401	42-0938576		33,645.	0.			Special Needs Care
(2) Community Kitchen 606 N Monroe Mason City, IA 50401	42-1285253		22,500.	0.			Feeding the Hungry
(3) Crisis Intervention PO Box 656 Mason City, IA 50401	42-1080685		108,000.	0.			Comm Educ & Shelter
(4) Franklin County Extension 3 1st Avenue NW Hampton, IA 50441	42-6021424		9,121.	0.			Life Skills Training
(5) Iowa CASA Program 220 N Washington Mason City, IA 50401	42-1471727		17,000.	0.			Child Advocacy Program
(6) Iowa Legal Aid 600 1st St NE, STE 103 Mason City, IA 50401	42-1079227		46,500.	0.			Assist Disabled PPL
(7) Kossuth County C.A.R.E. PO Box 353 Algona, IA 50511	42-1329834		20,700.	0.			Loving Hands Nursery
(8) Lake Mills United 203 N. 1st Ave. West Lake Mills, IA 50450	42-1116685		25,500.	0.			Community improvement

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ► 15

3 Enter total number of other organizations listed in the line 1 table..... ► 6

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

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

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

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

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

Continuation Sheet for Schedule I (Form 990)

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

2012

Name of the organization: United Way of North Central Iowa

Employer identification number: 42-0680431

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Lutheran Serv. of Iowa 2502 S Jefferson Avenue Mason City, IA 50401	42-0698267		22,500.				Families Together
Mason City Family YMCA 1840 S Monroe Ave Mason City, IA 50401	42-0680330		15,000.				Kid Fit, Swim, Youth
Meals on Wheels 606 N Monroe Mason City, IA 50401	42-0954145		22,500.				Noon Meals-Homebound
NI Child Abuse Prevention Cou 600 1st Street NW Mason City, IA 50401	42-0680431		5,400.				Help end child abuse
NICAO - Safe Sleep 100 1st St. NW Mason City, IA 50401	42-0921505		5,526.				To purchase safety approved cribs
North Iowa Community Action 621 S Adams Mason City, IA 50401	42-0921505		13,500.				Bridges Mentoring
North Iowa Council of Governm 525 6th St. SW Mason City, IA 50401	42-1015081		6,182.				Cheap transportation to hospital
North Iowa Vocational Center PO Box 428 Mason City, IA 50402	42-0951757		38,700.				Joblink & Work Skill
Opportunity Village PO Box 622 Clear Lake, IA 50428	42-0953968		22,200.				Vocat./Day Activity
Presbyterian Village 502 Butler Street Ackley, IA 50601	42-0698841		6,000.				In-Home Health Services

Continuation Sheet for Schedule I (Form 990)

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

2012

Name of the organization: United Way of North Central Iowa

Employer identification number: 42-0680431

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RSVP - NIACC 500 College Drive Mason City, IA 50401	42-0930155		15,300.				Reading Buddies
Salvation Army 122 S Adams Mason City, IA 50401	36-2167910		15,000.				Senior Activities/ Tutor +
Teen Screen 600 1st Street NW Mason City, IA 50401	42-0680431		36,000.				Mileage for Teen Screen

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization: United Way of North Central Iowa

Employer identification number: 42-0680431

Form 990, Part III, Line 1 - Organization Mission

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

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

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

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

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

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO, Top Management

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

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

Available to public on website and upon request.

Part II, Line 10 - Other Income

Nature and Source	2012	2011	2010	2009	2008
Miscellaneous	$ 12,042.	$ 10,461.	$ 6,657.	$ 16,402.	$ 7,187.
Total	$ 12,042.	$ 10,461.	$ 6,657.	$ 16,402.	$ 7,187.

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

Special Event expenses	$ -3,071.
Total	$ -3,071.

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

Special Event expenses	$ 3,071.
Total	$ 3,071.

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

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

OMB No. 1545-0172

2012

Attachment Sequence No. **179**

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

Part I Election To Expense Certain Property Under Section 179

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

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

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

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2011 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12 ▶	13	

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

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

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

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2012	17	4,410
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2012 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		8,374	5 yrs.	HY	S/L	968
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	5,378
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* **only** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

Section A—Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles.*)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No | **24b** If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) .						**25**		
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 .						**28**		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							**29**	

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**do not** include commuting miles) .												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person? . .												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions).

	Yes	**No**
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners . .		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) . . .		

Note: *If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.*

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2012 tax year (see instructions):					
43 Amortization of costs that began before your 2012 tax year				**43**	
44 Total. Add amounts in column (f). See the instructions for where to report				**44**	

Form **8868**
(Rev January 2013)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

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

OMB No 1545-1709

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

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

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

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

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

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

Enter filer's identifying number, see instructions

Type or print

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

Name of exempt organization or other filer, see instructions.	Employer identification number (EIN) or
United Way of North Central Iowa	42-0680431
Number, street, and room or suite number If a P.O box, see instructions	Social security number (SSN)
2911 4th Street SE	
City, town or post office, state, and ZIP code. For a foreign address, see instructions	
Mason City, IA 50401	

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► Jennifer Kammeyer

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 20 13, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► [X] calendar year 20 12 or

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

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

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

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

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

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

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

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

Enter filer's identifying number, see instructions

Type or print

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

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

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

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

4 I request an additional 3-month extension of time until 11/15 , 20 13.

5 For calendar year 2012 , or other tax year beginning , 20 , and ending , 20 .

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

7 State in detail why you need the extension . Audited financial statements are not yet complete in order to file Form 990.

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

Signature and Verification must be completed for Part II only.

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

Signature ► James R. Potter Title ► CPA Date ► 8-6-13

United Way of North Central Iowa
2013 ANNUAL REPORT

OUR MISSION: Improve lives by mobilizing the caring power of communities around north central Iowa to advance the common good.

WE SERVE: Butler, Cerro Gordo, Chickasaw, Emmet, Floyd, Franklin, Hancock, Kossuth, Mitchell, Palo Alto, Winnebago & Worth counties

Your Investment at Work

Working to advance the common good is at the heart of our work. It's our strategic approach to delivering measureable results in education, income, and health – the building blocks of a good life. Our goal is to create long-lasting changes that prevent problems from happening in the first place. The work of our partner agencies combined with special initiatives offer programs and services that help make these goals possible.

Working Together

Involvement in key community efforts to move our community forward occurs at many levels. Not only is United Way funding programs, we're joining many of our partners around community issues. These multiple levels of engagement strengthen relationships and create synergy, with one goal in mind – to work together to strengthen the building blocks of a good life: education, income, and health.

EDUCATION

Our focus is on helping children and youth achieve their potential. We strive to achieve this through improving early literacy and relational skills.

Some examples:

- 61% of students improved their reading grade level by 1.0+ grade. (Reading Buddies)
- 61% of participant families reported an improvement in relational skills for their child that has a mentor. (Bridges Mentoring)
- 87% of participants reported an increase in communication skills. (PROSPER Strengthening Families)

United Way

United Way
of North Central Iowa

INCOME

Our goal is to ensure financial stability and independence. We intend to empower the workforce by promoting self sufficiency and financial literacy. We focus on improving access to resources in a crisis to stabilize situations and improve job readiness.

Some examples:

- 63% of program participants are working an average of 28 hours per week. (Community Connections and Project SEARCH)
- 94% of families served maintained employment 60-90 days after receiving United Way funding. (Providing Assistance to Struggling Families in Maintaining Employment)
- 13% of clients retained or prevented the loss of their home. (Housing and Income Stabilization Project)

HEALTH

Our goal is to improve the health of north Iowans. We aim to improve people's health through empowering healthy lifestyles, increasing coping skills, decreasing abuse rates, and improving access to healthcare.

Some examples:

- 3% of CASA assigned children were re-abused during a 6 month period. (North Iowa Court-Appointed Special Advocates [CASA])
- 68% of teens referred to a mental health provider connected with services. (TeenScreen Schools and Communities)
- 95% of children ages 0-5 were on target developmentally. (Families Together)

United Way is a volunteer-led, volunteer-driven organization representing north central Iowa.

From the board of directors to fundraising volunteers and the thousands of others who lend a hand each year, volunteer leaders ensure United Way continues to help north central Iowa impact the issues that matter most.

2013 Board of Directors

Craig Miller, President
First Citizens National Bank

Bob Foell, Past President
Fed Ex Express

Daren Meints, Vice President
Larson Manufacturing Company

Cheryl Kurtzleben, Treasurer
Manufacturers Bank & Trust

Jan Adams
Valero Renewables

Kelly Hansen
POET Biorefining– Hanlontown

Aimee Kern
Clear Lake Bank & Trust

Amy Kirchhoff
HyVee East

Jere Merrill
Principal Financial Group

Mae Miles
McDonald's - Mason City

Doug Morse
North Iowa Area Community College

Kristy Sagdalen King
Bergland + Cram

Carl Polson
Hormel Foods

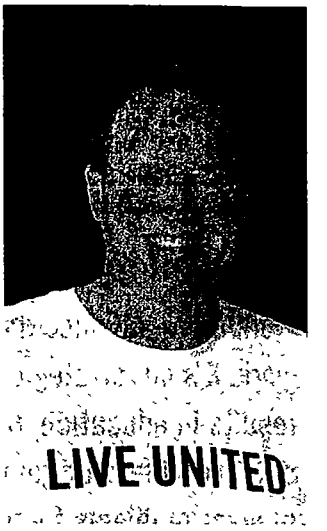
Gary Reynolds
Community Volunteer

Troy Swanson
Cargill Kitchen Solutions

Steve Watson
Henkel Construction

Mike Winblade
HyVee West

Message from the President



As I reflect on the past twelve months, I realize and appreciate that we have many reasons to be thankful. At a time when good-paying jobs and financial stability seem to elude so many, thousands of you stepped forward to demonstrate your extraordinary caring and generosity. I am filled with gratitude for your belief in our work. Your response tells me that we also have many reasons to be hopeful.

Throughout these difficult times, United Way of North Central Iowa has continued its focus on creating partnerships and mobilizing our community to seek sustainable solutions to our most pressing problems. We worked hard to balance the growing demand for basic needs while tackling underlying causes of complex and seemingly intractable problems.

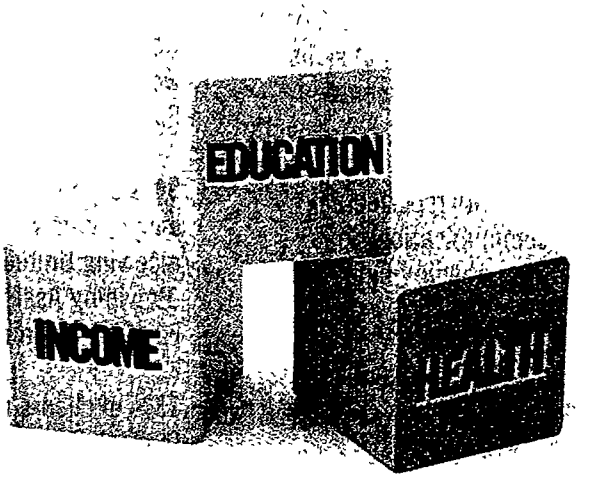
At United Way we believe that everyone in the community has a role to play in creating a brighter future. LIVE UNITED is our invitation to join us in being a part of shaping a community where everyone thrives. By giving, advocating, and volunteering, you can improve and strengthen our community.

Thanks to your exceptional generosity, thousands have benefited from United Way supported programs. We are indebted to our 39 partner agencies for the incredible work they do every day to bring help and hope to so many. With resources down and demand at an all-time high, their dedication inspires us all to do more.

We also extend our deepest appreciation to our volunteers. These selfless individuals work tirelessly to give you the best possible return on your investment.

I hope you enjoy reading some of the highlights made possible through your gift.

Craig Miller
President, Board of Directors
United Way of North Central Iowa



Financial Statements

United Way of North Central Iowa is committed to fiscal transparency and accountability. Your contribution is an investment in your community, and we are proud to continue over 90 years of responsible stewardship of your donations.

Statement of Financial Position
for the year end December 30, 2011

Assets

Current Assets

Cash and cash equivalents	$233,843
Investments	$505,901
Promises to give, prior campaign	$89,315
Promises to give, current campaign	$743,290
Accrued interest receivable	$1,235
Grant receivable	$31,958
Prepaid expenses	$4,715
Property and equipment, net	$22,945
Funds held for others	$1,632
Total current assets	**$1,634,834**

Noncurrent Assets

Investments	$153,199
Total Noncurrent Assets	**$153,199**
Total Assets	**$1,788,033**

Liabilities

Current Liabilities

Accounts payable and accrued expenses	$14,225
Donor designations payable	$73,508
Promises to give others	$166,426
Unearned administrative revenue	$6,157
Deposits held for others	$1,632
Total Current Liabilities	**$261,948**

Net Assets

Unrestricted	$490,899
Temporarily restricted	$1,035,186
Total net assets	**$1,526,085**
Total Liabilities & Net Assets	**$1,788,033**

United Way
of North Central Iowa

Statement of Activities for the year ending December 2011

	Unrestricted	Temporarily Restricted	Total
Public support, revenues and reclassifications			
Gross campaign results, current campaign	-	$1,158,305	$1,158,305
Less: Donor designations	-	($58,119)	($58,119)
Less: Collection losses	-	($65,000)	($65,000)
Net revenue - current campaign	-	$1,035,186	$1,035,186
Gross: campaign results - prior campaign			
Less: collection recoveries	$30,367	-	$30,367
Net revenue - prior campaign	$30,367	-	$30,367
Total campaign revenue	$30,367	$1,035,186	$1,065,553
Grants & contracts	$48,056	-	$48,056
Net investment income	$6,238	-	$6,238
Gifts in kind	$54,396	-	$54,396
Loss on disposal of fixed assets	($250)	-	($250)
Other income	$10,461	-	$10,461
Special events	$3,155	-	$3,155
Total public support and revenues	$152,423	$1,035,186	$1,187,609
Net assets released from restrictions: Expiration of time restrictions	$969,726	($969,726)	-
Total public support, revenues, and reclassifications	$1,122,149	$65,460	$1,187,609

Expenses	Unrestricted	Temporarily Restricted	Total
Program services:			
Distribution to community programs	$555,593	-	$555,593
Less: Donor designations	-	-	-
Net distributions to community programs	$555,593	-	$555,593
Fund distribution	$73,408	-	$73,408
Year Around Presence	$110,743	-	$110,743
Supporting services:			
Management and general	$112,491	-	$112,491
Fundraising - Resource development	$136,681	-	$136,681
Unallocated payments to nation organization	$12,439	-	$12,439
Total Expenses	$1,001,355	-	$1,001,355
Change in net assets	$120,794	$65,460	$186,254
Net assets at beginning of year	$370,105	$969,726	$1,339,831
Net assets at end of year	$490,899	$1,035,186	$1,526,085

2012 Community Impact

Your United Way contribution is an investment in north central Iowa and helps to make a life changing difference for thousands of local families and individuals. Listed below are United Way's partner agencies and the funded programs.

Education:

RSVP
- Reading Buddies $14,000.00
- Reading Coaches $4,500.00

North Iowa Community Action
- Bridges Mentoring $16,000.00

Franklin County Extension
- PROSPER Strengthening Families $3,500.00

Income:

NIVC Services
- Work Skills Development $10,000.00
- Community Connections and Project SEARCH $38,000.00
- Work Zones $4,500.00

Iowa Legal Aid
- Housing and Income Stabilization $25,000.00

Lake Mills Chamber Development
- Lake Mills United $27,000.00

Opportunity Village
- Employment Services $49,863.00

Exceptional Opportunities, Inc
- Exceptional Treasures - Work Services $18,490.00

Health:

Lutheran Services in Iowa
- Families Together $22,500.00

Presbyterian Village
- Gourmet on the Go $4,254.25

Salvation Army
- Adult Day Health Center $15,000.00

Meals on Wheels
- Homebound Meals $22,500.00

Community Kitchen
- Meals for the Hungry $30,000.00

Mason City YMCA
- Inclusion Project $20,000.00

Crisis Intervention Services
- Domestic Violence and Sexual Assault Intervention/Prevention $120,000.00

North Iowa Child Abuse Prevention Council
- Respite Care and Crisis Nursery $5,000.00

Iowa Legal Aid
- Domestic Abuse Representation Project $25,500.00

United Way of North Central Iowa
- Mental Wellness for Life $15,000.00
- TeenScreen Schools and Communities $40,000.00

Franklin County Extension
- PROSPER - Life Skills $2,500.00

Friends of Iowa CASA
- North Iowa CASA $20,000.00

Opportunity Village
- Family 2 Family Connect $26,000.00

Thank you to the 33 volunteers who serve on the Community Impact Teams. These individuals give their time and personal resources, share their expertise, help set priorities, evaluate program applications, review quarterly outcomes, and advocate for the community. Without their help, United Way would not be able to accomplish much of what we do.

Education Impact Team

Jan Adams
Jon Benson
Sherri Boedeker
Loni Dirksen
Kevin Hendrikson
Nancy Lund
Daren Meints
Carl Polson
Kathie Smith
Lisa Yunek

Income Impact Team

Mike Bahsen
Aimee Kern
Cheryl Kurtzleben
Jere Merrill
Jonathan Platt
Kelly Pederson
Gary Reynolds
Steve Watson

Health Impact Team

Pami Erickson
Kristy Sagdalen King
Amy Kirchhoff
Mae Miles
Craig Miller
Shanda Munn
Kendall Richardson
Troy Swanson
Cristy Tass
Cody Williams
Mike Winblade

Education

Results Scorecard

Scoreboard

Improving Child Literacy Skills

Population Results

Name	Prior Period	Current Value	Change	Most Recent Period	Comments/ Projects
Impr Literacy Skill. Increase literacy to be at/above appropriate developmental levels					
Impr Literacy Skill Adequate Yearly Progress in Reading - Mason City 3rd Grade	72%	71%	2	2012	
Impr Literacy Skill Adequate Yearly Progress in Reading - Mason City 7th Grade	75%	67%	1	2012	

Program Performance

Name	Prior Period	Current Value	Change	Most Recent Period	Comments/ Projects
Reading Buddies					
Impr Literacy Skill # & % of program volunteers matched with a school-identified student who is in need of reading assistance	N/A	N/A	N/A	N/A	
Impr Literacy Skill Children who increase literacy skills during the school year	N/A	N/A	N/A	N/A	
Impr Literacy Skill Reading Buddy Goal: Improve student reading level by one whole grade	64%	65%	1	H1 2012	
Impr Literacy Skill Reading Buddy Goal Students will improve their attitude toward reading	84%	75%	1	H1 2012	
Impr Literacy Skill Reading Coach Goal Students improved their reading by one or more grade level	41%	55%	1	H1 2012	
Impr Literacy Skill Reading Coach Goal Students indicate better reading skills after program	81%	75%	2	H1 2012	
Impr Literacy Skill Reading Coach Increase in trained RSVP volunteers		46	1	H1 2012	
Impr Literacy Skill Reading Buddy Increase in trained RSVP volunteers	135	199	1	H1 2012	
Reading Coaches					
Impr Literacy Skill # & % of program volunteers matched with a school-identified Middle School student who is in need of reading assistance.	N/A	N/A	N/A	N/A	
Impr Literacy Skill Children who increase literacy skills during the school year	N/A	N/A	N/A	N/A	
Impr Literacy Skill Reading Coach Goal Students improved their reading by one or more grade level	41%	55%	1	H1 2012	
Impr Literacy Skill Reading Coach Goal. Students indicate better reading skills after program	81%	75%	2	H1 2012	
Impr Literacy Skill Reading Coach Increase in trained RSVP volunteers		46	1	H1 2012	
Impr Literacy Skill Reading Buddy Increase in trained RSVP volunteers	135	199	1	H1 2012	

Education

Results Scorecard | **Scoreboard**

Improving Family Relations through Mentoring

Population Results

Name	Prior Period	Current Value	Change	Most Recent Period	Comments/ Projects
Relational Skills Students & parents improve relational skills					
Relational Skills Youth in grades 6-11 who feel supported by adults in their Iowa community		81%	2	2010	
Relational Skills Percent of students grades 6-11 who have an unsupportive family	26%	25%	2	2010	
Relational Skills Students in grades 6-11 who feel access to harmful substances is limited	50%	55%	1	2010	
Relational Skills. Number of 6-11 grade students who indicated one or more instances of bullying at school	56%	50%	1	2010	

Program Performance

Name	Prior Period	Current Value	Change	Most Recent Period	Comments/ Projects
PROSPER Strengthening Families					
Relational Skills families report improved relational skills	N/A	N/A	N/A	N/A	
Relational Skills Prosper Increases stress management skills	83%	83%	2	H2 2012	
Relational Skills Prosper Increases social skills	100.00	65.00	1	H2 2012	
Bridges Mentoring Program					
Relational Skills mentees reporting improvement in relational skills with parents/caregivers	N/A	N/A	N/A	N/A	
Relational Skills Bridges Mentoring Program Improves/Maintains Self-Esteem	96%	90%	1	H1 2012	
Relational Skills. Bridges Mentoring Program Improves Family Relational Skills	87.5%	61.0%	2	H1 2012	
Relational Skills Bridges Mentoring Program Mentor Matches Complete Service Requirements	80.0%	87.0%	1	H1 2012	
Relational Skills: Bridges Mentoring Program Mentors Plan on Returning	100%	100%	1	H1 2012	
Relational Skills Bridges Mentoring Program Matches Youth with Mentors	72.0%	89.0%	1	H1 2012	
One-on-One Mentoring					
Relational Skills mentees reporting improvement in relational skills with parents/caregivers	N/A	N/A	N/A	N/A	
Relational Skills. Prosper Participants report improved communication skills	83.00	87.00	1	H2 2012	

Income

Results Scorecard

Scoreboard

Improving Financial Literacy and Self Sufficiency

Population Results

Name	Prior Period	Current Value	Change	Most Recent Period	Comments/ Projects
Promote Sufficiency People have resources/skills to become/remain self-sufficient					
Promote Sufficiency Cost of child care compared to average income in Iowa, 2007-2012	$49,177 00	$49,427 00	1	2011	

Program Performance

Name	Prior Period	Current Value	Change	Most Recent Period	Comments/ Projects
Work Skills Development					
Promote Sufficiency NIVC Work Skills Development. Clients report banking relationship/ or direct deposit		96%	3	H2 2012	
Promote Sufficiency NIVC Work Skills Development. Participants retained new jobs for at least 3 months	85%	79%	1	H1 2012	
Promote Sufficiency NIVC Work Skills Development: Participants report improved satisfaction with their lives	100%	97%	1	H2 2012	
Providing Assistance to Struggling Parents Maintaining Employment					
Promote Sufficiency Charlie Brown Preschool & Child Care Centers Families served maintained employment for 60+ days	95%	94%	1	H2 2012	
Employment Services					
Job Readiness Opportunity Village Employment Services Helping clients increase their wages		61%	2	H2 2012	
Job Readiness Opportunity Village Employment Services Clients increase productivity	57%	43%	1	H2 2012	

Income

Results Scorecard | **Scoreboard**

Promoting Job Skills Development

Population Results

Name	Pnor Period	Current Value	Change	Most Recent Period	Comments/ Projects
Job Readiness People have skills/resources to get job, people are ready to work					
Job Readiness Unemployment Rate for People with Disabilities	15.0%	13.4%	1	2012	
Job Readiness High school dropout rates		3.7%	1	2011	

Program Performance

Name	Pnor Period	Current Value	Change	Most Recent Period	Comments/ Projects
Community Connections and Project SEARCH					
Job Readiness NIVC Community Partners & Project SEARCH Participants obtained jobs/maintained employment (CC)		67%	2	H1 2012	
Job Readiness. NIVC Community Connections & Project Search Participants retained jobs for at least 6 months	65%	59%	1	H1 2012	
Job Readiness NIVC Community Connections & Project SEARCH Participants continue/graduate from high school/GED	92%	96%	1	H1 2012	

Health

Results Scorecard

Scoreboard

Expand Access to Quality Healthcare

Population Results

Name	Prior Period	Current Value	Change	Most Recent Period	Comments/ Projects
Expand Access Transportation improves access to healthcare resources					
Expand Access Transit Rides to Iowa City	74	0	1	Apr 2013	
Expand Access Transit Rides to Fort Dodge	0	2	1	Apr 2013	
Expand Access Transit Rides to Marshalltown	16	72	1	Apr 2013	

Program Performance

Name	Prior Period	Current Value	Change	Most Recent Period	Comments/ Projects
TeenScreen Schools & Communities-North Central Iowa					
Empower Health TeenScreen Positive scoring teens were referred for outside mental health counseling		68%	2	H2 2012	
Empower Health TeenScreen teens report decreased wait time for appointments	N/A	68%	0	H2 2012	
Empower Health TeenScreen teens surveyed increased knowledge and access to healthcare resources	N/A	100%	0	H2 2012	
Expand Access Saints Shuttle to Iowa City					

No Indicators/Performance Measures to display

Health

Results Scorecard — **Scoreboard**

Reducing Child Abuse

Population Results

Name	Prior Period	Current Value	Change	Most Recent Period	Comments/ Projects
Cerro Gordo R5|6 CHILD Abuse Rates will Decrease					
Cerro Gordo Decrease in child abuse	247	257	1	2011	
Cerro Gordo Denial of Critical Care	384	354	1	2011	
Cerro Gordo Physical Injury		21	1	2011	
Cerro Gordo Illegal Drug Use	35	31	1	2011	
Cerro Gordo Sexual Abuse		10	1	2011	
Worth: R5|6 CHILD Abuse Rates will Decrease					
Worth: Decrease in child abuse	25		1	2011	
Worth 632 Worth Denial of Critical Care	42		1	2011	
Worth Physical Injury		0	3	2011	
Worth Sexual Abuse	0		1	2011	
Worth. Illegal Drug Use		0	2	2011	
Hancock R5|6 CHILD Abuse Rates will Decrease					
Hancock Decrease in child abuse	36		1	2011	
Hancock 636 Hancock Denial of Critical Care	52		1	2011	
Hancock Physical Injury			1	2011	
Hancock. Illegal Drug Use	6		2	2011	
Hancock Sexual Abuse	0	1	1	2011	
Kossuth R5|6 CHILD Abuse Rates will Decrease					
Kossuth 509 Denial of Critical Care		68	1	2011	
Kossuth 650 Physical Injury	20		1	2011	
Kossuth 651 Presence of Illegal Drugs	3	3	1	2011	
Kossuth 652 Sexual Abuse		3	1	2011	

Health

Results Scorecard

Scoreboard

Floyd R5|6 CHILD Abuse Rates will Decrease					
Floyd Decrease in child abuse	⊙	102	1	2011	
Floyd 637 Denial of Critical Care	⊙	128	1	2011	
Floyd Physical Injury	⊙	19	1	2011	
Franklin R5|6 CHILD Abuse Rates will Decrease					
Franklin Decrease in child abuse		54	46 1	2011	
Butler R5|6 CHILD Abuse Rates will Decrease					
Butler Decrease in child abuse		68	41 1	2011	
Mitchell R5|6 CHILD Abuse Rates will Decrease					
Mitchell Decrease in child abuse		42	24 1	2011	
Mitchell 637 Mitchell Denial of Critical Care	⊙	1 90%	1 00% 1	2011	
Chickasaw R5|6 CHILD Abuse Rates will Decrease					
Chickasaw Decrease in child abuse		N/A	N/A N/A	N/A	
Franklin Individuals increase coping and life skills for mental wellness					

No Indicators/Performance Measures to display.

Health

Results Scorecard

Scoreboard

Increase Knowledge of Coping Skills for Mental Wellness

Population Results

Name	Prior Period	Current Value	Change	Most Recent Period	Comments/ Projects
Empower Health Individuals will increase coping/life skills for mental wellness					
Empower Health- Schools participating in TeenScreen	5	16	↑ 1	2012	
Students screened during TeenScreen	N/A		● 0	2012	

Program Performance

Name	Prior Period	Current Value	Change	Most Recent Period	Comments/ Projects
Inclusion Project					
Empower Health. Inclusion Project Participants and families report positive expenence	100%	100%	→ 1	H2 2012	
Empower Health Inclusion Project Day camp staff trained by Director of Programs of the National Inclusion Project	100%	100%	→ 1	H2 2012	

Results Scorecard

Scoreboard

Reducing Substance Abuse

Population Results

Name	Prior Period	Current Value	Change	Most Recent Period	Comments/ Projects
Empower Health Abuse rates will decrease					
Kossuth 650 Physical Injury	20		↓ 1	2011	
Kossuth 651 Presence of Illegal Drugs	3	3	→ 1	2011	
Kossuth 652 Sexual Abuse		3	↑ 1	2011	
Empower Health- Number of Iowans receiving substance abuse treatment, 1995-2010	44,849	44,904	↑ 2	2010	

Program Performance

Name	Prior Period	Current Value	Change	Most Recent Period	Comments/ Projects
PROSPER Life Skills Training					
Empower Health PROSPER Goal Students report an increased understanding of dangers associated with substance abuse	90%	74%	↓ 1	H2 2012	

Health

Results Scorecard

Scoreboard

Promote Healthy Independence

Population Results

Name	Prior Period	Current Value	Change	Most Recent Period	Comments/ Projects
Empower Health. Individuals remain independent, increase skills & knowledge					
Empower Health. Food Insecurity in Iowa's Children	21.30%	20.00%	1	2010	
Empower Health Number of elderly Iowans receiving public assistance		954	1	2010	

Program Performance

Name	Prior Period	Current Value	Change	Most Recent Period	Comments/ Projects
Gourmet On the Go					
Provide access to nutritional meals	N/A	N/A	N/A	N/A	
Empower Health The Presbytenan Village - Gourmet on the Go. Clients remain in their own home		82%	2	H2 2012	
Empower Health Gourmet on the Go Increase in clients no longer needing the program due to increased health	25%		1	H2 2012	
Community Kitchen of North Iowa					
Provide access to nutritional meals	N/A	N/A	N/A	N/A	
Providing Meals for Homebound					
Provide access to nutritional meals	N/A	N/A	N/A	N/A	
Empower Health Meals on Wheels helps clients remain in their homes	79%		1	H1 2012	
Empower Health Meals on Wheels Clients transition from a nursing home to their own home	6.00%		2	H1 2012	
Empower Health Meals on Wheels clients discontinued because of improved health	11%	11%	1	H1 2012	
Empower Health Meals on Wheels People served ate a nutritious meal	100%	100%	2	H1 2012	
Adult Day Health Center					
Empower Health Adult Day Health Center maintains weight of clients by providing nutritious meals		100%	2	H2 2012	
Empower Health Adult Day Health Center allows nursing home-eligible participants to continue to live at home		26	1	H2 2012	
Empower Health: Adult Day Health Center allows caregivers to maintain their employment	100%	100%	3	H2 2012	
Empower Health A majority of Adult Day Health Center.participants rate the program's value at a 10		100%	1	H2 2012	

Health

Results Scorecard | **Scoreboard**

Reducing Domestic Violence and Sexual Abuse

Population Results

Name	Prior Period	Current Value	Change	Most Recent Period	Comments/ Projects
Cerro Gordo Domestic Violence will Decrease					
Cerro Gordo Decrease Domestic Violence	109	103	↓ 2	2009	
Worth Domestic Violence will Decrease					
Worth Decrease Domestic Violence	6	7	↑ 1	2009	
Winnebago Domestic Violence will Decrease					
Winnebago Decrease Domestic Violence	10	7	↓ 1	2009	
Hancock Domestic Violence will Decrease					
Hancock Decrease Domestic Violence	10	6	↓ 1	2009	
Kossuth Domestic Violence will Decrease					
Kossuth Decrease Domestic Violence	13	18	↑ 1	2009	
Floyd Domestic Violence will Decrease					
Floyd. Decrease in Domestic Violence	27	31	↑ 1	2009	
Butler Domestic Violence will Decrease					
Butler Decrease Domestic Violence	0	0	→ 2	2009	
Mitchell Domestic Violence will Decrease					
Mitchell Decrease Domestic Violence	10	5	↓ 1	2009	
Franklin Domestic Violence will Decrease					
Franklin Decrease Domestic Violence	3	4	↑ 1	2009	

Program Performance

Name	Prior Period	Current Value	Change	Most Recent Period	Comments/ Projects
Families Together					
Empower Health Families Together Families maintained/improved their parenting abilities	86.0%	[illegible]	↓ 1	H2 2012	
Empower Health Families Together clients assessed were on target developmentally	95.0%	95.0%	→ 1	H2 2012	
Empower Health Families Together Families successfully linked to a medical home provider	99.3%	[illegible]	↓ 1	H2 2012	
Parents Actively Caring					

Health

Results Scorecard

	Scoreboard				
Empower Health Kossuth County C.A.R.E Team - Parents Actively Caring. Babies born were visited in the hospital	95%	98%	1	H2 2011	
Empower Health Kossuth County C.A.R.E Team - Parents Actively Caring parents admit benefiting from Period of Purple crying video	100%	100%	1	H2 2011	
Domestic Violence & Sexual Assault Intervention & Prevention					
Empower Health Crisis Intervention Services - Domestic Violence & Sexual Assault Intervention & Prevention Children leave the shelter with a safety plan	100.00%	97.44%	1	H2 2012	
Empower Health. Crisis Intervention Services - Domestic Violence & Sexual Assault Intervention & Prevention Adults leave shelter with increased knowledge of community resources	98.88%	98.01%	1	H2 2012	
Empower Health: Crisis Intervention Services - Domestic Violence & Sexual Assault Intervention & Prevention: Adults leave the shelter with a safety plan	98.88%	97.44%	1	H2 2012	
Empower Health: Crisis Intervention Services - Domestic Violence & Sexual Abuse Intervention & Prevention: Crisis service clients increased knowledge of community resources	97.52%	97.52%	2	H2 2012	
Empower Health. Crisis Intervention Services - Domestic Violence & Sexual Assault Intervention & Prevention: Crisis clients developed a safety plan	97.52%	98.69%	2	H2 2012	
Empower Health Crisis Intervention Services - Domestic Violence & Sexual Assault Intervention & Prevention Education attendees improved their personal knowledge of domestic violence and/or sexual assault	97.52%	94.00%	1	H2 2012	
Empower Health. Kossuth County C.A.R.E. Team - Parents Actively Caring Babies visited in hospitals were also visited at their homes	92%	95%	1	H2 2011	
PROSPER Life Skills Training					
Empower Health PROSPER Goal: Students report an increased understanding of dangers associated with substance abuse	90%	74%	1	H2 2012	
North Iowa CASA (Court Appointed Special Advocates) for Children					
Empower Health North Iowa CASA (Court Appointed Special Advocates) For Children Children with closed cases re-enter a safe, stable home	100%	77%	1	H2 2012	
Providing Assistance to Struggling Parents Maintaining Employment					
Promote Sufficiency Charlie Brown Preschool & Child Care Centers Families served maintained employment for 60+ days	95%	94%	1	H2 2012	
Lake Mills United					
Promote Sufficiency LM Chamber Development Corporation - Lake Mills United Resource Center Families agree that LMCPD provided quality care to their children as a Level 3 ranking in State Standards	N/A	N/A	N/A	N/A	
Iowa Legal Aid Housing & Income Stablization Project					
Promote Sufficiency Iowa Legal Aid Housing & Income Stabilization Project Cases result in measurable increase in spending income	16%	0%	1	H2 2012	
Promote Sufficiency Iowa Legal Aid Housing & Income Stabilization Project cases resulted in clients retaining/preventing the loss of their home	13%	9%	1	H2 2012	
Promote Sufficiency Iowa Legal Aid Housing & Income Stabilization Project cases resulted in clients receiving advice or bnef service sufficient to address their problem(s) on their own or to prevent future problem(s)	77%	0%	1	H2 2012	

Health

Results Scorecard | **Scoreboard**

Promote Positive and Appropriate Parenting Skills

Population Results

Name	Prior Period	Current Value	Change	Most Recent Period	Comments/ Projects
Empower Health Parents provide positive and appropriate parenting skills					
Empower Health Iowa teen pregnancy rate		2.5%	3	2011	

Program Performance

Name	Prior Period	Current Value	Change	Most Recent Period	Comments/ Projects
Families Together					
Empower Health Families Together Families maintained/improved their parenting abilities	86.0%		1	H2 2012	
Empower Health Families Together clients assessed were on target developmentally	95.0%	95.0%	1	H2 2012	
Empower Health Families Together Families successfully linked to a medical home provider	99.3%		1	H2 2012	
Parents Actively Caring					
Empower Health Kossuth County C A R E Team - Parents Actively Caring Babies born were visited in the hospital	95%	98%	1	H2 2011	
Empower Health Kossuth County C A R E Team - Parents Actively Caring parents admit benefiting from Period of Purple crying video	100%	100%	1	H2 2011	

Health

Results Scorecard

Scoreboard

Improved Access to Resources in a Crisis

Population Results

Name	Prior Period	Current Value	Change	Most Recent Period	Comments/ Projects
Promote Sufficiency Access to resources in crisis for stabilization					
Promote Sufficiency Homelessness in Iowa	18,006		2	2011	

Program Performance

Name	Prior Period	Current Value	Change	Most Recent Period	Comments/ Projects
Lake Mills United					
Promote Sufficiency LM Chamber Development Corporation - Lake Mills United Resource Center: Families agree that LMCPD provided quality care to their children as a Level 3 ranking in State Standards	N/A	N/A	N/A	N/A	
Iowa Legal Aid Housing & Income Stablization Project					
Promote Sufficiency Iowa Legal Aid Housing & Income Stabilization Project Cases result in measurable increase in spending income	16%		1	H2 2012	
Promote Sufficiency Iowa Legal Aid Housing & Income Stabilization Project cases resulted in clients retaining/preventing the loss of their home	13%	9%	1	H2 2012	
Promote Sufficiency Iowa Legal Aid Housing & Income Stabilization Project: cases resulted in clients receiving advice or brief service sufficient to address their problem(s) on their own or to prevent future problem(s)	77%		1	H2 2012	

Health

Results Scorecard

Scoreboard

Reducing Sexual Assault

Population Results

Name	Prior Period	Current Value	Change	Most Recent Period	Comments/ Projects
Cerro Gordo Sexual Assaults Decrease					
Cerro Gordo Decrease Sexual Assault	6	13	1	2009	

Program Performance

Name	Prior Period	Current Value	Change	Most Recent Period	Comments/ Projects
Domestic Violence & Sexual Assault Intervention & Prevention					
Empower Health- Crisis Intervention Services - Domestic Violence & Sexual Assault Intervention & Prevention: Children leave the shelter with a safety plan	100.00%		1	H2 2012	
Empower Health Crisis Intervention Services - Domestic Violence & Sexual Assault Intervention & Prevention- Adults leave shelter with increased knowledge of community resources	98.88%	98.01%	1	H2 2012	
Empower Health Crisis Intervention Services - Domestic Violence & Sexual Assault Intervention & Prevention- Adults leave the shelter with a safety plan	98.88%		1	H2 2012	
Empower Health- Crisis Intervention Services - Domestic Violence & Sexual Abuse Intervention & Prevention: Crisis service clients increased knowledge of community resources		97.52%	2	H2 2012	
Empower Health Crisis Intervention Services - Domestic Violence & Sexual Assault Intervention & Prevention Crisis clients developed a safety plan		98.69%	2	H2 2012	
Empower Health Crisis Intervention Services - Domestic Violence & Sexual Assault Intervention & Prevention Education attendees improved their personal knowledge of domestic violence and/or sexual assault		94.00%	1	H2 2012	
Empower Health Kossuth County C A R E Team - Parents Actively Caring Babies visited in hospitals were also visited at their homes	92%	95%	1	H2 2011	

Give

The 30 members of the WLC met to discuss potential opportunities to invest the council's $9000.

When you give to United Way, together we get results for our community through measurable improvements in people's lives. In 2012, United Way had a record breaking campaign of $1,405,659.62.

Donors who give an annual gift of $250 or more automatically become Leadership Donors. The Leadership Giving Circle increased by 10%.

United Way also created the Women's Leadership Council. The WLC is a powerful, local network of women who are investing time, talent and treasure to address our community's most critical issues. The council will focus on mental wellness.

Advocate

Throughout our history, United Way has done extraordinary work to improve people's lives and build strong communities. With our focus on community impact, United Way has a key role to play in advocating for good public policy. Without community input, our priorities in education, income and health will lose critical government policy and funding support.
The following statistics are why United Way advocates.

Education:
- **32%** - reading proficiency of CAL 3rd graders in 2012
- **3.7%** - high school dropout rate in 2011, compared to 1.5% in 2002

Income:
- **17,900** - number of homeless Iowans in 2011
- **$6,024** - average amount Iowans pay for childcare each year

Health:
- **30 miles** - average distance north central Iowans must travel to reach a community mental health clinic
- **4th** - Cerro Gordo county's state ranking for denial of critical care child abuse

United Way of North Central Iowa staff are pictured with Representative Sharon Steckman during the United Ways of Iowa Annual Day on the Hill.

In 2012, **$692,078.85** was invested in community impact initiatives to solve these issues.

Volunteer

Volunteers are the backbone of the United Way organization. We want community members to connect their passion to purpose. Community members volunteered with Stamp Out Hunger, Scrap for Change, the BackPack Program™, Malt-O-Meal Cereal Sale, Shoe Drive, Hall of Pride Basketball Game, Out of the Darkness Walk, and many more events. United Way worked with 400 volunteers for more than 1,000 hours of service to improve our communities.

United Way also promoted volunteer opportunities through Volunteer Iowa's website. By providing an easy way to connect volunteers, United Way was able to act as a volunteer center in our area.

In 2012, 274 people volunteered 760 hours with the BackPack Program™.

2012 Campaign Awards

Grand Champions

Bergland & Cram Architects
CL Tel
Clear Lake Bank & Trust
Kingland Systems
Community National Bank
First Citizens National Bank
McGladrey, LLP
Metalcraft, Inc.
Overhead Door Co. of Mason City

Champions

Bank of America
Crisis Intervention Service
First Insurance Agency, Inc.
Globe Gazette
Kossuth Regional Health Center
Larson Manufacturing
Magellan/Williams Pipe Line
McKiness Excavating, Inc.
Principal Financial Group
Purina Animal Nutrition LLC
Radiologists of North Iowa, PC
Valero Renewables

Momentum

Alliant Energy
Barnes & Louscher, DDS
Blazek Electric, Inc.
Cargill Kitchen Solutions
Central Park Dentistry
Edwards Brandt and Associates
Good Shepherd, Inc.
Heiny, McManigal, Duffy, Stambaugh, & Anderson, PLC
Henkel Construction Co.
Hertz Farm Management
Hormel Foods
Hosmer Toyota
Iowa Legal Aid
Larry Elwood Construction
Northwest Bank - Algona
NSB Bank
POET Biorefining/Iowa Ethanol LLC
Presto-X LLC
Schupick & Associates
Skott & Anderson Architects
Stoney Creek Hospitality Corporation
Three Eagles Communications
United Parcel Service - UPS
Yaggy Colby Associates, Inc.

Community Investment

3M Company
Ag Ventures Alliance
Armour Eckrich Meats LLC
CDI, LLC
Cummins Filtration
Curries
Diamond Jo Casino
Kinney Lindstrom Foundation, Inc.
Mason City Clinic
Mercy Medical Center - North Iowa
Zoetis (Pfizer)
Stellar Industries, Inc.
TeamQuest Corporation
Wal-Mart Foundation
Winnebago Industries, Inc.

Distinguished Small Business

Accord Architecture
Allen Vacations
Consumer Credit Counseling Services of NE IA
DeVries and Price
Edgar Financial Group
Farm Bureau Insurance - Clear Lake
Haas Chiropractic
H&R Block - Algona
Haines Insurance
Major Erickson Funeral Home
North Iowa Corridor EDC
North Iowa Golf, LLC
Northwestern Mutual Insurance
Passport Media Creations

Corporate Sponsors

LIVE UNITED Partners:

WINNEBAGO INDUSTRIES

KINGLAND SYSTEMS

FIRST CITIZENS

Gold Level Sponsors:

CLEAR LAKE BANK & TRUST Co

HENKEL Construction Company
Building Trust for Over a Century

MBT
Banking - Insurance - Investments

PURINA

NORTH IOWA GOLF
Est 1996

Connect with us!

United Way of North Central Iowa
P.O. Box 1465
Mason City, IA 50402
877-428-8962
www.unitedwaynci.org
info@unitedwaynci.org

United Way

United Way of North Central Iowa